

| <b>JUDICIAL CANDIDATE / OFFICEHOLDER</b><br><b>CAMPAIGN FINANCE REPORT</b>                                     |   | <b>FORM JC/OH</b><br><b>COVER SHEET PG 1</b>   |  |
|--|---|--|--|
| The JC/OH Instruction Guide explains how to complete this form.  |   | 1 ACCOUNT #<br>(Ethics Commission filers)  | 2 Total pages filed:<br><div style="text-align: center; font-size: 2em; font-weight: bold;">13</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MRS / MRS (MR) / MR<br>FIRST MI<br><i>Carlos H.</i><br>NICKNAME LAST SUFFIX<br><i>Barrera</i>   | <div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b><br/> <b>FILED FOR RECORD</b><br/>                         FEB - 4 PM 3: 02<br/>                         CLERK<br/>                         TRAVIS COUNTY<br/>                         TEXAS                     </div> |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address                   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><i>1106 San Antonio St.</i><br><i>Austin TX 78701</i>   |  |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><i>(512) 391-0383</i>   |  |  |
| 6 CAMPAIGN TREASURER NAME  | MRS / MRS (MR) / MR<br>FIRST MI<br><i>Emma</i><br>NICKNAME LAST SUFFIX<br><i>Barrientos</i>   |  |  |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><i>2906 Gen Cir. ; Austin, TX 78764</i>  |  |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><i>(512) 442-7233</i>   |  |  |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |  |  |
| 10 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br><i>1/1/08</i> <i>1/24/08</i>   |  |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><i>3/4/08</i>  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special   |  |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br><i>Judge TRAVIS COUNTY COURT at LAW # 8</i>   |  |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **<br><br>Name<br><br>Address / PO Box; Apt. / Suite #; City; State; Zip Code  |  |  |

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

15 C/OH NAME Carlos H. Barrera 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

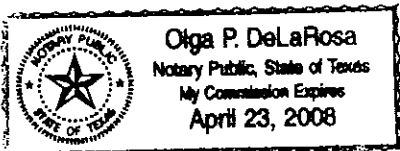
|                                   |                                      |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE                    | COMMITTEE NAME                       |
| <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                    |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

additional pages

|                         |   |                        |
|-------------------------|---|------------------------|
| 18 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 450.                |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 2880.               |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ 139.67              |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 5502.76             |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 10,399.25           |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 5575. <sup>00</sup> |

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos H. Barrera, this the 4<sup>th</sup> day of February, 2008, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Olga P. DeLaRosa Notary Public

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule A(J):  
1 of 6

2 FILER NAME *Carlos H. Barreva*

3 ACCOUNT # (Ethics Commission #)

4 Date: *1/17/08*  
5 Full name of contributor: *Mary Hall*  
6 Contributor address: City: State: Zip Code  
*1106 San Antonio St  
Austin TX 78701*

7 Amount of contribution (\$): *\$250.*  
8 In-kind contribution description (if applicable)  
  
(if travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: *Attorney*

10 Contributor's job title

11 Contributor's employer/law firm: *Self*

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date: *1/17/08*  
Full name of contributor: *Adam Reposa*  
Contributor address: City: State: Zip Code  
*603 W. 17th St.  
Austin, TX 78701*

Amount of contribution (\$): *\$100.*  
In-kind contribution description (if applicable)  
  
(if travel outside of Texas, complete Schedule T)

Contributor's principal occupation: *Attorney*

Contributor's job title

Contributor's employer/law firm: *Self*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date: *1/12/08*  
Full name of contributor: *Virginia Greenway*  
Contributor address: City: State: Zip Code  
*811 Nueces St  
Austin, TX 78701*

Amount of contribution (\$): *\$50.*  
In-kind contribution description (if applicable)  
  
(if travel outside of Texas, complete Schedule T)

Contributor's principal occupation: *Attorney*

Contributor's job title

Contributor's employer/law firm: *Self*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 2 of 6

2 FILER NAME Carlos H. Barrera

3 ACCOUNT # (Ethics Commission files)

4 Date 1/11/08  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Richard Davis  
 6 Contributor address; City; State; Zip Code  
PO Box 398  
Burnet, TX 78611

7 Amount of contribution (\$): \$400.  
 8 In-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation Attorney

10 Contributor's job title

11 Contributor's employer/law firm Self

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date 1/14/08  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
John H. Stark  
 Contributor address; City; State; Zip Code  
2011 Inverness Dr.  
Round Rock, TX 78681

Amount of contribution (\$): \$250.  
 In-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

Contributor's principal occupation Attorney

Contributor's job title

Contributor's employer/law firm Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date 1/15/08  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jorge Piñeda  
 Contributor address; City; State; Zip Code  
2211 S. IH 35, Ste. 107  
Austin, TX 78741

Amount of contribution (\$): \$100.  
 In-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

Contributor's principal occupation Attorney

Contributor's job title

Contributor's employer/law firm Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): 3 of 6

2 FILER NAME Carlos H. Barrera

3 ACCOUNT # (Ethics Commission files)

4 Date 1/3/08  
 5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
David Reynolds  
 6 Contributor address: City, State, Zip Code  
1012 Rio Grande St  
 Austin TX 78701

7 Amount of contribution (\$) \$80.<sup>00</sup>  
 8 Ir-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation Attorney

10 Contributor's job title Self

11 Contributor's employer/law firm Self

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date 1/3/08  
 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Karen Watkins  
 Contributor address: City, State, Zip Code  
9005 Heiden Lane  
 Austin TX 78749

Amount of contribution (\$) \$100.  
 Ir-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

Contributor's principal occupation Attorney

Contributor's job title Attorney

Contributor's employer/law firm McTinnis, Lochridge, LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date 1/6/08  
 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Keith Laurman  
 Contributor address: City, State, Zip Code  
4501 Whispering Valley Dr, #13  
 Austin TX 78727

Amount of contribution (\$) \$100.  
 Ir-kind contribution description (if applicable)  
 (If travel outside of Texas, complete Schedule T)

Contributor's principal occupation Attorney

Contributor's job title

Contributor's employer/law firm Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

|   |   |   |  |
|---|---|---|--|
| The instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A(J):<br><i>4 of 6</i>     |  |
| 2 FILER NAME<br><i>Carlos H. Barrera</i>  |   | 3 ACCOUNT # (Ethics Commission files)             |  |
| 4 Date<br><i>1/11/08</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Guillermo Ochoa</i> | 7 Amount of contribution (\$)<br><i>\$150.</i>    | 8 Ir-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><i>2700 Bee Cave Rd.; Ste. 103<br/>AUSTIN, TX 78746</i> |   | (if travel outside of Texas, complete Schedule T) |  |
| 9 Contributor's principal occupation<br><i>Attorney</i>   |   | 10 Contributor's job title                        |  |
| 11 Contributor's employer/law firm<br><i>Self</i>   |   | 12 Law firm of contributor's spouse (if any)      |  |

13 If contributor is a child, law firm of parent(s) (if any)

|  |   |   |  |
|--|---|---|--|
| Date<br><i>1/15/08</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Mark Yznaga</i> | Amount of contribution (\$)<br><i>\$100.</i>      | Ir-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><i>601 South Congress<br/>Suite 200; Austin TX 78704</i> |   | (if travel outside of Texas, complete Schedule T) |  |
| Contributor's principal occupation<br><i>Consultant</i>  |   | Contributor's job title                           |  |
| Contributor's employer/law firm<br><i>Self</i>   |   | Law firm of contributor's spouse (if any)         |  |

If contributor is a child, law firm of parent(s) (if any)

|   |   |   |  |
|---|---|---|--|
| Date<br><i>1/14/08</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Gregory Kozmetsky</i> | Amount of contribution (\$)<br><i>\$250.</i>      | Ir-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code<br><i>P.O. Box 684924<br/>Austin, TX 78768</i> |   | (if travel outside of Texas, complete Schedule T) |  |
| Contributor's principal occupation<br><i>Executive</i>                                    |   | Contributor's job title<br><i>President</i>       |  |
| Contributor's employer/law firm<br><i>KMS Vent. &amp; R&amp;K Foundation</i>              |   | Law firm of contributor's spouse (if any)         |  |

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A(J): <u>5 of 6</u>                  |  |
| 2 FILER NAME: <u>Carlos H. Barrera</u>  |   | 3 ACCOUNT # (Ethics Commission filers)                      |  |
| 4 Date: <u>11/17/08</u>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____):<br><u>Rolando Garza</u> | 7 Amount of contribution (\$):<br><u>\$100</u>              | 8 In-kind contribution description (if applicable) |
| 6 Contributor address: City: State; Zip Code<br><u>4019 Amy Circle<br/>Austin, TX 78759</u>       |   | (If travel outside of Texas, complete Schedule T)           |  |
| 9 Contributor's principal occupation: <u>Executive</u>  |   | 10 Contributor's job title: <u>Dep. Exec. Commissioner</u>  |  |
| 11 Contributor's employer/law firm: <u>TX HHS Commission</u>                                      |   | 12 Law firm of contributor's spouse (if any)                |  |
| 13 If contributor is a child, law firm of parent(s) (if any)                                      |   |   |  |
| Date: <u>11/19/08</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____):<br><u>Kathryn Scales</u>  | Amount of contribution (\$):<br><u>\$100.</u>               | In-kind contribution description (if applicable)   |
| Contributor address: City: State; Zip Code<br><u>102 W. Oxford Dr.<br/>Pflugerville, TX 78660</u> |   | (If travel outside of Texas, complete Schedule T)           |  |
| Contributor's principal occupation: <u>Attorney</u>   |   | Contributor's job title: <u>Assistant District Attorney</u> |  |
| Contributor's employer/law firm: <u>Travis County</u>   |   | Law firm of contributor's spouse (if any)                   |  |
| If contributor is a child, law firm of parent(s) (if any)   |   |   |  |
| Date: <u>11/20/08</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____):<br><u>Elsa Velasquez</u>  | Amount of contribution (\$):<br><u>\$100.</u>               | In-kind contribution description (if applicable)   |
| Contributor address: City: State; Zip Code<br><u>1801 Garden St.<br/>Austin TX 78702</u>          |   | (If travel outside of Texas, complete Schedule T)           |  |
| Contributor's principal occupation: <u>Teacher</u>  |   | Contributor's job title: <u>Teacher</u>                     |  |
| Contributor's employer/law firm: <u>ALSD</u>  |   | Law firm of contributor's spouse (if any)                   |  |
| If contributor is a child, law firm of parent(s) (if any)   |   |   |  |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

**SCHEDULE A (J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J): *6 of 6*

2 FILER NAME *Carlos H. Barreza*

3 ACCOUNT # (Ethics Commission filers)

4 Date *1/24/08*  
5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Jane Hall*  
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$) *\$100.*  
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation *Attorney*

10 Contributor's job title *Owner*

11 Contributor's employer/law firm *Adoption Advocates, Inc*

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date *1/21/08*  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
*Margie Gordon*  
Contributor address; City; State; Zip Code  
*7201 Daugherty St.  
AUSTIN, TX 78757*

Amount of contribution (\$) *\$100.*  
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation *Teacher.*

Contributor's job title

Contributor's employer/law firm *Rawson-Saunders School*

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date *1/24/08*  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$) \_\_\_\_\_  
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

lot 3

2 FILER NAME

Carlos H. Barreza

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/3/08

5 Payee name

Amy Parkman

7 Amount (\$)

\$2500.

6 Payee address; City: State: Zip Code

P.O. Box 1136  
BUDA, TX 78610

8 Purpose of payment (See instructions regarding type of information required.)

Campaign management  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

1/3/08

Payee name

Eric Heins

Amount (\$)

\$398.<sup>00</sup>

Payee address; City: State: Zip Code

3608 Cima Serena  
AUSTIN, TX 78759

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for Research cost  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

1/7/08

Payee name

Mary Stone Photography

Amount (\$)

\$811.88

Payee address; City: State: Zip Code

203 Railroad St.; Ste. 3+B  
BUDA, TX 78610.

Purpose of payment (See instructions regarding type of information required.)

Photography, Photos & Cards.  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

1/7/08

Payee name

Carlos Rodman

Amount (\$)

\$100.

Payee address; City: State: Zip Code

13712 Golden Flux  
Pflugerville, TX 78660

Purpose of payment (See instructions regarding type of information required.)

Data Management  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2 of 3**

2 FILER NAME **Carlos H. Barrera**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**1/9/08**

5 Payee name  
**Austin Bar Foundation**  
6 Payee address; City: State: Zip Code  
**812 Congress Ave., Ste 700  
Austin, TX 78701**

7 Amount (\$)  
**\$320.**

8 Purpose of payment (See instructions regarding type of information required.)  
**Event Cost.**  
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**1/11/08**

Payee name  
**Office Depot**  
Payee address; City: State: Zip Code  
**4501 W. Braker Ln.  
Austin, TX 78759**

Amount (\$)  
**\$44.34**

Purpose of payment (See instructions regarding type of information required.)  
**Supplies**  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**1/12/08**

Payee name  
**Office Max**  
Payee address; City: State: Zip Code  
**907 W. 5th St.  
Austin, TX 78703**

Amount (\$)  
**\$81.23**

Purpose of payment (See instructions regarding type of information required.)  
**Supplies**  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**1/15/08**

Payee name  
**The UPS Store**  
Payee address; City: State: Zip Code  
**603 W. 13th St.  
Austin, TX 78701**

Amount (\$)  
**\$30.90**

Purpose of payment (See instructions regarding type of information required.)  
**Copies & Supplies**  
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.  |  | 1 Total pages Schedule F:<br><i>3 of 3</i>  |
| 2 FILER NAME<br><i>Carlos H. Barrera</i>   |  | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date<br><i>1/17/08</i>   | 5 Payee name<br><i>Ignite Consulting</i><br>6 Payee address; City, State, Zip Code<br><i>611 S. Congress Ave., Ste. 200<br/>Austin, TX 78704</i> | 7 Amount (\$)<br><i>\$387.79</i>  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><i>Printing</i><br>(If travel outside of Texas, complete Schedule T)      |  | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held |
| Date<br><i>1/16/08</i>   | Payee name<br><i>US Postmaster</i><br>Payee address; City, State, Zip Code<br><i>11900 Jollyville Rd.<br/>Austin TX 78759</i>                    | Amount (\$)<br><i>\$260.</i>  |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Postage.</i><br>(If travel outside of Texas, complete Schedule T)        |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br><i>1/19/08</i>   | Payee name<br><i>Austin Tejano Democrats</i><br>Payee address; City, State, Zip Code<br><i>Austin, TX</i>  | Amount (\$)<br><i>\$75.00</i>   |
| Purpose of payment (See instructions regarding type of information required.)<br><i>membership list</i><br>(If travel outside of Texas, complete Schedule T) |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br><i>1/22/08</i>   | Payee name<br><i>Office Depot</i><br>Payee address; City, State, Zip Code<br><i>4501 W. Braker Ln.<br/>Austin TX 78759</i>                       | Amount (\$)<br><i>\$42.62</i>   |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Supplies</i><br>(If travel outside of Texas, complete Schedule T)        |  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>   |  |   |

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: *1 of 1*

2 FILER NAME *Carlos H. Barrera*

3 ACCOUNT # (Ethics Commission filers)

|                          |   |   |
|--------------------------|---|---|
| 4 Date<br><i>1/22/08</i> | 5 Payee name<br><i>U.S. Postmaster</i>  | 8 Amount (\$)<br><i>\$451.<sup>00</sup></i>   |
|                          | 6 Payee address; City: State; Zip Code<br><i>11900 Jollyville Rd.<br/>Austin TX 78759</i>       |   |
|                          | 7 Purpose of expenditure<br><i>Postage</i><br>(If travel outside of Texas, complete Schedule T) | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

|      |   |  |
|------|---|--|
| Date | Payee name  | Amount (\$)  |
|      | Payee address; City: State; Zip Code  |  |
|      | Purpose of expenditure<br>(If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

|      |   |  |
|------|---|--|
| Date | Payee name  | Amount (\$)  |
|      | Payee address; City: State; Zip Code  |  |
|      | Purpose of expenditure<br>(If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

|      |   |  |
|------|---|--|
| Date | Payee name  | Amount (\$)  |
|      | Payee address; City: State; Zip Code  |  |
|      | Purpose of expenditure<br>(If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

|      |   |  |
|------|---|--|
| Date | Payee name  | Amount (\$)  |
|      | Payee address; City: State; Zip Code  |  |
|      | Purpose of expenditure<br>(If travel outside of Texas, complete Schedule T) | <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**OUTSTANDING LOANS**

**SCHEDULE L**

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.                       |  | 1 Total pages Schedule L:<br><i>1 of 1</i> |
| 2 FILER NAME<br><i>Carlos H. Barrera</i>  |  | 3 ACCOUNT # (Ethics Commission filers)     |
| LENDER INFORMATION  | 4 Name of lender<br><i>Carlos H. Barrera</i><br>5 Lender address; City; State; Zip Code<br><i>1106 San Antonio St. Austin TX 78701</i> |  |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | 6 Name of guarantor<br>/<br>7 Guarantor address; City; State; Zip Code   |  |
| LENDER INFORMATION  | Name of lender<br><i>Eric Heins</i><br>Lender address; City; State; Zip Code<br><i>3608 Cima Serena Dr. Austin TX 78759</i>            |  |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | Name of guarantor<br>/<br>Guarantor address; City; State; Zip Code   |  |
| LENDER INFORMATION  | Name of lender<br><i>John Denson</i><br>Lender address; City; State; Zip Code<br><i>325 Park Laureate Houston TX 77024</i>             |  |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | Name of guarantor<br>/<br>Guarantor address; City; State; Zip Code   |  |
| LENDER INFORMATION  | Name of lender<br><i>Ruben Barrera</i><br>Lender address; City; State; Zip Code<br><i>606 W. Oltorf St. Austin TX 78704</i>            |  |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | Name of guarantor<br>/<br>Guarantor address; City; State; Zip Code   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>                          |  |  |