JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

			2 Tatal margar filed:
The JC/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR) FIRST TRAVIS NICKNAME LAST ERNS LAST ERNS CITY;	STATE: ZIP CODE	Date Received JUL 1 4 2014
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX; APT/SUITE#; CITY; PO BOX 2511 VICTOR	ria Tx 7790Z	Date Hand-delivered or Postmarked Receipt # Amount
change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 676 4090	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS (MR) GENE NICKNAME LAST MIGURA	MISUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#;	Victoria Tx	77904
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 361 5 76 0	EXTENSION 525	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 2 / 2 3 / 1 4 THROUGH	Month Day	Year / / /
11 ELECTION	Month Day Year ELECTION TYPE Primary	Runoff V	General Special
12 OFFICE	County Courta Law 1	13 OFFICE SOUGHT (IF know	nourte Law/
	GO TO PA	AGE 2	
			Revised 04/19/201

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 CLOHNAME TAVIS ET	nst	1:	5 ACCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID SEARCH SAND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
additional pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	\$ 195.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 45.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL	POLITICAL EXPENDITURES	\$21,263.90	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D REPORTING PERIOD	s 57.61	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$	
18 AFFIDAVIT	KIMBERLY K KOET My Commission Ex February 19, 201	true and correct and includes all info under Title 15, Election Code.	perjury, that the accompanying report is permation required to be reported by me didate or Officeholder	
AFFIX NOTARY STA	scribed before		1	
	of July	, 20 <u>14</u> , to certify which, witness m Kimberly K. Koetter	y hand and seal of office.	
Kimbuly K. Signature of officer adm			Fitle of officer administering oath	

POLITICAL CONTRIBUTION	ONS
OTHER THAN PLEDGES	OR LOANS (JUDICIAL)

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule A(J):
2 FILER NAME	TRAVIS H. ERNST		3 ACCOUNT # (Ethic	cs Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#	Market and the second s		In-kind contribution description(if applicable) Texas, complete Schedule T)
9 Contributor's p	rincipal occupation AHJ	16 Contributor's job	AH	
11 Contributor's e	mployer/law firm DA Office	12 Law firm of contri	butor's spouse (if any)	
13 If contributor is	a child, law firm of parent(s) (if any)			
Date 14	Full name of contributor Dout-of-state PAC (ID# Bernard & Laura Klimist Contributor address: City; State: Zip Code 400 S. William St Victoria Tx	1790/	Amount of contribution (\$)	In-kind contribution description(if applicable)
2.0				rexes, complete ochedule 1)
Contributor's p	orincipal occupation A HU	Contributor's job	/	
Contributor's e	imployer/law firm	Law firm of contr	ibutor's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date 46-14	Full name of contributor Out-of-state PAC(ID#	·		In-kind contribution description(if applicable) of Texas, complete Schedule T)
Contributor's p	principal occupation BUSINESS	Contributor's job	WS Ness.	
Contributor's	employer/law firm	Law firm of contr	ibutor's spouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)	I and the second		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

The	Instruction Guide explains how to complete the	s form.	1 Total pages Sch	nedule A(J):
2 FILER NAME	PRAVIS ERNST		3 ACCOUNT # (E	thics Commission Filers)
4 Date 2-24-14	POBOX 4966 Victoria 1x	7 7903	7 Amount of contribution (S)	8 In-kind contribution description(if applicable)
9 Contributor's p	rincipal occupation Refiled	16 Contributor's job		of Texas, complete Schedule T)
11 Contributor's el	mployer/law firm	12 Law firm of contril	butor's spouse (if any	/)
13 If contributor is	a child, law firm of parent(s) (if any)		***************************************	
Date 24-14	Full name of contributor Dout-of-state PAC (ID#	Tx 77904/	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's pr	incipal occupation	Contributor's job t		of Texas, complete Schedule T)
Contributor's en	nployer/law firm	Law firm of contrib	outor's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		***************************************	
Date 2-24-14	Full name of contributor Out-of-state PAC (ID#	902	Amount of contribution (\$)	In-kind contribution description(if applicable) of Texas, complete Schedule T)
Contributor's pri	ncipal occupation	Contributor's job ti		
Contributor's em		Law firm of contrib	utor's spouse (if any)	
If contributor is a	a child, law firm of parent(s) (if any)	THE CONTRACT OF THE CONTRACT O	•	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A(J):
2 FILER NAME	TRAVIS H. ERNST		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
2-24-14	6 Contributor address; City; State; Zip Code	0.1.5	25000	
	2201 N. Wheeler St.	77901	(If travel outside	of Texas, complete Schedule T)
9 Contributor's p	rincipal occupation	16 Contributor's job	Attor.	ned
	Attorney	12 Law firm of contri	17/1011	10 9
11 Contributor's en	mployer/law firm PV Walker & Keeling	12 Law firm of contri	outor's spouse (if an	y)
13 If contributor is	a child, law firm of parent(s) (if any)		ALIANA	
Date	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
2-24-14	Warren Heilker Contributor address. City: State: Zip Code	Τ ,	25000	
	102 Spokane Victoria	1 × 77904	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation USÍNESS MZN	Contributor's job	Busines.	man
	mployer/law firm	Law firm of contri	outor's spouse (if an	у)
If contributor is	a child, law firm of parent(s) (if any)	Australian (Control of the Control o		
Date	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
4	Lane + Heis Rogers			
2-24-14	Lane + Iris Roders contributor address; City; State; Zip Code 162 Spring Ridge Dr. Victoria To	0 (1000	
J. ,	162 Spring Kidge Dr. Victoria 1)	× 77904	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if an	у)
If contributor is	s a child, law firm of parent(s) (if any)	dr.,		,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

www.ethics.state.tx.us

Revised 04/19/2013

SCHEDULE A (J)

The Instruction Guide explains how to complete thi	s form. 1 Total pages Schedule A(J):
2 FILER NAME TRAVIS HERNST	3 ACCOUNT # (Ethics Commission Filers)
Date 5 Full name of contributor □out-of-state PAC (ID#: Lovi + Daniel Witte 2-24-14 6 Contributor address; City; State; Zip Code 1079 Dobb Rd Frez Tx 779	7 Amount of contribution (\$) 8 In-kind contribution description(If applicable)
9 Contributor's principal occupation 305 INCSS	10 Contributor's job title
11 Contributor's employer/law firm	12. Law firm of contributor's spouse (if any)
	, and the state of a speake (if any)
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Dout-of-state PAC (ID# John MSQuillen Contributor address: City; State: Zip Code 407 Windy Way Victor	Amount of contribution (\$) In-kind contribution description(if applicable)
Contributor's principal occupation	(If travel outside of Texas, complete Schedule T) 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	Amount of contribution (\$) In-kind contribution description(if applicable) Amount of contribution (\$) In-kind contribution description(if applicable) Amount of contribution description(if applicable) (If travel outside of Texas, complete Schedule T)
Contributor's principal occupation A Horney	Contributor's job title
Contributor's employer/law firm Terry Clark	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

P.O. Box 12070

SCHEDULE A (J)

The Instruction Guide explains how to complete	this form.	1 Total pages Sche	
2 FILER NAME TRAJES H. ERNST		3 ACCOUNT # (Et	hics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#: Mr + Mrs Douted Ed 6 Contributor address; City; State; Zip Co	ia TX 77904		8 In-kind contribution description(If applicable) of Texas, complete Schedule T)
9 Contributor's principal occupation	16 Contributor's job	title SINCSS	
Susines 11 Contributor's employer/law firm	12 Law firm of contri	The same of the sa	()
11 Contributor's employer/law tirm			
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor DOLDER Briggs Contributor address. City: State: Zip Co. 612400 Drive Victor	ode	Amount of contribution (\$)	In-kind contribution description(if applicable) of Texas, complete Schedule T)
Contributor's principal occupation,	Contributor's job	title A-	5 . A a
Business		Busin	
Contributor's employer/law firm	Law firm of contr	ibutor's spouse (if an	y)
If contributor is a child, law firm of parent(s) (if any)		· · · · · · · · · · · · · · · · · · ·	
Date Full name of contributor Pay Relse Contributor address; City; State; Zip C Po Box 841 Liver D TX	ode	Amount of contribution (\$) 250 (If travel outside	In-kind contribution description(if applicable)
Contributor's principal occupation	Contributor's joy	title	=
Contributor's employer/law firm	Law firm of contr	ibutor's spouse (if an	у)
If contributor is a child, law firm of parent(s) (if any)			•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

		d Tatal name Cata	dule A(I):
The Instruction Guide explains how to complete thi	s form.	1 Total pages Sche	uule A(s).
2 FILER NAME TRAVIS H. EANST		3 ACCOUNT # (Eti	hics Commission Filers)
5 Full name of contributor Dout-of-state PAC (ID#:	Tx 77902		8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
9 Contributor's principal occupation	16 Contributor's job ti	Tudge	
11 Contributor's employer/law firm	12 Law firm of contrib	utor's spouse (if any	")
13 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Out-of-state PAC (ID#: Contributor address: City: State: Zip Code PO Box 25// Victory Id	y 7790Z	Amount of contribution (\$)	In-kind contribution description(if applicable) of Texes, complete Schedule T)
Contributor's principal occupation	Gontributor's job to		
Contributor's employer/law firm		outor's spouse (if any	ń
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code		(If travel outside	of Texas, complete Schedule T)
Contributor's principal occupation	Contributor's job t	title	
Contributor's employer/law firm	Law firm of contrib	butor's spouse (if any	у)
If contributor is a child, law firm of parent(s) (if any)	A CONTRACTOR OF THE PARTY OF TH		

