

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

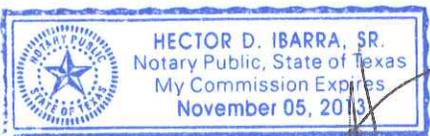
FORM C/OH COVER SHEET PG 2

14 C/OH NAME GEOVANI V. HERNANDEZ	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,577.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,110.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GEOVANI V HERNANDEZ, this the 30 day of APRIL, 2012, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Hector D. Ibarra
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:	
2 FILER NAME GEOVANI V. HERNANDEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02/22/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN VILLARREAL 6 Contributor address; City; State; Zip Code HIDALGO, TX 78557	7 Amount of contribution (\$) \$2500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) EVENT EXPENSE
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CESAR IBARRA Contributor address; City; State; Zip Code 221 E. UPAS, MCALLEN, TX 78501	Amount of contribution (\$) \$2,300.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) EVENT EXPENSE
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCISCA G. HERNANDEZ Contributor address; City; State; Zip Code PO. BOX 868, WESLACO, TX 78599	Amount of contribution (\$) \$5,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) LOAN
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDMUNDO IBARRA Contributor address; City; State; Zip Code 3902 SANTA OLIVIA, MISSION, TX 78572	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVERARDO J. IBARRA Contributor address; City; State; Zip Code 220 E. UPAS, MCALLEN, TX 78501	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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

GEOVANI V. HERNANDEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/25/2012

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

EORY E. IBARRA

6 Contributor address; City; State; Zip Code

4206 SAN GABRIEL, MISSION, TX 78572

7 Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/25/2012

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

HOMERO ALTAMIRANO

Contributor address; City; State; Zip Code

2236 SANTA ANA, MISSION, TX 78572

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/2012

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

FRANCISCA G. HERNANDEZ

Contributor address; City; State; Zip Code

PO. BOX 868, WESLACO, TX 78599

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/24/2012

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

HECTOR D. IBARRA

Contributor address; City; State; Zip Code

4408 QUINCE AVE. MALLEN, TX 78501

Amount of contribution (\$)

\$4,00.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/24/2012

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

JOSE ALEGRE

Contributor address; City; State; Zip Code

1016 W. ENCARNACION LN, PHARR, TX 78577

Amount of contribution (\$)

\$4,000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**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 GEOVANI V. HERNANDEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/24/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIO A. ALEGRE	7 Amount of contribution (\$) \$4,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 800 E. VERMONT, MCALLEN, TX 78503		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUAN A. MENDOZA	Amount of contribution (\$) \$3,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1920 EBONY, MCALLEN, TX 78503		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS DEMOCRATIC PARTY	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) VOTER FILES ACCESS
Contributor address; City; State; Zip Code 505 W. 12TH ST., AUSTIN, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 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 GEOVANI V. HERNANDEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02/21/2012		5 Payee name MR TACO			
6 Amount (\$) \$17.30		7 Payee address; City; State; Zip Code SANBENITO, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		(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 02/20/2012		Payee name VALERO			
Amount (\$) \$19.49		Payee address; City; State; Zip Code HARLINGEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT		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 03/01/2012		Payee name SUNRISE CAFE			
Amount (\$) \$11.18		Payee address; City; State; Zip Code WESLACO, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHER		Description (If travel outside of Texas, complete Schedule T) WIRELES SERVICE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/15/2012		Payee name BBVA COMPASS BANK			
Amount (\$) \$14.95		Payee address; City; State; Zip Code MCALLEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		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	

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