

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

8232

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">4</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <input checked="" type="radio"/> FIRST MI Carlos H. NICKNAME LAST SUFFIX Barrera	OFFICE USE ONLY Date Received Date Hand-Delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4007 Eton Ln; AUSTIN, TX 78727	Dana DeBeauvoir County Clerk Travis County, Texas 2014 JAN 15 PM 2:09 FILED FOR RECORD	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 470-8320		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR <input checked="" type="radio"/> FIRST MI Irma D. NICKNAME LAST SUFFIX Barrer		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4007 Eton Ln; AUSTIN, TX 78727		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 417-4143		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach COH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7/1/13 12/31/13		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special / /		
12 OFFICE	OFFICE HELD (if any) JUDGE Travis County Court at Law # 8	13 OFFICE SOUGHT (if known)	

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

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

14 C/OH NAME Carlos H. Barrera

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

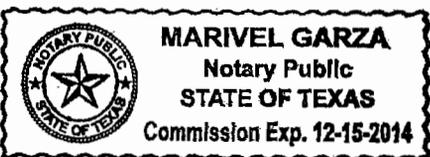
 additional pages

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.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 625. ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5852.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.

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 14th day of January 20 14, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Marivel Garza
Print name of officer administering oath

Notary Public - State of Texas
Title of officer administering oath

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: <u>1</u>		2 FILER NAME <u>Carlos H. Barrera</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10/18/13</u>		5 Payee name <u>Hispanic Bar Assoc. of Austin Foundation</u>			
6 Amount (\$) <u>125.00</u>		7 Payee address; City; State; Zip Code <u>P.O. Box 12092, Austin, TX 78711</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>contribution</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Luncheon</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
4 Date <u>12/20/13</u>		5 Payee name <u>Austin Tejano Democrats</u>			
6 Amount (\$) <u>500.00</u>		7 Payee address; City; State; Zip Code <u>austintejanodemocrats@gmail.com</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Advertisement</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Convention Program</u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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:

1

2 FILER NAME

Carlos H. Barrera

3 ACCOUNT # (Ethics Commission Filers)

4 Description of Asset

2007 Apple MacBook Pro

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED