Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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: 13

OFFICE USE ONLY

Date Received: RECD JUL 14 2011 3:16pm

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. FIRST: GEOVANI MI: V

NICKNAME LAST: HERNANDEZ SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX: PO BOX 1137 APT / SUITE #: CITY: WESLACO STATE: TX ZIP CODE: 78596

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (956) PHONE NUMBER: 532-4414 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. FIRST: LUIS MI:

NICKNAME LAST: PEÑA SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 4306 ROSIE APT / SUITE #: CITY: SAN JUAN STATE: TX ZIP CODE: 78589

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) PHONE NUMBER: 638-3705 EXTENSION

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 1 / Day 1 / Year 2011 THROUGH Month 6 / Day 30 / Year 2011

11 ELECTION

ELECTION DATE Month 3 / Day 6 / Year 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 2,750.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8,786.40
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
	4. **TOTAL POLITICAL EXPENDITURES**	$ 11,913.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 377.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 6,000.00

19 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
LUZ LAURO DAVILA
MY COMMISSION EXPIRES
June 11, 2012

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 V. Hernandez, this the 14th day of July, 20 11, to certify which, witness my hand and seal of office.

Luz Lauro Davila	Luz Lauro Davila	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: GEOVANI V. HERNANDEZ

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1/27/2011	MARTIN TEJADA 2428 S. 23rd ST MCALLEN TX 78503	$350.00	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/18/2011	FRANCES HERNANDEZ 5140 N. MILE 4 W. WESLACO TX 78596	$100.00	(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#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/1/2011	G+T CONSULTING 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314	$250.00	CAMPAIGN LOGO DESIGN (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#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/8/2011	CATHERINE MURPHY-FULP 5101 N. TAYLOR RD MISSION TX 78573	$1,000.00	(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#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/7/2011	SERGIO DE HOYOS 307 CASIANO ST DONNA TX 78537	$500.00	(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 foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: GEOVANI V HERNANDEZ

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/7/2011	HONORIO VILLARREAL 6721 SAN FRANCISCO RD. EDINBURG TX 78541	$500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/7/2011	HECTOR GONZALEZ 609 SUNCHASE ST SAN JUAN TX 78589	$100.00	

(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#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/12/2011	CARLOS LUCIO 1219 W. KENNEDY ST PHARR TX 78577	$600.00	

(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#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2/18/2011	JUAN LEAL 111 E. SUNFLOWER AVE MCALLEN TX 78504	$300.00	

(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#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/1/2011	G4T CONSULTING 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314	$700.00	TRAVEL EXPENSE

(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

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: GEOVANI V HERNANDEZ

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/1/2011	RENE CASTELLANOS 3913 PUERTA AVE EDINBURG TX 78542	$100.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/1/2011	G4T CONSULTING 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314	$1,100	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#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/1/2011	G4T CONSULTING 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314	$1,600.00	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#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5/30/2011	MEDISERVE 1801 S. 5TH ST #103 McALLEN TX 78501	$1,000.00	

(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#: ____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6/1/2011	MEDISERVE 1801 S. 5th ST #103 McALLEN TX 78501	$286.40	RENT CAMPAIGN OFFICE

(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 forsadditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: GEOVANI V HERNANDEZ

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2/16/2011	HECTOR CAZARES 1428 N CESAR CHAVEZ, ALAMO TX	$300.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out of state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(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#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(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#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(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#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(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 foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: GEOVANI V HERNANDEZ

3 ACCOUNT # (Ethics Commission Filers)

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

5 Date of loan: 1/18/2011

6 Is lender a financial institution? Y N

7 Name of lender: GEOVANI V HERNANDEZ ☐ out-of-state PAC (ID#:)

8 Lender address; City; State; Zip Code: 5140 N. MILE 4 W WESLACO TX 78596

9 Loan Amount ($): $4000.00

10 Interest rate: 0.%

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral: ☒ none

15 GUARANTOR INFORMATION: ☒ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed ($)

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan: 4/19/2011

Is lender a financial institution? Y N

Name of lender: GEOVANI V. HERNANDEZ ☐ out-of-state PAC (ID#:)

Lender address; City; State; Zip Code: 5140 N. MILE 4 W. WESLACO TX 78596

Loan Amount ($): $2,000.00

Interest rate: 0.%

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral: ☒ none

GUARANTOR INFORMATION: ☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 4

2 FILER NAME: GEOVANI V. HERNANDEZ

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 2/10/2011

5 Payee name: G1T CONSULTING

6 Amount ($): $1,000.00

7 Payee address; City; State; Zip Code: 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): WEBSITE DEVELOPMENT

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 4/1/2011

Payee name: FEDEX KINKO'S

Amount ($): $32.76

Payee address; City; State; Zip Code: 1015 N. TEXAS ST STE. B WESLACO TX 78596

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): OTHER

Description (If travel outside of Texas, complete Schedule T): MAILING EXPENSE

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 5/1/2011

Payee name: G1T CONSULTING

Amount ($): $1,000.00

Payee address; City; State; Zip Code: 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONSULTING EXPENSE

