

# 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 Filer ID (Ethics Commission Filers)	2 Total pages filed:  <div style="text-align: center; font-size: 1.2em;">22</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">MR</span> FIRST: <b>JORGE</b> MI: <b>E</b> NICKNAME: _____      LAST: <b>HERNANDEZ</b> SUFFIX: _____	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received  <div style="border: 2px solid blue; padding: 5px; margin: 5px 0;"> <b>RECEIVED</b>                          APR 07 2016                          OFFICE OF THE CITY SECRETARY                          LUBBOCK, TEXAS                     </div>                     Date Hand-delivered or Date Postmarked                      Receipt #      Amount \$                      Date Processed                      Date Imaged                 </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST: <b>DEBORAH</b> MI: <b>KIM</b> NICKNAME: _____      LAST: <b>BURROUS</b> SUFFIX: _____	Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <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: 1.2em;">1 / 15 / 16      4 / 7 / 16</div>										
11 ELECTION	ELECTION DATE Month      Day      Year <div style="font-size: 1.2em;">5 / 7 / 16</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <b>CITY ELECTION</b>									
12 OFFICE	OFFICE HELD (if any)  <div style="font-size: 1.5em;">N/A</div>	13 OFFICE SOUGHT (if known)  <div style="font-size: 1.2em;">MUNICIPAL COURT JUDGE</div>									

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# Schedule A(J)1

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

14

2 FILER NAME

JORGE E. HERNANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/16

5 Full name of contributor

BARBARA DOTY

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

\$ 166.<sup>67</sup>

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Contributor's principal occupation

HOUSEWIFE

9 Contributor's job title

HOUSEWIFE

10 Contributor's employer/law firm

N/A

11 Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

1/25/16

Full name of contributor

RUTH OLSEN

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$ 166.<sup>67</sup>

Contributor address; City; State; Zip Code

[REDACTED]

Contributor's principal occupation

RETIRED

Contributor's job title

RETIRED

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

1/25/16

Full name of contributor

CAROLYN STORIN

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$ 166.<sup>66</sup>

Contributor address; City; State; Zip Code

[REDACTED]

Contributor's principal occupation

RETIRED

Contributor's job title

RETIRED

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

JORGE E. HERNANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

1/26/16

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

MARIA LUISA E. HERNANDEZ

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Contributor's principal occupation

RETIRED

9 Contributor's job title

RETIRED

10 Contributor's employer/law firm

N/A

11 Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

1/26/16

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

BILL HARRIGER

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

[REDACTED]

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

FIELD, MANNING, STONE, HAWTHORNE (OF COUNSEL)

Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

2/5/16

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

SAM AND SYLVIA ORTIZ

Amount of contribution (\$)

\$ 2,000.00

Contributor address; City; State; Zip Code

[REDACTED]

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

JORGE E. HERNANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

2/5/14

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

KIM BURROUS & DAL BURROUS

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Contributor's principal occupation

REALTOR

9 Contributor's job title

REALTOR

10 Contributor's employer/law firm

N/A

11 Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

2/5/14

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

THOMPSON & KERBY

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

[REDACTED]

Contributor's principal occupation

ATTORNEYS

Contributor's job title

ATTORNEYS

Contributor's employer/law firm

THOMPSON & KERBY

Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

2/8/14

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

CHARLES ADAMS

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

[REDACTED]

Contributor's principal occupation

ART GALLERY

Contributor's job title

OWNER

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

JORGE E. HERNANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

2/8/16

5 Full name of contributor

LEE ANN CLARK

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

8 Contributor's principal occupation

PROGRAM DIRECTOR

9 Contributor's job title

PROGRAM DIRECTOR

10 Contributor's employer/law firm

N/A

11 Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

2/12/16

Full name of contributor

MEGAN MORAN

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$ 100.00

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Contributor's principal occupation

ADMINISTRATIVE ASSISTANT

Contributor's job title

ADMINISTRATIVE ASSISTANT

Contributor's employer/law firm

N/A

Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

2/17/16

Full name of contributor

ANN & DOUG HOWEY

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$ 500.00

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

N/A

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

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

JORGE E. HERNANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

2/14/14

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

ROBERT RODRIGUEZ

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

3/2/14

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

DELBERT & CAROLYN McDOUGAL

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

3/4/14

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

MIKE MILLSAP

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

LAW OFFICES OF MIKE MILLSAP

Law firm of contributor's spouse (if any)

N/A

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

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

JORGE E. HOWANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/14

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

JIM MOORE

7 Amount of contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Contributor's principal occupation

ATTORNEY

9 Contributor's job title

ATTORNEY

10 Contributor's employer/law firm

LAW OFFICES OF JAMES M. MOORE

11 Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

3/24/14

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

WARE, SHAY & GARCIA

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

[REDACTED]

Contributor's principal occupation

ATTORNEYS

Contributor's job title

ATTORNEYS

Contributor's employer/law firm

WARE, SHAY & GARCIA

Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

3/21/14

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

GENE WALTERS

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

[REDACTED]

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

GENE WALTERS LAW OFFICE

Law firm of contributor's spouse (if any)

N/A

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

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>JORGE E. HERNANDEZ</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/22/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>KYRA BLANKENSHIP</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ <div style="background-color: black; height: 15px; width: 100%;"></div>		
8 Contributor's principal occupation <b>ATTORNEY</b>		9 Contributor's job title <b>ATTORNEY</b>
10 Contributor's employer/law firm <b>KYRA BLANKENSHIP, P.C.</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>3/22/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ROBIN MATTHEWS</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address: _____ City: _____ State: _____ Zip Code: _____ <div style="background-color: black; height: 15px; width: 100%;"></div>		
Contributor's principal occupation <b>ATTORNEY</b>		Contributor's job title <b>ATTORNEY</b>
Contributor's employer/law firm <b>LAW OFFICE OF ROBIN MATTHEWS P.C.</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>3/24/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DAVID M. GUINN, JR.</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; _____ City: _____ State: _____ Zip Code: _____ <div style="background-color: black; height: 15px; width: 100%;"></div>		
Contributor's principal occupation <b>ATTORNEY</b>		Contributor's job title <b>ATTORNEY</b>
Contributor's employer/law firm <b>HURLEY, GUINN + SELLERS</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>JORGE E. HERNANDEZ</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/24/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>EMILIO ABEYTA</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Contributor's principal occupation <b>ATTORNEY</b>		9 Contributor's job title <b>ATTORNEY</b>
10 Contributor's employer/law firm <b>EMILIO ABEYTA LAW OFFICE</b>		11 Law firm of contributor's spouse (if any) <b>N/A</b>
12 If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
Date <b>2/15/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DR. MONTE AND LAURA MONROE</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
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 <b>2/15/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DAVID TONY ELLISON &amp; DEBBIE ELLISON</b>	Amount of contribution (\$) <b>\$ 50.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
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 SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

JORGE E. HERNANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

3/25/14

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

JUAN & MONA MOJICA

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Contributor's principal occupation

RETIRED

9 Contributor's job title

RETIRED

10 Contributor's employer/law firm

N/A

11 Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

3/28/14

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

MIKE CALFIN

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

[REDACTED]

Contributor's principal occupation

ATTORNEY

Contributor's job title

ATTORNEY

Contributor's employer/law firm

MIKE M. CALFIN LAW OFFICE

Law firm of contributor's spouse (if any)

N/A

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

N/A

Date

2/15/14

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

JAMES & STEPHANIE COLLINS

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

[REDACTED]

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 SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>JORGE E. HERNANDEZ</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/15/14</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ADAM &amp; KRISTI WALKER</b>	7 Amount of contribution (\$) <b>\$ 50.00</b>
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 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 (\$)
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 (\$)
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 SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

JORGE E. HERNANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

3/2/16

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

NITA VINCENT

7 Amount of contribution (\$)

\$ 150.00

6 Contributor address; City; State; Zip Code

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

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

Date

3/4/16

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

JOHN SIMPSON

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

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

3/14/16

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

DR. + MRS. RAY H. BROWN

Amount of contribution (\$)

\$ 200.00

Contributor address; City; State; Zip Code

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

JORGE E. HERNANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/14

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

WILLIAM F. & LINDA R. MILLER

7 Amount of contribution (\$)

\$ 75.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

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

Date

3/16/14

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

CHERYL ISSACS

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

[REDACTED]

