

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/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 MI <b>Mary Helen</b> NICKNAME LAST SUFFIX <b>Berlanga</b>	<b>OFFICE USE ONLY</b> <b>FILED FOR RECORD</b> Date Received <b>AT 10:41A M</b> <b>JUL 15 2014</b> CLERK, COUNTY COURT, NUECES COUNTY, TEXAS By <b>Debra Syamken</b> Deputy Receipt # <b>Syamken</b> Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>6502 Ponil Creek Dr. Corpus Christi, TX 78414</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 361 ) 779-9392</b>		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI <b>Elaine</b> NICKNAME LAST SUFFIX <b>Carter</b>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <b>3229 Kennsington Ct. Corpus Christi, TX 78414</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(361 ) 779-9392</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Run off <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 / 2014</b> <b>06 / 30 / 2014</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 04 / 2014</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (if known) <b>County Judge</b>	

GO TO PAGE 2

# 2014-107

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Mary Helen Berlanga** 15 ACCOUNT # (Ethics Commission Filers)

16 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 n/a
		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	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12750
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 6659.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6090.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 AFFIDAVIT

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

*Mary Helen Berlanga*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Helen Berlanga, this the 15th day of July, 20 14, to certify which, witness my hand and seal of office.

*Melissa S. Villalon*  
Signature of officer administering oath

Melissa S. Villalon  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nati S. Alaniz	7 Amount of contribution (\$) 40	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4725 S. Shea Pkwy Corpus Christi, TX 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Alaniz	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 230 Cape Hatteras Dr. Corpus Christi, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Veronica Alvarado	Amount of contribution (\$) 80	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 609 Sharon Corpus Christi, TX 78412		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code PO Box 81445 Corpus Christi, TX 78468	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abdiorhim Amenzadah	Amount of contribution (\$) 80	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 81445 Corpus Christi, TX 78468		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02/15/2014

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

Margaret L. Hayes

6 Contributor address; City; State; Zip Code

10622 Gettysburg St. Corpus Christi, TX 78410

7 Amount of contribution (\$)

40

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01/30/2014

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

Abel Herrero

Contributor address; City; State; Zip Code

PO Box 2923 Corpus Christi, TX 78403

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2014

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

Sara Lopez

Contributor address; City; State; Zip Code

PO Box 662 Edinburg, TX 78540

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/07/2014

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

Norberto Macias

Contributor address; City; State; Zip Code

6513 Ponil Creek Dr. Corpus Christi, TX 78414

Amount of contribution (\$)

80

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2014

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

Dorothy S. McClellan

Contributor address; City; State; Zip Code

2217 Richland St. Corpus Christi, TX 78418

Amount of contribution (\$)

20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01/22/2014

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

Mike Westergreen

6 Contributor address; City; State; Zip Code

2033 18th St. Corpus Christi, TX 78404

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/06/2014

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

John Morales

Contributor address; City; State; Zip Code

819 Oak Park Ave. Corpus Christi, TX 78408

Amount of contribution (\$)

300

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2014

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

Elia Rita Cantu

Contributor address; City; State; Zip Code

38 Townhouse Ln. Corpus Christi, TX 78412

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/01/2014

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

Elida E. Ramirez

Contributor address; City; State; Zip Code

38 Townhouse Ln. Corpus Christi, TX 78412

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/03/2013

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

John Morales

Contributor address; City; State; Zip Code

819 Oak Park Ave. Corpus Christi, TX 78408

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John J. Morales 6 Contributor address; City; State; Zip Code 819 Oak Park Ave. Corpus Christi, TX 78408	7 Amount of contribution (\$) 80	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John J. Morales Contributor address; City; State; Zip Code 819 Oak Park Ave. Corpus Christi, TX 78408	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Connie Munoz Contributor address; City; State; Zip Code 7330 McArdle Rd. #5 Corpus Christi, TX 78412	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hector J. Ortiz Contributor address; City; State; Zip Code 1112 6th St. Ste 2 Corpus Christi, TX 78404	Amount of contribution (\$) 40	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alicia Perez Contributor address; City; State; Zip Code 175 Kush Ln. Corpus Christi, TX 78404	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nickie G. Valdez 6 Contributor address; City; State; Zip Code 15350 Beaufort Ct. Corpus Christi, TX 78418	7 Amount of contribution (\$) 80	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nickie G. Valdez Contributor address; City; State; Zip Code 15350 Beaufort Ct. Corpus Christi, TX 78418	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melissa S. Villalon Contributor address; City; State; Zip Code 7434 Yorkshire Corpus Christi, TX 78413	Amount of contribution (\$) 30	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michelle Villarreal-Kuchta Contributor address; City; State; Zip Code 501 S. Tanchua St., Ste. 5 Corpus Christi, TX 78401	Amount of contribution (\$) 40	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Charles A. Votzmeyer Contributor address; City; State; Zip Code 5826 Esplanade Dr., Ste. 302 Corpus Christi, TX 78414	Amount of contribution (\$) 580	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abbie Pina 6 Contributor address; City; State; Zip Code 6322 St. Dennis St. Corpus Christi, TX 78414	7 Amount of contribution (\$) 40	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margarita G. Porter Contributor address; City; State; Zip Code 4301 Nicklaus Ln. Corpus Christi, TX 78413	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Massoud Rad Contributor address; City; State; Zip Code 20 Glen Loch Ct. Sugar Land TX. 77479	Amount of contribution (\$) 110	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Celia Reyes-Acuna Contributor address; City; State; Zip Code 4444 S. Staples St. Corpus Christi, TX 78411	Amount of contribution (\$) 40	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary G. Rodriguez Contributor address; City; State; Zip Code 434 Colony Dr. Corpus Christi, TX 78412	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia M. Rosales	7 Amount of contribution (\$) 40	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7429 Venice Dr. Corpus Christi, TX 78413		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gloria D. Saenz	Amount of contribution (\$) 30	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4813 Johnston Dr. Corpus Christi, TX 78415		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bea Saenz	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15374 Mutiny Ct. Corpus Christi, TX 78418		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Obdulia Siracusa	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3401 Airline Rd. Corpus Christi, TX 78414		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/05/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zorina M. Torres	Amount of contribution (\$) 10	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1930 Andrews Dr. Corpus Christi, TX 78416		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alamar Cavada 6 Contributor address; City; State; Zip Code 4621 Valor Dr. Corpus Christi, TX. 78413	7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barbar Cline Contributor address; City; State; Zip Code PO Box 8396 Corpus Christi, TX 78468	Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Olga Corona Contributor address; City; State; Zip Code 4605 Constance Corpus Christi, TX 78413	Amount of contribution (\$) 40	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy J. Devlin Contributor address; City; State; Zip Code 15357 Mutiny Ct. Corpus Christi, TX 78418	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margaret J. Di Clemente Contributor address; City; State; Zip Code 15357 Mutiny Ct. Corpus Christi, TX 78418	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
02/10/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Delia Berlanga

7 Amount of contribution (\$) 40

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code  
7001 Adcote Dr. Corpus Christi, TX 78413

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
05/19/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Mary Helen Berlanga

Amount of contribution (\$) 2000

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
602 Ponil Creek Dr. Corpus Christi, TX 78414

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/20/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Tony Bonilla, Sr

Amount of contribution (\$) 500

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
2727 Morgan Ave Corpus Christi, TX 78405

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/22/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Tony Bonilla, Sr

Amount of contribution (\$) 750

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
2727 Morgan Ave Corpus Christi, TX 78405

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
01/26/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Frances R. Brown-Powell

Amount of contribution (\$) 20

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code  
2047 17th St. Corpus Christi, TX 78404

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J.C. Gallejo 6 Contributor address; City; State; Zip Code PO Box 7652 Corpus Christi, TX 78467	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelda Z. Garcia Contributor address; City; State; Zip Code 5418 Hulen Dr. Corpus Christi, TX 78413	Amount of contribution (\$) 60	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patricia L. Garcia Contributor address; City; State; Zip Code 3118 La Rochelle Way Corpus Christi, TX 78414	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Belinda S. Gonzalez Contributor address; City; State; Zip Code 4813 Johnston Corpus Christi, TX 78415	Amount of contribution (\$) 30	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Antonio Hachem Contributor address; City; State; Zip Code 7039 San Pedro Ave. Apt 100 San Antonio TX 78416	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/11/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard L. Diegel 6 Contributor address; City; State; Zip Code 2362 Santa Maria Ln. Corpus Christi, TX 78415	7 Amount of contribution (\$) 300	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 01/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda A. Dorsey Contributor address; City; State; Zip Code 7714 Lake Bolsena Dr. Corpus Christi, TX 78413	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 05/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) C.W. Duncan, Jr. Contributor address; City; State; Zip Code 600 Travis, Ste 6100 Houston, TX 77002	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 02/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oscar R. Escobar Contributor address; City; State; Zip Code 7022 Adcote Dr. Corpus Christi, TX 78413	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 01/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) George W. Flood Contributor address; City; State; Zip Code 201 Chenoweth Dr. Corpus Christi, TX 78404	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

**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

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME <b>Mary Helen Berlanga</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>04/03/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Carlos Ruiz</b>	7 Amount of contribution (\$) <b>100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>109 Willwood Corpus Christi, TX 78410</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>02/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dora Garza</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>625 Gregory Ln. #15 Corpus Christi, TX 78412</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>02/14/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cash from ticket sales for event</b>	Amount of contribution (\$) <b>180</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>Event fundraiser</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>03/10/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>HJ Tijerina</b>	Amount of contribution (\$) <b>50</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4921 Olympia Corpus Christi, TX 78413</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-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)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date

6 Full name of pledgor     out-of-state PAC (ID# \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;    City;   State;   Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor     out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;    City;   State;   Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:    ⇄   ⇄   ⇄   ⇄   ⇄   ⇄

\$

5 Date of loan

7 Name of lender

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

9 Loan Amount (\$)

6 Is lender a financial institution?

Y    N

8 Lender address;    City;    State;    Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;    City;    State;    Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

Loan Amount (\$)

Is lender a financial institution?

Y    N

Lender address;    City;    State;    Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;    City;    State;    Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date

6 Full name of pledgor       out-of-state PAC (ID# \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;      City;   State;   Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City;   State;   Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City;   State;   Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City;   State;   Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID# \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City;   State;   Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender     out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y    N

8 Lender address;    City;    State;    Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;    City;    State;    Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender     out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
Y    N

Lender address;    City;    State;    Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;    City;    State;    Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/14/2014		5 Payee name Lighthouse Graphics			
6 Amount (\$) 235.44		7 Payee address; City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, TX 78415			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Tshirts	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	
				Office held <input type="checkbox"/> none <input checked="" type="checkbox"/>	
Date 03/11/2014		Payee name Nueces County Democratic Party			
Amount (\$) 200		Payee address; City; State; Zip Code 823 N. Tanchua Corpus Christi, TX 78411			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Full page ad.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	
				Office held <input type="checkbox"/> none <input checked="" type="checkbox"/>	
Date 03/11/2014		Payee name S & B Printing			
Amount (\$) 390.78		Payee address; City; State; Zip Code 2033 Airline, Ste C1 Corpus Christi, TX 78414			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) Stationery	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	
				Office held <input type="checkbox"/> none <input checked="" type="checkbox"/>	
Date 01/15/2014		Payee name Lighthouse Graphics			
Amount (\$) 184		Payee address; City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, TX 78415			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Tshirts and bumper stickers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	
				Office held <input type="checkbox"/> none <input checked="" type="checkbox"/>	

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# 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Mary Helen Berlanga	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 01/14/2014	<b>5</b> Payee name Lighthouse Graphics	
<b>6</b> Amount (\$) 235.44	<b>7</b> Payee address; City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, TX 78415	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Tshirts
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge <input type="checkbox"/> none <input type="checkbox"/>
Date 03/11/2014	Payee name Nueces County Democratic Party	
Amount (\$) 200	Payee address; City; State; Zip Code 823 N. Tanchua Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Full page ad.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge <input type="checkbox"/> none <input type="checkbox"/>
Date	Payee name S & B Printing	
Amount (\$) 390.78	Payee address; City; State; Zip Code 2033 Airline, Ste C1 Corpus Christi, TX 78414	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	Description (If travel outside of Texas, complete Schedule T) Stationery
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge <input type="checkbox"/> none <input type="checkbox"/>
Date 01/15/2014	Payee name Lighthouse Graphics	
Amount (\$) 184.03	Payee address; City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Tshirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge <input type="checkbox"/> none <input type="checkbox"/>

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**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.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Mary Helen Berlanga		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 01/13/2014		<b>5</b> Payee name A + Printing			
<b>6</b> Amount (\$) 86.60		<b>7</b> Payee address: City; State; Zip Code 4701 Dodd Corpus Christi, TX 78415			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Printing		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Push cards	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	Office held <input checked="" type="checkbox"/>
Date 01/31/2014		Payee name Foil Creations			
Amount (\$) 243.56		Payee address: City; State; Zip Code 4531 Ayers, Ste. 220 Corpus Christi, TX 78415			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) Invitations to fundraising dinner	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	Office held <input checked="" type="checkbox"/>
Date 02/07/2014		Payee name Lighthouse Graphics			
Amount (\$) 179.15		Payee address: City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, TX 78415			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) Tshirts and bumper stickers	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	Office held <input checked="" type="checkbox"/>
Date 03/26/2014		Payee name Lighthouse Graphics			
Amount (\$) 105.54		Payee address: City; State; Zip Code 3046 S. Padre Island Dr. Corpus Christi, TX 78415			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing		Description (If travel outside of Texas, complete Schedule T) Tshirts	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	Office held <input checked="" type="checkbox"/>

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# 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 Mary Helen Berlanga	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	-------------------------------------	--

4 Date 04/29/2014	5 Payee name Cooper Advertising
----------------------	------------------------------------

6 Amount (\$) 1940.75	7 Payee address; City; State; Zip Code PO Box 9431 Corpus Christi, TX 78469
--------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Billboard</b>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge	Office held <input type="checkbox"/>
---	--	---	---

Date 05/20/2014	Payee name Cooper Advertising
--------------------	----------------------------------

Amount (\$) 108.25	Payee address; City; State; Zip Code PO Box 9431 Corpus Christi, TX 78469
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>Billboard</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge	Office held <input type="checkbox"/>
---	--	---	---

Date 05/23/2014	Payee name Cooper Advertising
--------------------	----------------------------------

Amount (\$) 750.00	Payee address; City; State; Zip Code PO Box 9431 Corpus Christi, TX 78469
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>Billboard</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge	Office held <input type="checkbox"/>
---	--	---	---

Date 06/20/2014	Payee name Cooper Advertising
--------------------	----------------------------------

Amount (\$) 750.00	Payee address; City; State; Zip Code PO Box 9431 Corpus Christi, TX 78469
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>Billboard</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge	Office held <input type="checkbox"/>
---	--	---	---

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               |
| 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 Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02/05/2014		5 Payee name Jose Rosas			
6 Amount (\$) 1450.00		7 Payee address; City; State; Zip Code 4627 Central Circle, Brownsville, TX 78521			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Campaign Signs	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	
Date 01/2014		Payee name AmericanBank			
Amount (\$) 5.25		Payee address; City; State; Zip Code 5120 S. Padre Island Dr. Corpus Christi, TX 78411			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T) Charges and fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	
Date 02/2014		Payee name AmericanBank			
Amount (\$) 6.75		Payee address; City; State; Zip Code 5120 S. Padre Island Corpus Christi, TX 78411			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T) Charges and fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	
Date 03/2014		Payee name AmericanBank			
Amount (\$) 6.25		Payee address; City; State; Zip Code 5120 S. Padre Island Corpus Christi, TX 78411			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T) Charges and fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Mary Helen Berlanga		Office sought <input checked="" type="checkbox"/> County Judge	

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# 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 Mary Helen Berlanga	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/2014	5 Payee name AmericanBank
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6 Amount (\$) 6.25	7 Payee address; City; State; Zip Code 5120 S. Padre Island Dr. Corpus Christi, TX 78411
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Banking</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Charges and fees</b>
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge	Office held <input checked="" type="checkbox"/>
---	--	---	--

Date 05/2014	Payee name AmericanBank
-----------------	----------------------------

Amount (\$) 5.25	Payee address; City; State; Zip Code 5120 S. Padre Island Dr. Corpus Christi, TX 78411
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Banking</b>	Description (If travel outside of Texas, complete Schedule T) <b>Charges and fees</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge	Office held <input checked="" type="checkbox"/>
---	--	---	--

Date 06/2014	Payee name AmericanBank
-----------------	----------------------------

Amount (\$) 5.25	Payee address; City; State; Zip Code 5120 S. Padre Island Dr. Corpus Christi, TX 78411
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Banking</b>	Description (If travel outside of Texas, complete Schedule T) <b>Charges and fees</b>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge	Office held <input checked="" type="checkbox"/>
---	--	---	--

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 Mary Helen Berlanga	Office sought <input checked="" type="checkbox"/> County Judge	Office held <input checked="" type="checkbox"/>
---	--	---	--

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Mary Helen Berlanga</b>	Office sought: <input checked="" type="checkbox"/> County Judge    Office held: <input type="checkbox"/> none <input checked="" type="checkbox"/>
Date	Business name	
Amount (\$)	Business 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 <b>Mary Helen Berlanga</b>	Office sought: <input checked="" type="checkbox"/> County Judge    Office held: <input type="checkbox"/> none <input checked="" type="checkbox"/>
Date	Business name	
Amount (\$)	Business 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 <b>Mary Helen Berlanga</b>	Office sought: <input checked="" type="checkbox"/> County Judge    Office held: <input type="checkbox"/> none <input checked="" type="checkbox"/>
Date	Business name	
Amount (\$)	Business 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 <b>Mary Helen Berlanga</b>	Office sought: <input checked="" type="checkbox"/> County Judge    Office held: <input type="checkbox"/> none <input checked="" type="checkbox"/>
Date	Business name	
Amount (\$)	Business 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 <b>Mary Helen Berlanga</b>	Office sought: <input checked="" type="checkbox"/> County Judge    Office held: <input type="checkbox"/> none <input checked="" type="checkbox"/>

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I		2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories)		(b) Description (See instructions regarding type of information required.)	

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		