

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: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR GEOVANI V. NICKNAME LAST SUFFIX HERNANDEZ	OFFICE USE ONLY Date Received 2012 JUL 16 PM 2 10 Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <input type="checkbox"/> change of address P.O. BOX 1137, WESLACO, TX 78596		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 905-7471		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR EVERARDO J. NICKNAME LAST SUFFIX JOSE IBARRA		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE 3410 SANTA TERESA, MISSION, TX 78572		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 563-8524		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05 / 22 / 2012 06 / 30 / 2012		
11 ELECTION	ELECTION DATE Month Day Year 05 / 29 / 2012	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **GEOVANI V. HERNANDEZ** 15 ACCOUNT # (Ethics Commission Filers)

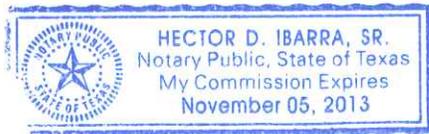
16 NOTICE FROM POLITICAL COMMITTEE(S)

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 <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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)	\$ 3,300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,481.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 181.23

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.

[Handwritten 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 16 day of July, 2012, to certify which, witness my hand and seal of office.

[Handwritten Signature] HECTOR D. IBARRA Notary
Signature of officer administering oath 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 05/24/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEREYDA MORALES-MARTINEZ	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code MCALLEN, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORGE SANTANA	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code MISSION, TX 78572		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALBERT VILLARREAL	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code DONNA, TX		(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 06/25/2012	5 Payee name COMPASS BANK	
6 Amount (\$) \$91.00	7 Payee address; City; State; Zip Code MCALLEN, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T)
9 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 (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	
PURPOSE OF EXPENDITURE	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	
PURPOSE OF EXPENDITURE	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

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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 05/22/2012	5 Payee name THE MONITOR MCALLEN	
6 Amount (\$) \$1,550.00	7 Payee address; City; State; Zip Code MCALLEN, TX	
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)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/22/2012	Payee name SHELL SERVICE	
Amount (\$) \$50.00	Payee address; City; State; Zip Code MISSION, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	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 05/23/2012	Payee name HEB	
Amount (\$) \$45.00	Payee address; City; State; Zip Code MCALLEN, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSES	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 05/29/2012	Payee name DENNY'S	
Amount (\$) \$20.00	Payee address; City; State; Zip Code MCALLEN, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSES	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**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 06/01/2012		5 Payee name STRIPES			
6 Amount (\$) \$55.28		7 Payee address; City; State; Zip Code MCALLEN, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT		(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 05/29/2012		Payee name EXXONMOBIL			
Amount (\$) \$20.02		Payee address; City; State; Zip Code MISSION, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT		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 05/23/2012		Payee name STRIPES			
Amount (\$) \$6.16		Payee address; City; State; Zip Code MCALLEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSES		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 05/25/2012		Payee name WHATABURGER			
Amount (\$) \$8.53		Payee address; City; State; Zip Code MCALLEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSES		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	

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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 06/01/2012	5 Payee name HEB GAS	
6 Amount (\$) \$40.01	7 Payee address; City; State; Zip Code MCALLEN, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	(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 06/04/2012	Payee name HEB GAS	
Amount (\$) \$50.01	Payee address; City; State; Zip Code MISSION, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL IN 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 05/29/2012	Payee name THE OLIVE GARDEN	
Amount (\$) \$57.00	Payee address; City; State; Zip Code MCALLEN, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSES	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 05/29/2012	Payee name DENNY'S	
Amount (\$) \$20.00	Payee address; City; State; Zip Code MISSION, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSES	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		

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 06/01/2012	5 Payee name US MAIL & MORE	
6 Amount (\$) \$19.49	7 Payee address; City; State; Zip Code MCALLEN, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/22/2012	Payee name JASON DELI	
Amount (\$) \$21.16	Payee address; City; State; Zip Code MCALLEN, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT	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 06/18/2012	Payee name TAQUERIA Y CARNITAS	
Amount (\$) \$20.00	Payee address; City; State; Zip Code DONNA, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSES	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 06/18/2012	Payee name WINGSTOP	
Amount (\$) \$7.57	Payee address; City; State; Zip Code MISSION, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSES	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

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)
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4 Date 05/29/2012	5 Payee name CLAUDIA MARMOLEJO
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6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code PALMHURST, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALIARIES	(b) Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/29/2012	Payee name GABRIEL MIRANDA
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Amount (\$) \$50.00	Payee address; City; State; Zip Code ALTON, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALIARIES	Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/20/2012	Payee name SILVIA SALINAS
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Amount (\$) \$50.00	Payee address; City; State; Zip Code EDINBURG, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES	Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/29/2012	Payee name JESUS MENDOZA
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Amount (\$) \$50.00	Payee address; City; State; Zip Code PHARR, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES	Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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 05/29/2012		5 Payee name SOFIA SALINAS			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code EDINBURG, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALIARIES		(b) Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/29/2012		Payee name ANA BARRERIRO			
Amount (\$) \$50.00		Payee address; City; State; Zip Code MCALLEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALIARIES		Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/20/2012		Payee name ABBY GARCIA			
Amount (\$) \$50.00		Payee address; City; State; Zip Code LA JOYA, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARIES		Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/29/2012		Payee name EDNA CRUZ			
Amount (\$) \$50.00		Payee address; City; State; Zip Code PENITAS, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARIES		Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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 05/29/2012		5 Payee name SERGIO PEREZ			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code EDINBURG, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALIARIES		(b) Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/29/2012		Payee name CARLOS ROMERO			
Amount (\$) \$50.00		Payee address; City; State; Zip Code EDINBURG, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALIARIES		Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/20/2012		Payee name LUIS A. RODRIGUEZ			
Amount (\$) \$50.00		Payee address; City; State; Zip Code HIDALGO, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARIES		Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/29/2012		Payee name GINA GARCIA			
Amount (\$) \$50.00		Payee address; City; State; Zip Code PENITAS, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARIES		Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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 05/29/2012		5 Payee name EDWIN K. LOPEZ			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code EDINBURG, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALIARIES		(b) Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/29/2012		Payee name JOSE FATICATI			
Amount (\$) \$50.00		Payee address; City; State; Zip Code ALAMO, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALIARIES		Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/20/2012		Payee name MELISSA MIJARES			
Amount (\$) \$50.00		Payee address; City; State; Zip Code HIDALGO, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARIES		Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/29/2012		Payee name SAN JUANITA REYNA			
Amount (\$) \$50.00		Payee address; City; State; Zip Code PROGRESO, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARIES		Description (If travel outside of Texas, complete Schedule T) POLL WATCHER	
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

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)
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4 Date 05/29/2012	5 Payee name ALBERT FLORES
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6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code DONNA TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALIARIES	(b) Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/29/2012	Payee name DANIEL LEE ALVAREZ
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Amount (\$) \$50.00	Payee address; City; State; Zip Code WESLACO, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALIARIES	Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/20/2012	Payee name CESAR GARZA
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Amount (\$) \$50.00	Payee address; City; State; Zip Code WESLACO, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES	Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/29/2012	Payee name LILIAN FLORES
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Amount (\$) \$50.00	Payee address; City; State; Zip Code DONNA, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES	Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 05/29/2012	5 Payee name KAREN CASTILLO	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code PHARR, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALIARIES	(b) Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/29/2012	Payee name FRANCISCO GARCIA	
Amount (\$) \$50.00	Payee address; City; State; Zip Code MISSION, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALIARIES	Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/20/2012	Payee name EDUARDO LOPEZ	
Amount (\$) \$50.00	Payee address; City; State; Zip Code WESLACO, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES	Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/29/2012	Payee name SAMANTHA LEE GUILLEN	
Amount (\$) \$50.00	Payee address; City; State; Zip Code DONNA, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES	Description (If travel outside of Texas, complete Schedule T) POLL WATCHER
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME GEOVANI V. HERNANDEZ		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$
5 Date of loan 06/30/2012	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) GEOVANI V. HERNANDEZ	9 Loan Amount (\$) 181.23
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code P.O BOX 1137, WESLACO, TX 78596	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) UNIVERSITY PROFESSOR		13 Employer (See Instructions) WAYLAND BAPTIST UNIVERSITY
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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" **

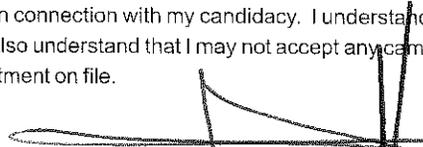
1 C/OH NAME

GEOVANI V. HERNANDEZ

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

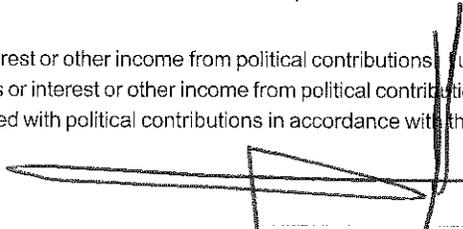
Check only one:



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