

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

12

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Geovani

V

NICKNAME

LAST

SUFFIX

Hernandez

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

P.O Box 1137

Weslaco

TX

78596

change of address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956 )

532-4414

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Francisca

G

NICKNAME

LAST

SUFFIX

Hernandez

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5140 N Mile 4 W

Weslaco TX

78596

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 956 )

532-4414

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 \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

09

24

2010

THROUGH

Month

Day

Year

12

31

2010

11 ELECTION

ELECTION DATE

Month

Day

Year

03

13

2012

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sheriff, Hidalgo County

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL.  
CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS** **FORM C/OH**  
**COVER SHEET PG 2**

**15 C/OH NAME**  
 Geovani V. Hernandez

**16 ACCOUNT #** (Ethics Commission Filers)

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

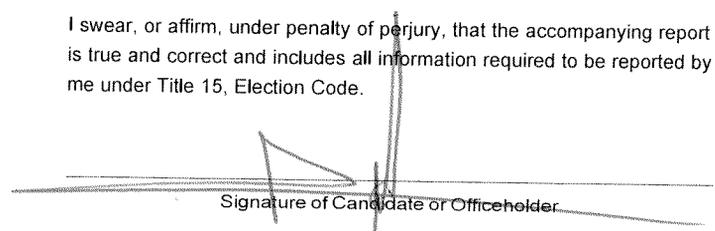
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                                |   |             |
|--------------------------------|---|-------------|
| <b>18 CONTRIBUTION TOTALS</b>  | 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)                                  | \$ 2,567.66 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ 0        |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 735.02   |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 0        |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0        |

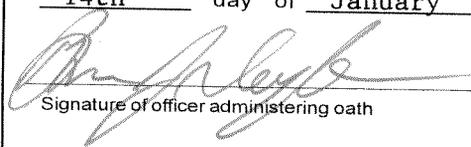
**19 AFFIDAVIT**

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Geovani Vianquini Hernandez, this the 14th day of January, 2011, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

Brandon J. DOYLE  
 Printed name of officer administering oath

Vice-Consul  
**Brandon J. Doyle**  
 Title of officer administering oath  
**U.S. Embassy**

# 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 FILER NAME  
Geovani V. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
9/30/10

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Luis Peña

7 Amount of contribution (\$) \$67.66

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
4306 Rosie San Juan TX 78589

Printed \_\_\_\_\_  
candidate's  
business cards

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
12/22/10

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Javier Barbosa

Amount of contribution (\$) \$2,500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2701 Horizon Trail Edinburg TX 78541

Deposit for  
consulting  
services

(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# \_\_\_\_\_)

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  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  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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

|   |  |                         |                                       |
|---|--|-------------------------|---------------------------------------|
| 5 Date  | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
|   | 7 Pledgor address;      City;   State;   Zip Code                            |                         |                                       |
| (If travel outside of Texas, complete Schedule T) |  |                         |                                       |

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

|   |  |                       |                                     |
|---|--|-----------------------|-------------------------------------|
| Date  | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
|   | Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
|   | Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
|   | Pledgor 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 pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
|   | Pledgor 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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender     out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial Institution?  
  
Y    N

8 Lender address;    City;    State;    Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address;    City;    State;    Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Name of lender     out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?  
  
Y    N

Lender address;    City;    State;    Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;    City;    State;    Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender 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.

|                                  |                     |   |
|----------------------------------|---------------------|---|
| <b>1</b> Total pages Schedule F: | <b>2</b> FILER NAME | <b>3</b> ACCOUNT # (Ethics Commission Filers) |
|----------------------------------|---------------------|---|

|               |                     |
|---------------|---------------------|
| <b>4</b> Date | <b>5</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>6</b> Amount (\$) | <b>7</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See categories listed at the top of this schedule) | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T) |
|---------------------------------|---|--|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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 |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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 |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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 |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|-------------------------------|--|---|

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>1</b> Total pages Schedule G:<br>1  |  | <b>2</b> FILER NAME<br>Geovani V. Hernandez   |  | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |  |
| <b>4</b> Date<br>10/7/2010   |  | <b>5</b> Payee name<br>Beto's Screen Printing   |  |   |  |
| <b>6</b> Amount (\$)<br>\$303.10<br><input type="checkbox"/> Reimbursement from political contributions intended |  | <b>7</b> Payee address; City; State; Zip Code<br>110 W 4th St San Juan TX, 78589            |  |   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  |  | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>Printing expense |  | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br>1,000 candidate bumper stickers |  |
| Date<br>10/14/2010   |  | Payee name<br>A&A Custom Designs  |  |   |  |
| Amount (\$)<br>\$431.92<br><input type="checkbox"/> Reimbursement from political contributions intended          |  | Payee address; City; State; Zip Code<br>120 N Conway Ave. Mission TX, 78572                 |  |   |  |
| PURPOSE OF EXPENDITURE   |  | Category (See categories listed at the top of this schedule)<br>Printing expense            |  | Description (If travel outside of Texas, complete Schedule T)<br>10,000 business cards (2-sides)            |  |
| Date   |  | Payee name  |  |   |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                      |  | Payee address; City; State; Zip Code  |  |   |  |
| PURPOSE OF EXPENDITURE   |  | Category (See categories listed at the top of this schedule)                                |  | Description (If travel outside of Texas, complete Schedule T)   |  |
| Date   |  | Payee name  |  |   |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                      |  | Payee address; City; State; Zip Code  |  |   |  |
| PURPOSE OF EXPENDITURE   |  | Category (See categories listed at the top of this schedule)                                |  | Description (If travel outside of Texas, complete Schedule T)   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date 5 Business name

6 Amount (\$) 7 Business 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

*Stovani  
Hernandez  
905-7471*

Business name

Business address; City; State; Zip Code

Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Candidate / Officeholder name Office sought Office held

expenditure to benefit C/OH

Date Business name

Amount (\$) Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) 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 Business name

Amount (\$) Business address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule I: **2** FILER NAME **3** ACCOUNT # (Ethics Commission Filers)

**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 (See instructions regarding type of information required.)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

**PURPOSE OF EXPENDITURE** Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

**PURPOSE OF EXPENDITURE** Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

**PURPOSE OF EXPENDITURE** Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CREDITS (optional)

# SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Payor name

8 Amount (\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder