

**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)

.. 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. ..

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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)

\$

10,000.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,302.66

CONTRIBUTION BALANCE

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

\$

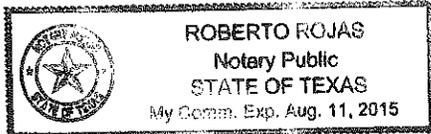
17.44

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.

[Handwritten Signature]
Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Geovani V. Hernandez this the 27 day of October, 20 14, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

ROBERTO ROJAS
Printed name of officer administering oath

NOTARY PUBLIC
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 10/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzo Gonzalez 6 Contributor address; City; State; Zip Code 3549 Almeda Genoa, Houston, Tx 77047	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions)	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) L & I Funeral Homes Contributor address; City; State; Zip Code 1005 W. Expressway83, Penitas, Tx 78576	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesus Martinez Contributor address; City; State; Zip Code El Rancho Rd, McAllen, Tx 78503	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raul Cavazos Contributor address; City; State; Zip Code 2303 Glasscock, Mission, Tx 78572	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
Date 10/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) quiroz Cesar Contributor address; City; State; Zip Code Bentsen Rd. McAllen, Tx 78501	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Materiales Cazares 6 Contributor address; City; State; Zip Code Alamo, Tx	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Owner		10 Employer (See Instructions)	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Rivera Contributor address; City; State; Zip Code McAllen, Tx	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable) Brazilian Rohdzio
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Ramos Contributor address; City; State; Zip Code San Juan, Tx	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) Ana Gabriel Concert
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmundo Ibarra Contributor address; City; State; Zip Code Mission, Tx	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) Ana Gabriel Concert
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller Alexander Contributor address; City; State; Zip Code Mission, Tx	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) Ana Gabriel Concert
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 10/21/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberto Muniz 6 Contributor address; City; State; Zip Code Mission, Tx	7 Amount of contribution (\$) \$600.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable) Gas Cards
9 Principal occupation / Job title (See Instructions) Owner		10 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)		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)		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)		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)		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: 5	2 FILER NAME Geovani V. Hernandez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/15/2014	5 Payee name Everardo J Ibarra	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 801 W. Nolana, McAllen, Tx 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Polling Expense	(b) Description (If travel outside of Texas, complete Schedule T) Gas
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/10/2014	Payee name Correa Screen printing	
Amount (\$) \$300.00	Payee address; City; State; Zip Code McAllen, Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	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
Date 10/08/2014	Payee name Everardo J Ibarra	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 801 W. Nolana McAllen, Tx 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/03/2014	Payee name Shell Service	
Amount (\$) \$45.19	Payee address; City; State; Zip Code 801 W. Nolana, McAllen, Tx 78504	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) polling expenses	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

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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 10/15/2014		5 Payee name BBVA Compass			
6 Amount (\$) \$6.00		7 Payee address; City; State; Zip Code McAllen, Tx			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Banking Expense		(b) Description (If travel outside of Texas, complete Schedule T) fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/15/2014		Payee name BBVA Compass			
Amount (\$) \$11.95		Payee address; City; State; Zip Code McAllen, Tx			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/16/2014		Payee name Everardo J Ibarra			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 801 W. Nolana McAllen, Tx 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2014		Payee name Everardo J Ibarra			
Amount (\$) \$200.00		Payee address; City; State; Zip Code 801 W. Nolana, McAllen, Tx 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) polling expense		Description (If travel outside of Texas, complete Schedule T) Gas cards	
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 10/20/2014		5 Payee name Walmart			
6 Amount (\$) \$48.18		7 Payee address; City; State; Zip Code Mission, Tx			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Polling Expense		(b) Description (If travel outside of Texas, complete Schedule T) Water	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2014		Payee name BBVA Compass			
Amount (\$) \$4.00		Payee address; City; State; Zip Code McAllen, Tx			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2014		Payee name BBVA Compass			
Amount (\$) \$2.00		Payee address; City; State; Zip Code McAllen, Tx 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T) Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2014		Payee name Everardo J Ibarra			
Amount (\$) \$300.00		Payee address; City; State; Zip Code 801 W. Nolana, McAllen, Tx 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) signs	
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 10/20/2014		5 Payee name La Fogata			
6 Amount (\$) \$57.00		7 Payee address; City; State; Zip Code Mission, Tx			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food		(b) Description (If travel outside of Texas, complete Schedule T) Volunteers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2014		Payee name Cava Group			
Amount (\$) \$18.34		Payee address; City; State; Zip Code Mission, Tx			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (If travel outside of Texas, complete Schedule T) volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/23/2014		Payee name Everardo J Ibarra			
Amount (\$) \$140.00		Payee address; City; State; Zip Code 801 W. Nolana, McAllen, Tx 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) signs 4x4	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/2014		Payee name Corner store			
Amount (\$) \$70.00		Payee address; City; State; Zip Code McAllen, Tx			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Gas	
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 10/23/2014		5 Payee name BBVA Compass			
6 Amount (\$) \$3.50		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		(b) Description (If travel outside of Texas, complete Schedule T) Fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/21/2014		Payee name Dennys			
Amount (\$) \$40.00		Payee address; City; State; Zip Code McAllen, Tx			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food		Description (If travel outside of Texas, complete Schedule T) volunteers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/23/2014		Payee name Everardo J Ibarra			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 801 W. Nolana, McAllen, Tx 78504			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Flyers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/21/2014		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) 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	

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