

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: 18												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR GEOVANI V. NICKNAME LAST SUFFIX HERNANDEZ	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">OFFICE USE ONLY</th> </tr> <tr> <td style="width:50%;">Date Received</td> <td style="width:50%; text-align: center;"> REC'D MAY 21 2012 @ 4:15 pm Freda Gomez </td> </tr> <tr> <td>Date Hand-delivered or Postmarked</td> <td></td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		OFFICE USE ONLY		Date Received	REC'D MAY 21 2012 @ 4:15 pm Freda Gomez	Date Hand-delivered or Postmarked		Receipt #	Amount	Date Processed		Date Imaged	
OFFICE USE ONLY															
Date Received	REC'D MAY 21 2012 @ 4:15 pm Freda Gomez														
Date Hand-delivered or Postmarked															
Receipt #	Amount														
Date Processed															
Date Imaged															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 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	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<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)				
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<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 / 01 / 2012 05 / 21 / 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 38,250.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 52,536.26

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 823.06

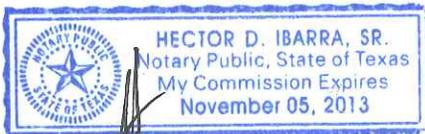
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 7,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said GEOVANI V HERNANDEZ, this the 21 day of MAY, 20 12, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

HECTOR D IBARRA
Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME GEOVANI V. HERNANDEZ			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/08/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID BARBOSA	7 Amount of contribution (\$) \$3,000.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 17 E. MILE 13.5, WESLACO		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 05/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEREYDA MORALES-MARTINEZ	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code EDINBURG, TX		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 05/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EVERARDO J. IBARRA	Amount of contribution (\$) \$4,000.00	In-kind contribution description (if applicable) BILLBOARDS	
Contributor address; City; State; Zip Code 220 E. UPAS, MCALEN, TX 78501		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 05/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEZABEL PADILLA	Amount of contribution (\$) \$4,000.00	In-kind contribution description (if applicable) BILLBOARDS	
Contributor address; City; State; Zip Code 220 E. UPAS, MCALEN, TX 78501		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 05/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOLITZI PADILLA	Amount of contribution (\$) \$4,000.00	In-kind contribution description (if applicable) BILLBOARDS	
Contributor address; City; State; Zip Code 220E. UPAS, MCALLEN, TX 78501		(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 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 05/19/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIA E. RIVAS	7 Amount of contribution (\$) \$9,500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P. O. BOX 1550, ELSA, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUIS CANTU	Amount of contribution (\$) \$1,750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2103 CEDAR AVE, MCALLEN, TX 78501		(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)	
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.

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 05/03/2012	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) GEOVANI V. HERNANDEZ	9 Loan Amount (\$) 7,000.00
6 Is lender a financial Institution? Y X	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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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	Amount Guaranteed (\$)
	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.

1 Total pages Schedule F:		2 FILER NAME GEOVANI V. HERNANDEZ		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/08/2012		5 Payee name DDA STRIPES			
6 Amount (\$) \$55.01		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) GAS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/08/2012		Payee name BBVA COMPASS			
Amount (\$) \$3.00		Payee address; City; State; Zip Code MCALLEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FEES		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/07/2012		Payee name DDA STRIPES			
Amount (\$) \$100.00		Payee address; City; State; Zip Code EDINBURG, 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) GAS AND MEALS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/19/2012		Payee name CHRIS GUERRA			
Amount (\$) \$200.00		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 <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 05/07/2012		5 Payee name STARCHANNEL			
6 Amount (\$) \$5,000.00		7 Payee address; City; State; Zip Code 4909 N. MCOLL RD, MCALLEN, TX78504			
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) TV	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/07/2012		Payee name KNVO 48			
Amount (\$) \$4,951.25		Payee address; City; State; Zip Code MCALLEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) TV	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/07/2012		Payee name KRGV 5			
Amount (\$) \$5,150.00		Payee address; City; State; Zip Code MCALLEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) TV	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/07/2012		Payee name DCNC MARKETING			
Amount (\$) \$10,000.00		Payee address; City; State; Zip Code HARLINGEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) FLYERS	
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 05/16/2012		5 Payee name 99.5 RADIO			
6 Amount (\$) \$3,320.00		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) RADIO	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/21/2012		Payee name THE MONITOR			
Amount (\$) \$1,550.00		Payee address; City; State; Zip Code MCALLEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) NEWSPAPER	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/09*/2012		Payee name MOON LIGHT CAFE			
Amount (\$) \$33.00		Payee address; City; State; Zip Code EDINBURG, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) MEAL	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/15/2012		Payee name DCNC MARKETING			
Amount (\$) \$2,824.21		Payee address; City; State; Zip Code HARLINGEN, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) FLYERS	
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 05/19/2012	5 Payee name ANGELA TELLO
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code PHARR, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES	(b) 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 05/19/2012	Payee name GABRIEL FERNANDEZ
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Amount (\$) \$200.00	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/19/2012	Payee name CESAR GARZA
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Amount (\$) \$200.00	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/19/2012	Payee name JOHN ALEX LOPEZ
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Amount (\$) \$200.00	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
------------------------	--	---

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	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 05/19/2012		5 Payee name DELFINA SOLIS			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code DONNA, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALARIES		(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 05/19/2012		Payee name EDUARDO LOPEZ			
Amount (\$) \$30.00		Payee address; City; State; Zip Code MCALLEN, 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 05/19/2012		Payee name SANJUANITA REYNA			
Amount (\$) \$200.00		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	
Date 05/19/2012		Payee name ALBERT FLORES			
Amount (\$) \$200.00		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 <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 05/19/2012		5 Payee name SAMANTHA LEE GUILLEN			
6 Amount (\$) \$60.00		7 Payee address; City; State; Zip Code DONNA, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALARIES		(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 05/19/2012		Payee name DANIEL LEE ALVAREZ			
Amount (\$) \$60.00		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 05/19/2012		Payee name ADOLFO RODRIGUEZ			
Amount (\$) \$200.00		Payee address; City; State; Zip Code ELSA, 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 05/19/2012		Payee name SERGIO PEREZ			
Amount (\$) \$250.00		Payee address; City; State; Zip Code EDINBURG, 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	

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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)
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4 Date 05/19/2012	5 Payee name LUIS RODRIGUEZ
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code EDINBURG, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES	(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 05/19/2012	Payee name CARLOS ROMERO
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Amount (\$) \$200.00	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/19/2012	Payee name EDWIN LOPEZ
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/19/2012	Payee name JOSE FATICATI
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Amount (\$) \$150.00	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 <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)
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4 Date 05/19/2012	5 Payee name SITLALY VILLARREAL
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code ALAMO, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES	(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 05/19/2012	Payee name BERTHA BARRERA
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Amount (\$) \$300.00	Payee address; City; State; Zip Code LAS MILPAS, 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 05/19/2012	Payee name CESAR GUERRERO
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Amount (\$) \$300.00	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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Date 05/19/2012	Payee name ENRIQUE MONITO
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Amount (\$) \$75.00	Payee address; City; State; Zip Code HIDALGO, 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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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 05/19/2012		5 Payee name SITLALY VILLARREAL			
6 Amount (\$) \$300.00		7 Payee address; City; State; Zip Code ALAMO, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALARIES		(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 05/19/2012		Payee name SOFIA SALINAS			
Amount (\$) \$125.00		Payee address; City; State; Zip Code MCALLEN, 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 05/19/2012		Payee name SILVIA SALINAS			
Amount (\$) \$175.00		Payee address; City; State; Zip Code MCALLEN, 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 05/19/2012		Payee name JESUS MENDOZA			
Amount (\$) \$300.00		Payee address; City; State; Zip Code MCALLEN, 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 05/19/2012		5 Payee name ANA BARREIRO			
6 Amount (\$) \$50.00		7 Payee address; City; State; Zip Code MCALLEN, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALARIES		(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 05/19/2012		Payee name GABRIEL MIRANDA			
Amount (\$) \$200.00		Payee address; City; State; Zip Code MCALLEN, 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 05/19/2012		Payee name MARY MARTINEZ			
Amount (\$) \$50.00		Payee address; City; State; Zip Code MISSION, 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 05/19/2012		Payee name ARECELY ALONSO			
Amount (\$) \$200.00		Payee address; City; State; Zip Code MISSION, 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)
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4 Date 05/19/2012	5 Payee name MELISSA MIJARES
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6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code MISSION, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES	(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 05/19/2012	Payee name ORLANDO MARTINEZ
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Amount (\$) \$300.00	Payee address; City; State; Zip Code MISSION, 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 05/19/2012	Payee name ABBY GARCIA
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Amount (\$) \$300.00	Payee address; City; State; Zip Code LA JOYA, 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 05/19/2012	Payee name EDNA CRUZ
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Amount (\$) \$300.00	Payee address; City; State; Zip Code PALMVIEW, 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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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 05/19/2012		5 Payee name GINA GARCIA			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code SULLIVANN, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SALARIES		(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 05/19/2012		Payee name GUADALUPE SOLIS			
Amount (\$) \$300.00		Payee address; City; State; Zip Code ALTON, 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 05/19/2012		Payee name FRANCISCO GARCIA			
Amount (\$) \$250.00		Payee address; City; State; Zip Code MCALLEN, 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 05/19/2012		Payee name KAREN CASTILLO			
Amount (\$) \$200.00		Payee address; City; State; Zip Code PALMHUSRT, 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)
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4 Date 05/19/2012	5 Payee name CLAUDIA MARMOLEJO
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6 Amount (\$) \$250.00	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 05/08/2012	Payee name MPA BILLBOARDS
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Amount (\$) \$12,000.00	Payee address; City; State; Zip Code 2243 W. PECAN, MCALLEN, TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BILLBOARDS
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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