Description (If travel outside of Texas, complete Schedule T): CAMPAIGN CONSULTING

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 6/1/2011

Payee name: G1T CONSULTING

Amount ($): $2,500.00

Payee address; City; State; Zip Code: 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONSULTING EXPENSE

Description (If travel outside of Texas, complete Schedule T): CAMPAIGN CONSULTING

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 4

2 FILER NAME: GEOVANI V. HERNANDEZ

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 4/1/2011

5 Payee name: G4T CONSULTING

6 Amount ($): $1,000.00

7 Payee address; City; State; Zip Code: 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): CONSULTING EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): CAMPAIGN CONSULTING

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 4/4/2011

Payee name: A+A DESIGNS

Amount ($): $162.38

Payee address; City; State; Zip Code: 1120 CONWAY AVE. MISSION TX 78572

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): PRINTING EXPENSE

Description (If travel outside of Texas, complete Schedule T): TWO BANNERS

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 4/4/2011

Payee name: SIMPAQ USA

Amount ($): $125.00

Payee address; City; State; Zip Code: 3325 N. WARE RD. McALLEN TX 78501

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): PRINTING EXPENSE

Description (If travel outside of Texas, complete Schedule T): BROCHURES

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: 4/4/2011

Payee name: MATT'S BUILDING MATERIALS

Amount ($): $8.64

Payee address; City; State; Zip Code: 404 E. EXPRESSWAY 83 PHARR TX 78577

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): OTHER

Description (If travel outside of Texas, complete Schedule T): BANNER TIERS

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
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: 4

2 FILER NAME: GEOVANI V. HERNANDEZ

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 5/31/2011

5 Payee name: BBVA COMPASS

6 Amount ($): $84.91

7 Payee address, City, State, Zip Code: 255 S. TEXAS BLVD. WESLACO TX 78596

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): ACCOUNTING / BANKING

(b) Description (If travel outside of Texas, complete Schedule T): TRANSFER FEE

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 1/27/2011

Payee name: G+T CONSULTING

Amount ($): $1,359.46

Payee address, City, State, Zip Code: 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONSULTING EXPENSE

Description (If travel outside of Texas, complete Schedule T): CAMPAIGN CONSULTING

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 2/7/2011

Payee name: G+T CONSULTING

Amount ($): $1,740.54

Payee address, City, State, Zip Code: 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONSULTING EXPENSE

Description (If travel outside of Texas, complete Schedule T): CAMPAIGN CONSULTING

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Date: 3/1/2011

Payee name: G+T CONSULTING

Amount ($): $900.00

Payee address, City, State, Zip Code: 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): CONSULTING EXPENSE

Description (If travel outside of Texas, complete Schedule T): CAMPAIGN CONSULTING

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name: — Office sought: — Office held:

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The instruction Guide explains how to complete this form.

1 Total pages Schedule F. 4	2 FILER NAME GEOVANI V. HERNANDEZ	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/19/2011	5 Payee name G4T CONSULTING	
6 Amount ($) $2000.00	7 Payee address; City; State; Zip Code 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN CONSULTING
9 Complete ONLY 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 (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	Payee name	
Amount ($)	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)
Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

CREDITS (optional)

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K. 1

2 FILER NAME GEOVANI V. HERNANDEZ

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
4/1/2011	G4T CONSULTING 850 JOHN CARLYLE #431 ALEXANDRIA VA 22314 WEBSITE SERVICE CANCELED BY CAMPAIGN	$500.00
5/1/2011	G4T CONSULTING 850 JOHN CARLYLE #431 ALEXANDRIA, VA 22314 Reason for credit	$500.00
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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: 1

2 FILER NAME: GEOVANI V HERNANDEZ

3 ACCOUNT # (Ethics Commission Filers):

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: G+T CONSULTING

5 Contribution / Expenditure reported on:

- [x] 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: 5/4/2011 - 5/31/2011

7 Name of person(s) traveling: GERMAN TREJO

8 Departure city or name of departure location: WASHINGTON, DC

9 Destination city or name of destination location: MC ALLEN, TX

10 Means of transportation: AIR + GROUND

11 Purpose of travel (including name of conference, seminar, or other event): ON THE GROUND CONSULTING

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)