

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME **15 ACCOUNT #** (Ethics Commission Filers)

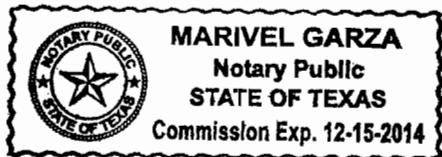
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<p><input type="checkbox"/> COMMITTEE TYPE</p> <p><input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p> <p><input type="checkbox"/> additional pages</p>	<p>COMMITTEE NAME</p> <hr/> <p>COMMITTEE ADDRESS</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>
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17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1425. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 104. ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 2247.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9330.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1000. ⁰⁰

18 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 16th day of July, 20 12, to certify which, witness my hand and seal of office.

Marivel Garza Marivel Garza Notary Public - State of Texas
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: ~~1~~ **2**

2 FILER NAME

Carlos H. Barrera

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/12/12

5 Full name of contributor out-of-state PAC (ID#)

Kenneth Gibson

6 Contributor address; City; State; Zip Code

700 Lavaca St. Ste 1010
Austin TX 78701

7 Amount of contribution (\$)

250.

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Self

Date

1/17/12

Full name of contributor out-of-state PAC (ID#)

James Burke

Contributor address; City; State; Zip Code

18410 FM. 969;
Manor TX 78653

Amount of contribution (\$)

100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

1/19/12

Full name of contributor out-of-state PAC (ID#)

Frank Ivy

Contributor address; City; State; Zip Code

P.O. Box 5986
Austin TX 78763

Amount of contribution (\$)

100.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

1/23/12

Full name of contributor out-of-state PAC (ID#)

Ben Florey

Contributor address; City; State; Zip Code

1800 Guadalupe St.
Austin, TX 78701

Amount of contribution (\$)

250.

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Self Attorney

Employer (See Instructions)

Self

Date

2/14/12

Full name of contributor out-of-state PAC (ID#)

Eric Heinis

Contributor address; City; State; Zip Code

300 Bowie St.
Austin TX 78703

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Carlos H. Barrera

3 ACCOUNT # (Ethics Commission Filers)

4 Date

6/27/12

5 Full name of contributor out-of-state PAC (ID# _____)

Mindy Montford

6 Contributor address; City; State; Zip Code

*1100-B Guadalupe St
Austin TX 78701*

7 Amount of contribution (\$)

\$125.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Self

Date

3/25/12

Full name of contributor out-of-state PAC (ID# _____)

AFSCME

Contributor address; City; State; Zip Code

*1812 Centre Creek Dr
Austin TX 78754 #310*

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Union

Employer (See Instructions)

Date

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)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME: <i>Carlos H. Barrera</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date: <i>1/12/12</i>	5 Payee name: <i>Capital Area Asian American Democrats</i>	
6 Amount (\$): <i>\$170.00</i>	7 Payee address; City; State; Zip Code: <i>At large in Austin, Texas</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>dues & donation</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date: <i>2/18/12</i>	Payee name: <i>Costco</i>	
Amount (\$): <i>\$199.25</i>	Payee address; City; State; Zip Code: <i>10401 Research Blvd, Austin, TX 78759</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>office expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>coffee maker & coffee</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date: <i>2/23/12</i>	Payee name: <i>Austin Tejano Democrats</i>	
Amount (\$): <i>\$500.00</i>	Payee address; City; State; Zip Code: <i>P.O. Box 684263 Austin, TX 78768</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Ad. & Sponsorship</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date: <i>3/7/12</i>	Payee name: <i>Tejano Genealogy Society of Austin</i>	
Amount (\$): <i>\$200.00</i>	Payee address; City; State; Zip Code: <i>2716 Tether Trail Austin, TX 78704</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Banquet</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Carlos H. Barrera</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3/27/12</i>	5 Payee name <i>Diane Hensen Campaign</i>
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6 Amount (\$) <i>\$200.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 5456 Austin, TX 78763</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contribution</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Diane Hensen; Justice; 3rd Court of Appeals.</i>	Office sought	Office held
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Date <i>5/6/12</i>	Payee name <i>office Depot</i>
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Amount (\$) <i>\$124.64</i>	Payee address; City; State; Zip Code <i>4501 W. Braker Ln. Austin, TX 78759</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>office Supply</i>	Description (If travel outside of Texas, complete Schedule T) <i>toner</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/9/12</i>	Payee name <i>Council on At Risk Youth</i>
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Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>3710 Cedar St. Austin TX 78705</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Banquet</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/9/12</i>	Payee name <i>Arriba News</i>
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Amount (\$) <i>\$375.00</i>	Payee address; City; State; Zip Code <i>1009 E. Cesar Chavez. Austin, TX 78702</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertisement</i>	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Carlos H. Barrera</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4/15/12</i>	5 Payee name <i>Travis County Women Lawyers Assoc. foundation</i>
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6 Amount (\$) <i>\$125.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 684683 Austin, TX 78763</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Banquet/Event</i>	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:

2 FILER NAME

Carlos H. Barrera

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset

Apple Macbook Pro. Laptop Computer

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED