

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: 4
3 NAME	MS / MRS / MR FIRST MI Geovani V. NICKNAME LAST SUFFIX Geo Hernandez	OFFICE USE ONLY Date Received <i>Ru [Signature]</i> <i>1:47 PM.</i> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged RECEIVED JAN 26 2015	
4 ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 801 W. Nolana; Mission; Tx; 78504		
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 655-8185		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Everardo J. NICKNAME LAST SUFFIX Ibarra		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 801 W. Nolana; Mission; Tx; 78504		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 655-8185		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> Final report (Attach SC C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 27 / 2014 THROUGH 11 / 04 / 2014		
11 CONVENTION / ELECTION DATE	Month Day Year 11 / 04 / 2014	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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

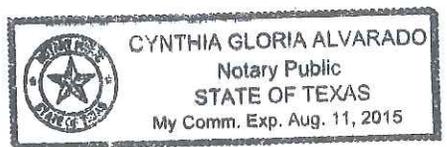
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

** 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. **

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 88.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23.26
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 26th day of January, 20 15, to certify which, witness my hand and seal of office.

Cynthia Gloria Alvarado Cynthia Gloria Alvarado Notary Public.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

Geovani V. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/25/2014

5 Full name of contributor

Gerardo Padilla

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

McAllen; Tx

7 Amount of contribution (\$)

\$ 3,500.00

8 In-kind contribution description (if applicable)

Food and Gas
Cards

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Owner

10 Employer (See Instructions)

Date

10/28/2014

Full name of contributor

Edmundo Ibarra

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Mission, Tx 78572

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Date

10/28/2014

Full name of contributor

Homero Altamirano

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Mission, Tx 78572

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/29/2014

Full name of contributor

Eory Maldonado

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Mission, Tx 78572

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Date

11/04/2014

Full name of contributor

Elsa Gutierrez

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

McAllen, Tx

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

End Campign
Event

(If travel outside of Texas, complete Schedule T)

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 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: 1		2 FILER NAME Geovani V. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/27/2014		5 Payee name Square space			
6 Amount (\$) \$20.00		7 Payee address; City; State; Zip Code McAllen, Tx			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Polling Expense		(b) Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/27/2014		Payee name Shell Service			
Amount (\$) \$29.99		Payee address; City; State; Zip Code Edinburg, Tx			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Polling 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 10/28/2014		Payee name BBVA Compass Bank			
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		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED