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	Mary Helen NICKNAME LAST Berlanga	MI	OFFICE USE ONLY FILED FOR RECORD Date Recease 10'4/A M JUL 1 5 2014	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/	ACCRESS / POBOX, APT / SUITE #, CITY, 6502 Ponil Creek Dr. Corpus Chris AREA CODE PHONE NUMBER	STATE, ZIPCODE ti, TX 78414 EXTENSION	CHANA T. BARRERA Byte Hands Court, Nieces County, Texas Deputy Receipt # Sya Micen	
OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	(361) 779-9392 MS/MRS/MR FIRST Elaine MICKNAME LAST Carter	MI SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NOPOBOXPLEASE); APT/SUITE#, 3229 Kennsington Ct. Corpus Chri	ctv, state sti,TX 78414	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 779-9392	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Exceeded \$500	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/CH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 06 / 30 /	Yеаг 2014	
11 ELECTION	ELECTION DATE Day Year Primary	Runoif	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICESOUGHT (frknown) County Judge		
GOTOPAGE2				

2014-107

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME .			15 ACCOUNT # (Ethics Commission Filers)		
Ma	ry Helen	Berlanga			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE COMMITTEE NAME n/a				
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
- additional execus	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	1 11 / 1		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$12750		
EXPENDITURE TOTALS	3. TOTALF	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	wized \$-0-		
	4. TOTAL	POLITICAL EXPENDITURES	\$6659.10		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	\$6090.90		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$ -0-		
18 AFFIDAVIT					
₹ (*(★*)*)	ELISSA S. VILLA Notary Public STATE OF TEXAS ly Comm. Exp.06-21-2	is true and correct and includes all me under Title 15, Election code.	f perjury, that the accompanying report I information required to be reported by adidate or Officeholder		
AFFIX NOTARY STAM		Mary Halan Raylanga			
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.					
Signature of officer admi	nistering oath	Melissas. VIII A Normal Printed name of officer administering oath	Title of officer administering oath		

SCHEDULE A

			M(************************************		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 12		
² FILER NAME Mary Helen	Berlanga		3 ACCOUNT # (E	thics Commission Filers)	
4 Date 01/25/2014	5 Full name of contributorout-of-state PAC(ID#_Nati S. Alaniz 6 Contributor address; City; State; Zip Code 4725 S. Shea Pkwy Corpus Christi, 1		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occur	Dation / Job title (See Instructions)	10 Employer (See	<u> </u>	of Texas, complete Schedule T)	
Date 01/23/2014	Full name of contributor	ti, TX 78412	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Date 02/15/2014	Full name of contributor	2	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texes, complete Schedule T)	
		2.11510301 (0.000			
Date 01/22/2014	Full name of contributor out-of-state PAC(ID# Contributor address; City; State; Zip Code PO Box 81445 Corpus Christi, TX 78	468	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Date 01/24/2014	Full name of contributor out-of-state PAC(ID#Abdiorhim Amenzadah Contributor address; City; State; Zip Code PO Box 81445 Corpus Christi, TX 7	8468	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:		
2 FILER NAME	P		3 ACCOUNT # (E	thics Commission Filers)		
Mary Helen	Berlanga					
4 Date	5 Full name of contributorout-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
02/15/2014	Margaret L. Hayes		40	I		
	6 Contributor address; City; State; Zip Code 10622 Gettysburg St. Corpus Christi,	TV 70440		to the same of the		
	10022 Gettysburg St. Corpus Crinsti,	, 12 70410				
0.01.1.1				of Texas, complete Schedule T)		
9 Principal occul	pation / Job title (See Instructions)	10 Employer (See	Instructions)			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
01/30/2014	Abel Herrero Contributor address; City; State; Zlp Code		500	l		
	PO Box 2923 Corpus Christi, TX 784	-03				
	^		(If travel outride	of Texas, complete Schedule T)		
Principal occur	pation / Job title (See Instructions)	Employer (See I		71 Texas, complete schedule 1)		
	,					
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
02/15/2014	Sara Lopez		250	[decemposal (in applicable)		
	Contributor address; City; State; Zip Code		200			
	PO Box 662 Edinburg, TX 78540					
	3		(if travel outside	 of Texas, complete Schedule T)		
Principal occup	oation / Job title (See Instructions)	Employer (See	Instructions)			
Date	Full name of contributor)	Amount of	In-kind contribution		
02/07/2014	Norberto Macias		contribution (\$)	description (if applicable)		
	Contributor address; City; State; Zip Code		80			
	6513 Ponil Creek Dr. Corpus Christi,	TX 78414				
			(if trayel outside	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See				
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution		
01/26/2014	Dorothy S. McClellan		contribution (\$)	description (if applicable)		
	Contributor address; City; State; Zip Code		20			
	2217 Richland St. Corpus Christi, TX	78418	12 To			
			(If travel outside :	l of Texas, complete Schedule T)		
Principal occup	oation / Job title (See Instructions)	Employer (See I				
		The state of the s				

SCHEDULE A

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2 FILER NAME		ANNERS EN REPORTE EN LINE COM TOTAL CONTRACTOR AND ANNOTATION AND AND AND AND AND AND AND AND AND AN	3 ACCOUNT # (Ethics Commission Filers)		
Mary Helen	Berlanda		100000000000000000000000000000000000000		
				_	
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
01/22/2014	Mike Westergreen			description (if applicable)	
	6 Contributor address; City; State; Zip Code		100		
	The state of the second of the				
	2033 18th St. Corpus Christi, TX 784	.04	8		
			Officerum autoida	 of Texas, complete Schedule T)	
Q Principal occur	pation / Job title (See Instructions)	10 Employer (See I	L	of rexas, complete Schedule 1)	
2 i inicipal cocup	ration 7 vob title (Oce manucions)	10 Employer (See)	madacuona)		
				2	
Date	Full name of contributor out-of-state PAC (ID#_	J	Amount of contribution (\$)	In-kind contribution description (if applicable)	
03/06/2014	John Morales			accompanie (in applicatio)	
	Contributor address; City; State; Zip Code		300		
	819 Oak Park Ave. Corpus Christi, T.	X 78408		1	
	o to contract the compact of the contract of t	7. 70 100			
			(If travel outside o	I of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution	
03/04/2014	Elia Dita Cantu		contribution (\$)	description (if applicable)	
00/04/2014	Elia Rita Cantu Contributor address; City; State; Zip Code		100	<u> </u>	
	The second of th			1	
	38 Townhouse Ln. Corpus Christi, TX	(78412		The state of the s	
Delical and	Allow I Lab Relations I Laboratory			of Texas, complete Schedule T)	
Principal occul	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor ut-of-state PAC (ID#.	3	Amount of	In-kind contribution	
03/01/2014	Elida E. Ramirez		contribution (\$)	description (if applicable)	
00/01/2014	The state of the s		100	I E	
	Contributor address; City; State; Zip Code			·	
	38 Townhouse Ln. Corpus Christi, T)	X 78412		autica.	
				E-	
Data da al accessor	E-11-1-04-70-1-1-0			of Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions)	Employer (See I	instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	3	Amount of	In-kind contribution	
04/03/2013	A SECURITY OF THE PROPERTY OF	/	contribution (\$)	description (if applicable)	
0-7/00/2010	John Morales		200	1	
	Contributor address; City; State; Zip Code		9		
	819 Oak Park Ave. Corpus Christi, T	X 78408			
Delinoland an	action / Joh Etla /Coa Jacks - 4 / 202	F 1. 229		of Texas, complete Schedule T)	
ennerbar occul	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Name to the state of the state		ware to the second of the seco	Average and the second		