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

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees 1 Total pages Schedule F:	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense e explains how to complete this f	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
4 Date 2/24/14 6 Amount (\$)	5 Payee name Suddenlink Me	edia tate; Zip Code	
754.80 8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/C	(a) Category (See categories is sed at the to	ense Cable	on (If travel outside of Texas, complete Schedule T) TV Advertising Ight Office Jield
Date 2/24/14 Amount (\$)	Payee name Victoria Televi Payee address; City; S	Sion Group State; Zip Code	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	3808 N. Navarra Category (See categories listed at the to Adversional Exponential Candidate / Officeholder name	op of this schedule) Description TV Ac	7.7901 on (If travel outside of Texas, complete Schedule T) West 151700 ught Office held
Date 2/27/14 Amount (\$)	Payee name Suddenink M Payee address; City; S	edia State; Zip Code	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/G	3015. Bridge S Category (See categories listed at the t Advertising Ex Candidate / Officeholder nam	top of this schedule) Description Description Description	on (If travel outside of Texas, complete Schedule T) Advertising Upper Schedule T) Office held
Date 2/27/14 Amount (\$)		Sion Group State; Zip Code	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Category (See categories listed at the date) Candidate / Officeholder name	vense TVA	ion (If travel outside of Texas, complete Schedule T) Wertising Ught Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE	AS NEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE	CATEGORIES FOR BOX 8(a	1)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 000		explains how to complete this f	orm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
3/3/14	Victoria Livest	ack Show	
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	
1,800.00 8 PURPOSE	P.O. Box 2299 (a) Category (See categories listed at the to	victoria, T	X-77902 on (If travel outside of Texas, complete Schedule T)
OF	N/ whi -	Garage	1: 5
EXPENDITURE	HOWETTISING E	pense pons	aht Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officehol de f name DH	Office sou	gnt 1 Office field
Date	Payee name		
3/4/14	Specis Linua	9	,
Amount (\$)	Pavee address; Oity; S	tate; Zip Code	
5/137	5108 N Navar	on Victoria.	IX 77904
PURPOSE	Category (See categories listed at the to	op of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF	TIP I		· P.J.
EXPENDITURE	rood/Deverage	ense cam	Daion 1001 V
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder hame DH	Office sou	ight () / Office field
Date	Payee name		
3/20/14	Victoria Web I	Pesion	
Amount (\$)	Payee address; City; S	tate; Zip Code	
	2		
42166	217 Post Oak I	Tr. Victorias	Tx. 779.05
PURPOSE	Category (See categories listed at the to	op of this schedule) Description	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advantiniana E	Umonce Canon	riam Mahaita Dagian
EXPENDITURE	Candidate / Officeholder name	Office sou	zion Website Lesion office held
Complete ONLY if direct expenditure to benefit C/C			
Date	Payee name		
3/20/14	Martin Printi	$n\alpha$	
Amount (\$)	Payee address; City; S	tate; Zip Code	
		2	
544 10	12407 N. 1 MOTE	ent Victoria	Jx. 77901
PURPOSE	Category (See categories listed at the t	op of this schedule) Descripti	on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	A Hinting =	xpense Rintin	na Campuian Materiala
	Candidate / Officeholder nam		ught) () Office held
Complete ONLY if direct expenditure to benefit C/0	ОН		
	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 Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related	ed Expense
Accounting/Banking Consulting Expense	Food/Reverage Expense Travel In District Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Politica	
Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not liste The Instruction Guide explains how to complete this form.	d above)
	2 ACCOUNT # (Ethico Com	mission Filers)
1 Total pages Schedule F:	2 FILER NAME	
4 Date	5 Payee name	
3/20/14	Chric Nichalson	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
127941	PO Box 2522 Victoria Tx. 77902	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Sche	dule T)
OF	Al. de La Espara Dais de acomosto de Commis	Franco
EXPENDITURE	Candidate / Office holder name Office sought Office	red
9 Complete ONLY if direct expenditure to benefit C/C	Carlaida / Cincongaci Marie	
Date	Payee name	
3/20/14	Chris Nicholson	
Amount (\$)	Payee address; City; State; Zip Code	
	75000	
1.550.61	P.O. Box 2522 Victoria, Ix. 1902	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule)	edule T)
OF	1 / Paintenage Paintenage Tot Como	in Franc
EXPENDITURE	Candidate / Office volder name Office sought Office loads and the control of th	on Expense
Complete ONLY if direct expenditure to benefit C/0	Carridate / Cilibareta / Marie	
Date	Payee name	
3/20/14	Chris Nicholson	
Amount (\$)	Payee address; City; State; Zip Code	
11 000 00	PO Box 2522 Virtoria Tx. 77902	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule)	edule T)
OF	0 12 - 0 De F	
EXPENDITURE	Consultano Experiso Consultantes	held
Complete ONLY if direct expenditure to benefit C/	ct Candidate / Office flower flavor	licia
experientare to benefit of		
Date 1	Payee name	
6-011	activoeder Hall	
Amount (\$)	Payee address; City; State; Zip Code	
	77007	
1,000.00	12516 FM 622 Goliad Tx. 1/962	
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Sch	edule T)
OF EXPENDITURE	Example Comming Attraciation	5 FUPAT
	ct Candidate / Office holder name Office sought Office	held
Complete ONLY if direct expenditure to benefit Co	ct Carlandate / Cities it is it is	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	
	AT IAONADDINONAE OOT 1EG OF THIS GOTTED STATE OF THE STAT	