

**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) 00090156	2 Total pages filed: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Michelle	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Barrientes-Vela	SUFFIX	Date Received ELECTRONICALLY FILED 02/02/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 380392  San Antonio, TX 78268			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Carlos	MI			
	NICKNAME	LAST Vela	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); P.O.Box 380392  San Antonio , TX 78268		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (726) 251-5425					
8 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) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 02/02/2026	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 125		

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

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

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13 C / OH NAME	Barrientes-Vela, Michelle		14 Filer ID (Ethics Commission Filers) 00090156
15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 3,235.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 4,312.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 3,285.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 10,200.00

**17 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.

Michelle Barrientes-Vela

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18</b> FILER NAME Barrientes-Vela, Michelle	<b>19</b> Filer ID (Ethics Commission Filers) 00090156
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	
\$ 1,435.00	
\$ 1,800.00	
\$	
\$	
\$ 4,312.57	
\$	
\$	
\$	
\$	
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/9
<b>2</b> FILER NAME Barrientes-Vela, Michelle		<b>3</b> Filer ID (Ethics Commission Filers) 00090156
<b>4</b> Date 01/16/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Lupe	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78228	
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Self-Employed
<b>Date</b> 01/08/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Casillas, Lupe	<b>Amount of Contribution (\$)</b> \$40.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78228	
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b> Self-Employed
<b>Date</b> 01/09/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Isaac	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio , TX 78228	
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b> Self-Employed
<b>Date</b> 01/27/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Cynthia	<b>Amount of Contribution (\$)</b> \$40.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78268	
<b>Principal occupation / Job title (See Instructions)</b> Banker		<b>Employer (See Instructions)</b> River City Credit union
<b>Date</b> 01/02/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Robert	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78210	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Self-Employed

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/9
<b>2</b> FILER NAME Barrientes-Vela, Michelle		<b>3</b> Filer ID (Ethics Commission Filers) 00090156
<b>4</b> Date 01/02/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Robert	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78210	
<b>8</b> Principal occupation / Job title (See Instructions) Auto Dealership		<b>9</b> Employer (See Instructions) Self-Employed
<b>Date</b> 01/02/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lothringer, Arthur	<b>Amount of Contribution (\$)</b> \$500.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78221	
Principal occupation / Job title (See Instructions) Auto Dealership		Employer (See Instructions) Self-Employed
<b>Date</b> 01/28/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lothringer, Janet	<b>Amount of Contribution (\$)</b> \$100.00
	Contributor address; City; State; Zip Code  San Antonio , TX 78221	
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Retired
<b>Date</b> 01/04/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Herby	<b>Amount of Contribution (\$)</b> \$20.00
	Contributor address; City; State; Zip Code  San Antonio , TX 78211	
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Retired
<b>Date</b> 01/09/2026	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Misale	<b>Amount of Contribution (\$)</b> \$20.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78227	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/9
<b>2</b> FILER NAME Barrientes-Vela, Michelle		<b>3</b> Filer ID (Ethics Commission Filers) 00090156
<b>4</b> Date 01/26/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Passons, Larry	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio , TX 78230	
<b>8</b> Principal occupation / Job title (See Instructions) Auto-Detail		<b>9</b> Employer (See Instructions) Self-Employed
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rita, Jackie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78244	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roman, Terry	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  San Antonio , TX 78223	
Principal occupation / Job title (See Instructions) retired/Military		Employer (See Instructions)
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Michael	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  San Antonio , TX 78240	
Principal occupation / Job title (See Instructions) Dealership		Employer (See Instructions) Sales
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela Jr., Carlos	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  San Antonio , TX 78228	
Principal occupation / Job title (See Instructions) Dealership		Employer (See Instructions) Sales

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/9
<b>2</b> FILER NAME Barrientes-Vela, Michelle		<b>3</b> Filer ID (Ethics Commission Filers) 00090156
<b>4</b> Date 01/24/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Norma ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio , TX 78254	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Auto Dealership		<b>9</b> Employer (See Instructions) Sales

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 8/9
<b>2</b> FILER NAME Barrientes-Vela, Michelle		<b>3</b> Filer ID (Ethics Commission Filers) 00090156
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 01/18/2026	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lira, Rosie  <b>7</b> Contributor address; City; State; Zip Code  San Antonio, TX 78228	<b>8</b> Amount of contribution (\$) <b>9</b> In-kind contribution description \$1,800.00 contract labor  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Self-Employed		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) Self-Employed
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 9/9	2 FILER NAME Barrientes-Vela, Michelle	3 Filer ID (Ethics Commission Filers) 00090156
4 Date 01/10/2026	5 Payee name 3D Signs	
6 Amount (\$) \$2,312.57	7 Payee address; City; 7986 1st Street  Sommerset, TX 78069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertisement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pena, Emillo	Office sought Office held
Date 01/26/2026	Payee name Pena, Emillo	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  San Antonio, TX 78223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Pena, Emillo	Office sought Office held