

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 9

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Breanne

N

NICKNAME

LAST

SUFFIX

Barnes

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2300 Rory Way, El Paso, TX. 79911

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979) 807-44-25

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Salvador

NICKNAME

LAST

SUFFIX

Gonzalez

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6860 First St. Canutillo, TX 79835

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 777-6860

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

08 / 17 / 2026

THROUGH

10 / 02 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 / 2026

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☒ General

☐ Soecial

12 OFFICE

OFFICE HELD (if any)

Canutillo ISD Board of Trustees

13 OFFICE SOUGHT (if known)

Canutillo ISD Board of Trustees

14 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Breanne Barnes

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1393.74</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>954.97</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>30.03</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

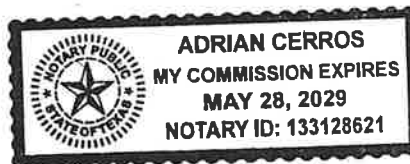
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Breanne Barnes

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Breanne Barnes this the 2nd day of October, 2026, to certify which, witness my hand and seal of office.

Adrian Cerros

Adrian Cerros

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH



FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Breanne Barnes

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 985-
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 408.74
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	☐ SCHEDULE E: LOANS	\$ —
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 954.97
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

MONETARY POLITICAL CONTRIBUTIONS



SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Breanne Barnes		3 Filer ID (Ethics Commission Filers)
4 Date 8/21/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Lourdes Barraza	7 Amount of contribution (\$) 20-
6 Contributor address; City; State; Zip Code 1601 Banker Canutillo TX 79835		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 8/21/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Celeste Cisneros	Amount of contribution (\$) 150-
Contributor address; City; State; Zip Code 7817 Enchanted Nest El Paso TX 79911		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/21/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mary Leah Eskew	Amount of contribution (\$) 20-
Contributor address; City; State; Zip Code PO Box 1164 Anthony NM 88021		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/22/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Frank Natividad	Amount of contribution (\$) 50-
Contributor address; City; State; Zip Code 650 Simon Court El Paso TX 79932		
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.

MONETARY POLITICAL CONTRIBUTIONS



SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Breanne Barnes		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Mary Lou Raspberry 6 Contributor address; City; State; Zip Code 611 Spanish Broom Anthony NM 88021	7 Amount of contribution (\$) 60-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/24/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Daniel Call Contributor address; City; State; Zip Code 460 Trails End El Paso TX 79932	Amount of contribution (\$) 100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kwani Wood Contributor address; City; State; Zip Code 141 La Nell Dr. Canutillo TX 79835	Amount of contribution (\$) 50-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Janet Alipio Contributor address; City; State; Zip Code 7417 Glacier Dr El Paso TX 79911	Amount of contribution (\$) 100-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS



SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Breanne Barnes		3 Filer ID (Ethics Commission Filers)
4 Date 8/25/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Christina Reyes	7 Amount of contribution (\$) 25-
6 Contributor address; City; State; Zip Code 7132 Oval Rock Dr. El Paso TX 79912		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/26/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Andrey Stewart	Amount of contribution (\$) 150-
Contributor address; City; State; Zip Code 331 Serrania Dr. El Paso TX 79932		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lettie Gonzalez	Amount of contribution (\$) 50-
Contributor address; City; State; Zip Code 320 Chicken Farm Rd Vinton TX 79821		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/28/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) James Loftis	Amount of contribution (\$) 200-
Contributor address; City; State; Zip Code 6720 Hermoso Del Sol El Paso TX 79911		
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.		

MONETARY POLITICAL CONTRIBUTIONS



SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Breanne Barnes		3 Filer ID (Ethics Commission Filers)
4 Date 9/1/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Catherine Campbell 6 Contributor address; City; State; Zip Code 110 Marta St. College Station TX 77845	7 Amount of contribution (\$) 100 -
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/15/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Irene Armandariz Jackson Contributor address; City; State; Zip Code 8904 Dirk Ct. El Paso TX 79925	Amount of contribution (\$) 50 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Veronica Garcia Contributor address; City; State; Zip Code 12804 Runway Ave. El Paso TX 79928	Amount of contribution (\$) 50 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/18/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brenden Campbell Contributor address; City; State; Zip Code 110 Marta St. College Station TX 77845	Amount of contribution (\$) 50 -
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS



SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: 1	
2 FILER NAME Breanne Barnes				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 8/25/26	6 Full name of contributor ☐ out-of-state PAC (ID#: Jami Stewart		8 Amount of Contribution \$ 161.93		9 In-kind contribution description flyers
7 Contributor address; City; State; Zip Code 6837 Doniphan Dr. Canutillo TX 79835			☐ Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

Date 9/1/26	Full name of contributor ☐ out-of-state PAC (ID#: Jami Stewart		Amount of Contribution \$ 246.81		In-kind contribution description banners(vinyl)
Contributor address; City; State; Zip Code 6837 Doniphan Dr. Canutillo TX 79835			☐ Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			Employer (FOR NON-JUDICIAL) (See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS



SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Breanne Barnes</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/28/26</i>	5 Payee name <i>Ideas Print Lab</i>	
6 Amount (\$) <i>941.78</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>banners / advertising expense</i>	
	(b) Description <i>banners</i>	
	(c) ☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>9/1/26</i>	Payee name <i>Go Daddy</i>	
Amount (\$) <i>13.19</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	
	Description <i>website & domain</i>	
	☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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