

**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:  <div style="font-size: 2em; text-align: center;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME: <b>Mr.</b> FIRST LAST: <b>Travis Ernst</b> MI SUFFIX: <b>H.</b>	<div style="border: 2px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">RECEIVED</div>  <div style="text-align: center; font-weight: bold;">JUL 15 2009</div>                    Date Received: _____                  Date Hand-delivered or Date Postmarked: _____             </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>P.O. Box 2511 Victoria TX 77902</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 570-8060</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME: <b>Mr.</b> FIRST LAST: <b>Eugene Migura</b> MI SUFFIX:	Receipt # Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>105 Kreekview Dr. Victoria Tx 77904</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361) 576-9525</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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 <b>01/01/09    THROUGH    06/30/09</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>03/02/10</b>	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) <b>None</b>	13 OFFICE SOUGHT (if known) <b>Victoria County Court-at-Law #2</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name: _____  Address / PO Box, Apt. / Suite #, City, State, Zip Code: _____		

**GO TO PAGE 2**

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

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

15 C/OH NAME Travis Ernst 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 350.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 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.

[Signature]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Travis H. Ernst, this the 15 day of July, 2009, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

T Touchstone  
Print name of officer administering oath

Notary Public  
Title of officer administering oath

**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): <b>1</b>	
2 FILER NAME <b>Travis Ernst</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/10/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Will Denton</b>	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 1158 Victoria, Tx. 77902</b>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <b>Attorney-at-Law</b>		10 Contributor's job title <b>Attorney</b>	
11 Contributor's employer/law firm <b>Law Office of Will Denton</b>		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# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
(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# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
(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)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

<b>POLITICAL EXPENDITURES</b>	<b>SCHEDULE F</b>
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule F: <u>1</u>
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2 FILER NAME <u>Travis Ernst</u>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <u>6/11/09</u>	5 Payee name <u>Chris Nicholson</u> 6 Payee address; City; State; Zip Code <u>P.O. Box 2522 Victoria, Tx 77902</u>	7 Amount (\$) <u>700.00</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>Advising</u> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
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Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
--	---

Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
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Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name _____ Office sought _____ Office held _____
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Travis Ernst

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/11/09

5 Payee name

Chris Nicholson

6 Payee address; City; State; Zip Code

P.O. Box 2522 Victoria, Tx. 77902

8 Amount (\$)

2,300.00

7 Purpose of expenditure

Advising

(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED