

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 9								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.5em;"> TRAVIS H </div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;"> ERNST </div>	OFFICE USE ONLY <hr/> Date Received <div style="text-align: center; font-size: 1.2em;"> FEB - 3 2014 <i>M. Hill</i> </div> <hr/> Date Hand-delivered or Postmarked <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed	Date Imaged				
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 <div style="font-size: 1.2em;"> PO Box 2511 Victoria TX 77902 </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;"> (361) 676 4090 </div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.5em;"> Gene </div> <hr style="border: 0; border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;"> Miguel </div>										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;"> 105 Kreekvieus Victoria Tx 77904 </div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;"> (361) 576 9525 </div>										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" 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 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 checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" 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 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 <div style="font-size: 1.5em;"> 1 / 1 / 14 THROUGH 1 / 23 / 14 </div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;"> 3 / 4 / 14 </div>	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) <div style="font-size: 1.5em;"> Judge County Court @ Law #1 </div>	13 OFFICE SOUGHT (if known)									
GO TO PAGE 2											

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):
#

2 FILER NAME **TRAVIS H. ERNST** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 1-14-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pat Mercer	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) 400.00
6 Contributor address; City; State; Zip Code 1197 Benbow Rd., Inez TX 77968		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation **photographer** 10 Contributor's job title
owner

11 Contributor's employer/law firm **Pat Mercer Photography** 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date 1-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kevin + Darlene Poynter	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 803 Charleston Dr. Victoria Tx 77904		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **Businessmen** Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date 1-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patrick Cullen	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 119 S. Main, Victoria Tx 77901		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation **attorney** Contributor's job title
attorney

Contributor's employer/law firm **Cullen, Carsner, Seerden + Cullen** Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-18-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick CULLEN	7 Amount of contribution (\$) 250.00	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code 119 S. Main, Victoria Tx 77901		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Attorney		10 Contributor's job title attorney	
11 Contributor's employer/law firm Cullen, Carsner, Seerdent		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any) Cullen			

Date 1-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Payton	Amount of contribution (\$) 200.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 506 W. Brazos, Victoria Tx 77901		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Court Reporter		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1-18-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Denton	Amount of contribution (\$) 1000.00	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code 5601 SPID Stc. D PMB 190/CC Texas 78412-3931		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-18-14	DR. Fred Lykes 6 Contributor address; City; State; Zip Code 303 E. Airline, Victoria Tx 77901	1000.00	

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation <i>Physician</i>	10 Contributor's job title <i>Physician</i>
11 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-18-14	<i>Keith Weiser</i> Contributor address; City; State; Zip Code	100.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation <i>Attorney</i>	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-18-14	<i>Joe + Susan Cohen</i> Contributor address; City; State; Zip Code PO Box 1128, Victoria Tex 77902	100.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation <i>Pharmacy Owner</i>	Contributor's job title <i>owner</i>
Contributor's employer/law firm <i>Harding + Parker Pharmacy</i>	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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 (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-18-14	Malcom Sumbera 6 Contributor address; City; State; Zip Code 1401 Victoria Station Dr. VICTORIA, TX 77904	100.00	

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation: **Dentist** 10 Contributor's job title: **Dentist**

11 Contributor's employer/law firm: **Sumbera + Rivera Dental** 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-18-14	Christa N. Donoghue Contributor address; City; State; Zip Code PO Box 3790 Victoria, Texas 77903	100.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-18-14	Paul + Dorothy Gutherie Contributor address; City; State; Zip Code P.O. Box 1070 Victoria Tx 77902	100.00	

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation: **Retired from Tex. Concrete** Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-18-14	DR and MRS. Al Kopecky 6 Contributor address; City; State; Zip Code 112 Hollywood Victoria Tex 77904	100.00	
9 Contributor's principal occupation Retired physician		(If travel outside of Texas, complete Schedule T)	
11 Contributor's employer/law firm		10 Contributor's job title	
12 Law firm of contributor's spouse (if any)			
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-18-14	William mdeller Contributor address; City; State; Zip Code PO Box 3547 Victoria, Texas	100.00	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-18-14	DR. Ken Wiedenfeld Contributor address; City; State; Zip Code 101 Professional Park Victoria, Tex. 77904	100.00	
Contributor's principal occupation Dentist		(If travel outside of Texas, complete Schedule T)	
Contributor's employer/law firm DR. KEN Wiedenfeld Denistry		Contributor's job title Dentist	
12 Law firm of contributor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1-18-14	Jim + Wanda Sneddon 6 Contributor address; City; State; Zip Code 302 Turtle Rock Victoria TX 77904	100.00	
		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
Retired pharmaceutical sales			
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-18-14	DR and MRS Paul Roeh Contributor address; City; State; Zip Code 109 Professional PK Victoria TX. 77904	250.00	
		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
dentist		dentist	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
Paul Roeh Dentistry			
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1-18-14	June Stone Contributor address; City; State; Zip Code 107 Ridge View Victoria Tx. 77904	250.00	
		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<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 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 <i>TRAVIS H. ERNST</i>	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---	---

4 Date <i>1-17-14</i>	5 Payee name <i>Victoria Co 4 H</i>
---------------------------------	---

6 Amount (\$) <i>60⁰⁰</i>	7 Payee address; City; State; Zip Code <i>Victoria Tx</i>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fundraising event</i>	(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 <i>1-18-14</i>	Payee name <i>Inez Community Center Benefit</i>
------------------------	--

Amount (\$) <i>675⁰⁰</i>	Payee address; City; State; Zip Code <i>Inez Tx</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraising event</i>	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 <i>1-16-14</i>	Payee name <i>Chris Nicholson</i>
------------------------	--------------------------------------

Amount (\$) <i>2540⁰⁰</i>	Payee address; City; State; Zip Code <i>PO Box 2522 Victoria Tx 77902</i>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Exp</i>	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	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

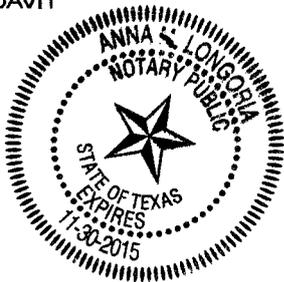
**FORM JC/OH
COVER SHEET PG 2**

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
---------------------	--

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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	\$ 200 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4800 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3275 ⁰⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1525 ⁰⁰

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Travis H. Ernst, this the 3 day of Feb., 2014, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Anna M. Longoria
Print name of officer administering oath

Notary Public
Title of officer administering oath