

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

**FORM SC C/OH
COVER SHEET PG 1**

The SC C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 18
3 NAME	MS / MRS / MR FIRST Geovani NICKNAME LAST Hernandez	MI V. SUFFIX	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 2em; font-weight: bold; transform: rotate(-90deg);">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">OCT 06 2014</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">12:10 pm</div> <div style="text-align: center; font-size: 2em; font-weight: bold;">LS</div> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
4 ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 801 West Nolana, McAllen, Tx 78504		
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 655-8185		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Everardo NICKNAME LAST Ibarra	MI J. SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 801 West Nolana, McAllen, Tx 78504		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 655-8185		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 16 / 2014 10 / 03 / 2014		
11 CONVENTION / ELECTION DATE	Month Day Year / /	12 OFFICE SOUGHT	<input type="checkbox"/> STATE CHAIR <input type="checkbox"/> COUNTY CHAIR
13 POLITICAL PARTY	COUNTY (If Applicable)		

GO TO PAGE 2

**STATE / COUNTY CHAIR CAMPAIGN FINANCE
REPORT: SUPPORT & TOTALS**

**FORM SC C/OH
COVER SHEET PG 2**

14 FILER NAME Geovani V. Hernandez **15 ACCOUNT # (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

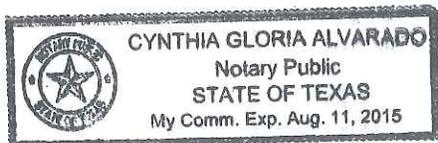
additional pages

** This box is for notice of political expenditures by political committees to support the candidate. These expenditures may have been made without the candidate's knowledge or consent. Candidates are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> GENERAL	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC	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	\$ 1,500.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,861.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 638.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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

Geovani V. Hernandez
Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Geovani V. Hernandez, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Cynthia Gloria Alvarado
Signature of officer administering oath

Cynthia Gloria Alvarado
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: 10	
2 FILER NAME Geovani V. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco Martinez 6 Contributor address; City; State; Zip Code 4206 San Gabriel , Apt 9102, Mission, Tx 78572	7 Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business owner		10 Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorge Castillo Contributor address; City; State; Zip Code 2005 Callanan Cir, Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Bussines owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupita Ramirez Contributor address; City; State; Zip Code Buddy Owens, McAllen, Tx 78504	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leroy Gomez Contributor address; City; State; Zip Code Buddy Owens, McAllen, Tx 78504	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natividad Sosa Contributor address; City; State; Zip Code Buddy Owens, McAllen, Tx 78504	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		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 07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Martinez 6 Contributor address; City; State; Zip Code 4206 San Gabriel , Apt 6103, Mission, Tx 78572	7 Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business owner		10 Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Ramirez Contributor address; City; State; Zip Code Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Bussines owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramiro Ramirez Contributor address; City; State; Zip Code Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Sanchez Contributor address; City; State; Zip Code Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Martinez Contributor address; City; State; Zip Code Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Geovani V. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anais Barcelo 6 Contributor address; City; State; Zip Code McAllen, Tx 78504	7 Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business owner		10 Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidi De Leon Contributor address; City; State; Zip Code McAllenn, Tx 78503	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Bussines owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco Cavazos Contributor address; City; State; Zip Code Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmundo Ibarra Contributor address; City; State; Zip Code Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Martinez Contributor address; City; State; Zip Code Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	

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SCHEDULE A

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2 FILER NAME Geovani V. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irene Del Toro 6 Contributor address; City; State; Zip Code Mercedes, Tx 78570	7 Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business owner		10 Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irma Tijerina Contributor address; City; State; Zip Code McAllenn, Tx 78503	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Bussines owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary leal Contributor address; City; State; Zip Code Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francelia Salinas Contributor address; City; State; Zip Code Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Sanchez Contributor address; City; State; Zip Code Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Geovani V. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando Davila 6 Contributor address; City; State; Zip Code McAllen, Tx 78504	7 Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business owner		10 Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sergio Davila Contributor address; City; State; Zip Code McAllenn, Tx 78503	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Bussines owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orlando Ibarra Contributor address; City; State; Zip Code Mission, Tx 78572	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Soto Contributor address; City; State; Zip Code Edinburg, Tx 78540	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Martinez Contributor address; City; State; Zip Code Edinburg Tx 78540	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME Geovani V. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/31/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Trad 6 Contributor address; City; State; Zip Code McAllen, Tx 78504	7 Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Business owner		10 Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noe Cantu Contributor address; City; State; Zip Code McAllenn, Tx 78503	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Bussines owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eduardo Gonzalez Contributor address; City; State; Zip Code Hidalgo, Tx 78557	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando Villarreal Contributor address; City; State; Zip Code Edinburg, Tx 78540	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 07/31/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alma Salinas Contributor address; City; State; Zip Code Edinburg Tx 78540	Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Geovani V. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marco A. Hernandez	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 115 E. Maple Ave. McAllen, Tx. 78501		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Bussines owner		10 Employer (See Instructions)	
Date 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben Villegas	Amount of contribution (\$) \$ * 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 929 Burrus St., Mission, Tx. 78572		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Bussines owner		Employer (See Instructions) Villegas Construction	
Date 09/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzo Gonzalez	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3549 Almeda Genoa, Houston, Tx 77047		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 09/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victor Rodriguez	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 801 E. Fern Ave. Ste. 120, McAllen, Tx 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Guardian Protection Services	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar A. Rojas	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1216 N. 10th St., McAllen, Tx 78501		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Jewelry store	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Geovani V. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel M Chapa 6 Contributor address; City; State; Zip Code P.O. Box 1838 Hidalgo, Tx. 78557	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Bussines owner		10 Employer (See Instructions) Chapa Auto Sales	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Mar Contributor address; City; State; Zip Code 3520 Melba , McAllen, Tx. 78501	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Bussines owner		Employer (See Instructions) Mar Used Auto Parts & Salvage	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzo Gonzalez Contributor address; City; State; Zip Code 3549 Almeda Genoa, Houston, Tx 77047	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto Rodriguez Contributor address; City; State; Zip Code 1401 Toronto Ave. # H 211 McAllen Tx 78503	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Hermanos Rodriguez Auto Glass	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Geovani V. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Alegre 6 Contributor address; City; State; Zip Code 801 W Nolana, Mcallen, Tx 78504	7 Amount of contribution (\$) \$300.00d (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable) Back to school Event at Alton
9 Principal occupation / Job title (See Instructions) Business owner		10 Employer (See Instructions)	
Date 08/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orlando Martienz Contributor address; City; State; Zip Code 2900 Jefferson st, McAllen, Tx. 78501	Amount of contribution (\$) \$650.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Back to School Event at Elsa
Principal occupation / Job title (See Instructions) Bussines owner		Employer (See Instructions)	
Date 08/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everardo J. Ibarra Contributor address; City; State; Zip Code 801 W. Nolana, McAllen, Tx 78504	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Jovenes con Geovani Event
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 09/10/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isacc DeSantiago Contributor address; City; State; Zip Code Old 83 W. , Mission, Tx 78572	Amount of contribution (\$) \$700.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Adult Seniors Event
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 09/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cesar Ibarra Contributor address; City; State; Zip Code 221 E. Upas, McAllen, Tx 78501	Amount of contribution (\$) \$750.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable) Day Care Talent Show at City Hall Saloon , San Juan, Tx
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Geovani V. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/18/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marco Leo 6 Contributor address; City; State; Zip Code N-FM-88 milla 15 1/4, Weslaco, Tx 78596	7 Amount of contribution (\$) \$3,000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) Kick-off Party in the East
9 Principal occupation / Job title (See Instructions) Business owner		10 Employer (See Instructions)	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Rivera Contributor address; City; State; Zip Code 1522 E. Expressway 83, Mission, Tx. 78572	Amount of contribution (\$) \$1,600.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Kick-off Party in the West
Principal occupation / Job title (See Instructions) Bussines owner		Employer (See Instructions)	
Date 10/02/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Ramirez Contributor address; City; State; Zip Code 901 W. Nolana, McAllen, Tx 78504	Amount of contribution (\$) \$700.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Kick-off Party in Mcallen
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	

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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 8/04/2014		5 Payee name Office of the County Treasurer			
6 Amount (\$) \$1,258.00		7 Payee address; City; State; Zip Code Edinburg TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Campaign Inscription Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/26/2014		Payee name Square Space Inc			
Amount (\$) \$20.00		Payee address; City; State; Zip Code McAllen TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel		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 8/27/2014		Payee name Everardo Ibarra			
Amount (\$) \$300.00		Payee address; City; State; Zip Code McAllen TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel Cards		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 9/02/2014		Payee name Best Buy			
Amount (\$) \$146.11		Payee address; City; State; Zip Code McAllen TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gift Ipads		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 9/02/2014	5 Payee name buffalo wings	
6 Amount (\$) \$155.90	7 Payee address; City; State; Zip Code McAllen TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event 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 9/03/2014	Payee name BBVA COMPASS	
Amount (\$) \$38.00	Payee address; City; State; Zip Code McAllen TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking Fee	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 9/09/2014	Payee name Everardo Ibarra	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code McAllen TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Rental Expense	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 9/10/2014	Payee name BBVA COMPASS	
Amount (\$) \$500.00	Payee address; City; State; Zip Code McAllen TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking Fee Item Charge Back	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 9/15/2014	5 Payee name BBVA COMPASS	
6 Amount (\$) \$11.95	7 Payee address; City; State; Zip Code McAllen TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Banking Expense	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/22/2014	Payee name Pollo Loco Restaurant	
Amount (\$) \$16.22	Payee address; City; State; Zip Code McAllenTX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage	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 9/22/2014	Payee name Facebook	
Amount (\$) \$21.45	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	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 9/22/2014	Payee name Everardo Ibarra	
Amount (\$) \$900.00	Payee address; City; State; Zip Code McAllen TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Related Fee	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 9/11/2014	5 Payee name Fagsa USA	
6 Amount (\$) \$374.00	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 9/11/2014	Payee name Fernandos Restaurant	
Amount (\$) \$40.00	Payee address; City; State; Zip Code Pharr TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food & Beverage	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 9/12/2014	Payee name Everardo Ibarra	
Amount (\$) \$400.00	Payee address; City; State; Zip Code McAllen TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	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 9/15/2014	Payee name Five Guys Mcallen	
Amount (\$) \$34.66	Payee address; City; State; Zip Code McAllen TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food fee	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 9/25/2014		5 Payee name Everardo Ibarra			
6 Amount (\$) \$300.00		7 Payee address; City; State; Zip Code McAllen TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fuel Card Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/226/2014		Payee name Everardo Ibarra			
Amount (\$) \$600.00		Payee address; City; State; Zip Code McAllenTX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Fees		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/26/2014		Payee name Square Space Inc			
Amount (\$) \$20.00		Payee address; City; State; Zip Code McAllen TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fuel Expense		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 9/29/2014		Payee name Zamoras Restaurant			
Amount (\$) \$25.00		Payee address; City; State; Zip Code McAllen TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Foods		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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 10/01/2014		5 Payee name Everardo Ibarra			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code McAllen TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fuel Card 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 10/02/2014		Payee name Everardo Ibarra			
Amount (\$) \$300.00		Payee address; City; State; Zip Code McAllenTX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising 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 10/03/2014		Payee name Everardo Ibarra			
Amount (\$) \$200.00		Payee address; City; State; Zip Code McAllen TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Print Expense		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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