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

3/21/14

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

DR. ALAN ROW

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

[REDACTED]

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 SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

JORGE E. HERNANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/14

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

DR. ZUHAIR & EKHLAS SHIHAB

7 Amount of contribution (\$)

\$ 1000.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

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

Date

3/30/14

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

ELENE & JIMMY GEORGOPULUS

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

[REDACTED]

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

3/22/14

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

MARTA Y. ROSAS

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

[REDACTED]

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

JORGE E. HERNANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/16

5 Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

FRANK E. MURCHISON

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Contributor's principal occupation

9 Contributor's job title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

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

Date

4/4/16

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

GARLAND MAURICE STANLEY

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

[REDACTED]

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

4/5/16

Full name of contributor

out-of-state PAC ID#: \_\_\_\_\_

MARCIANO MORALES

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

[REDACTED]

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

# Schedule F1

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>JORGE E. HERNÁNDEZ</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/25/16</b>	5 Payee name <b>CITY OF LUBBOCK</b>	
6 Amount (\$) <b>\$ 100.00</b>	7 Payee address; City; State; Zip Code 	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <b>2/1/16</b>	Payee name <b>ACTION PRINTING</b>	
Amount (\$) <b>\$ 2,716.95</b>	Payee address; City; State; Zip Code 	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	
Date <b>2/4/16</b>	Payee name <b>MARKET STREET</b>	
Amount (\$) <b>\$ 265.65</b>	Payee address; City; State; Zip Code 	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>JORGE E. HERNANDEZ</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2/4/16</b>		5 Payee name <b>PEOPLES BANK</b>			
6 Amount (\$) <b>\$ 15.49</b>		7 Payee address; City; State; Zip Code 			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <b>3/2/16</b>		Payee name <b>ACTION PRINTING</b>			
Amount (\$) <b>\$ 104.46</b>		Payee address; City; State; Zip Code 			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date <b>3/7/16</b>		Payee name <b>ACTION PRINTING</b>			
Amount (\$) <b>\$ 297.69</b>		Payee address; City; State; Zip Code 			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>JORGE E. HERNANDEZ</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/7/16</b>	5 Payee name <b>ACTION PRINTING</b>
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6 Amount (\$) <b>\$ 506.<sup>06</sup></b>	7 Payee address; City; State; Zip Code 
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/10/16</b>	Payee name <b>ACTION PRINTING</b>
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Amount (\$) <b>\$ 1,598.<sup>28</sup></b>	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/16/16</b>	Payee name <b>ADVANCED GRAPHICS</b>
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Amount (\$) <b>\$ 21.<sup>65</sup></b>	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>JORGE E. HERNANDEZ</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/16/16</b>	5 Payee name <b>HOME DEPOT</b>
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6 Amount (\$) <b>\$94.76</b>	7 Payee address; City; State; Zip Code 
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/19/16</b>	Payee name <b>HOME DEPOT</b>
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Amount (\$) <b>\$41.91</b>	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3/19/16</b>	Payee name <b>PARTY PLUS</b>
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Amount (\$) <b>\$18.39</b>	Payee address; City; State; Zip Code 
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD EXPENSE</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>JORGE E. HERNANDEZ</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/21/16</i>	<b>5</b> Payee name <i>VINTAGE TOWNSHIP</i>	
<b>6</b> Amount (\$) <i>\$ 100.00</i>	<b>7</b> Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>3/21/16</i>	Payee name <i>MARKET STREET</i>	
Amount (\$) <i>\$ 152.78</i>	Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FOOD/BEVERAGE EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <i>3/22/16</i>	Payee name <i>MARKET STREET</i>	
Amount (\$) <i>\$ 15.53</i>	Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FOOD/BEVERAGE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>JORGE E. HERNÁNDEZ</i>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>3/22/16</i>	<b>5</b> Payee name <i>HOME DEPOT</i>				
<b>6</b> Amount (\$) <i>\$22.47</i>	<b>7</b> Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>3/29/16</i>	Payee name <i>ACTION PRINTING</i>				
Amount (\$) <i>\$3,233.<sup>98</sup></i>	Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>4/6/16</i>	Payee name <i>ACTION PRINTING</i>				
Amount (\$) <i>\$197.<sup>46</sup></i>	Payee address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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