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SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
Mary Helen Berlanga		3 ACCOUNT#(E	thics Commission Filers)	
4 Date 02/06/2014	5 Full name of contributorout-of-state PAC(ID# John J. Morales 6 Contributor address; City; State; Zip Code 819 Oak Park Ave. Corpus Christi, T		7 Amount of contribution (\$) 80	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		roxae, compete conequie 17
Date 05/01/2014	Full name of contributor out-of-state PAC (ID#_ John J. Morales Contributor address; City; State; Zip Code 819 Oak Park Ave. Corpus Christi, T	X 78408	Amount of contribution (\$) 100	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		- Toxas, complete activation (
Date 01/26/2014	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)
				 ofTexas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See 1	nstructions)	
Date 01/24/2014	Full name of contributor 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 (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 01/28/2014	Full name of contributor out-of-state PAC (DM_Alicia Perez Contributor address; City; State; Zip Code 175 Kush Ln. Corpus Christi, TX 784	04	Amount of contribution (\$) 100	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A.	
2 FILER NAME Mary Helen	Berlanda	PROPERTY AND AND THE STATE OF T	3 ACCOUNT # (E	thics Commission Filers)	
				·	
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of	8 In-kind contribution	
01/25/2014	Nickie G. Valdez		contribution (\$)	description (if applicable)	
	INICKIE G. Valuez		80	1	
	6 Contributor address; City; State; Zip Code				
	15350 Beaufort Ct. Corpus Christi, T.	X 78418			
	70000 20000011011			1	
			(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution	
02/13/2014	Niekie C. Velden		contribution (\$)	description (if applicable)	
02/10/2014	Nickie G. Valdez		25	*	
	Contributor address; City; State; Zip Code		20		
	15350 Beaufort Ct. Corpus Christi, T.	X 78418			
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	instructions)		
Date	Full name of contributor out-of-state PAC (IE#)	Amount of	In-kind contribution	
01/26/2014	Melissa S. Villalon		contribution (\$)	description (if applicable)	
01/20/2014			30		
	Contributor address; City; State; Zip Code				
	7434 Yorkshire Corpus Christi, TX 78	3413			
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
D-4-	Full name of contributor				
Date	_ =====================================	J	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01/25/2014	Michelle Villarreal-Kuchta			accomplish (in approache)	
	Contributor address; City; State; Zip Code		40	E .	
	501 S. Tancahua St., Ste. 5 Corpus (Obrieti TV		1	
	THE RESIDENCE OF THE PERSON AND AND ADDRESS OF THE PERSON	Dillion, IV		f e	
	78401		(If travel outside	[of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See		er rexes, comprete achedule 17	
			n de Palacido de la Calenda de Ca Calenda de Calenda de C		
Date	Full name of contributor out-of-state FAC (ID#:		Amount of	In-kind contribution	
			contribution (\$)	description (if applicable)	
01/25/2014	Charles A. Votzmeyer		580	I	
	Contributor address; City; State; Zip Code		300		
	5826 Esplanade Dr., Ste. 302 Corpus	s Christi TX			
	78414			I	
	10114		(If travel outside	I of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See			
ALCOHOLOGICA CONTRACTOR CONTRACTO	OODSTRUKTUUR VALITAA KANAA KANAA KANAA ARKAA				

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:		
2 FILER NAME Mary Helen	Berlanga		3 ACCOUNT#(E	Ethics Commission Filers)		
4 Date 01/26/2014	5 Full name of contributorout-of-state PAC(ID#Abbie Pina 6 Contributor address; City; State; Zip Code 6322 St. Dennis St. Corpus Christi, T		7 Amount of contribution (\$) 40	8 In-kind contribution description (if applicable)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		or results conteduc ty		
Date 01/17/2014	Full name of contributor	(78413	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	I pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
Date 02/04/2014	Full name of contributor Dout-of-state PAC (ID#_Massoud Rad Contributor address; City; State; Zip Code 20 Glen Loch Ct. Sugar Land TX. 77		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)		
Date 01/24/2014	Full name of contributor out-of-state PAC(ID# Celia Reyes-Acuna Contributor address; City; State; Zip Code 4444 S. Staples St. Corpus Christi, T		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	and the second s	or reves, complete ochecule ry		
Date 01/26/2014	Full name of contributor out-of-state PAC (ID# Mary G. Rodriguez Contributor address; City; State; Zip Code 434 Colony Dr. Corpus Christi, TX 78	3412	Amount of contribution (\$) 50	In-kind contribution description (if applicable)		
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	A real modern and the second s		
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SCHEDULE A

The Instruction Guide explains how to complete this for	orm.	1 Total pages Sch	edule A:
² FILER NAME Mary Helen Berlanga		3 ACCOUNT # (E	thics Commission Filers)
4 Date 5 Full name of contributor ☐ out-of-state PAC(ID#	3413	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) 1	10 Employer (See I		of Texas, complete Schedule T)
Date Full name of contributor Out-of-state PAC (ID#	78415	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date Full name of contributor ☐ out-of-state PAC(IC#	8418	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See 1		or revas, complete scriedule 1)
Date Full name of contributor out-of-state PAC(ID#:	414	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See I		
Date O2/05/2014 Contributor address; City; State; Zip Code 1930 Andrews Dr. Corpus Christi, TX 7	78416	Amount of contribution (\$) 10	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See II		

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME			3 ACCOUNT#(E	thics Commission Filers)	
4 Date 01/26/2014	5 Full name of contributor ☐ out-of-state PAC(ID#_Alamar Cavada 6 Contributor address: City; State; Zip Code 4621 Valor Dr. Corpus Christi, TX. 78		7 Amount of contribution (\$) 25	8 In-kind contribution description (if applicable)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)		
Date 01/26/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	The second secon	of Texas, complete Schedule T)	
Date 01/25/2014	Full name of contributor	78413	Amount of contribution (\$) 40	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	<u> </u>	or reves, complete constitue 1)	
Date 05/29/2014	Full name of contributor out-of-state FAC(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 occup	pation / Job title (See Instructions)	Employer (See I		or texes, withhete outlednie ty	
Date 05/30/2014	Full name of contributor 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 (If travel outside	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 Total pages Schedule A:	
Mary Helen Berlanga		3 ACCOUNT# (E	thics Commission Filers)		
4 Date 02/10/2014	5 Full name of contributorout-of-state PAC(ID# Delia Berlanga 6 Contributor address; City; State; Zip Code 7001 Adcote Dr. Corpus Christi, TX 7	78413	7 Amount of contribution (\$) 40	8 In-kind contribution description (if applicable)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	1	or rexas, complete scriedure 1)	
Date 05/19/2014	Full name of contributor out-of-state PAC(ID#_ Mary Helen Berlanga Contributor address; City; State; Zip Code 602 Ponil Creek Dr. Corpus Christi, 7	TX 78414	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Date 01/20/2014	Full name of contributor	78405	Amount of contribution (\$)	in-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Date 05/22/2014	Full name of contributor out-of-state PAC (ID# Tony Bonilla, Sr Contributor address; City; State; Zip Code 2727 Morgan Ave Corpus Christi, TX	78405	Amount of contribution (\$) 750	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See		or rexes, comprete ourreduce 1)	
Date 01/26/2014	Full name of contributor out-of-state PAC(ID#_ Frances R. Brown-Powell Contributor address; City; State; Zip Code 2047 17th St. Corpus Christi, TX 784	04	Amount of contribution (\$) 20	In-kind contribution description (if applicable) of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See		and a state of	

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	1 Total pages Schedule A:	
2 FILER NAME Mary Helen	Berlanga		3 ACCOUNT # (E	thics Commission Filers)	
4 Date 01/23/2014	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Schedule T)	
Date 01/26/2014	Full name of contributor out-of-state PAC (IC#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date 01/25/2014	Full name of contributor ut-of-state PAC(ID#_ Patricia L. Garcia Contributor address; City; State; Zip Code 3118 La Rochelle Way Corpus Christ	ti, TX 78414	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See		I of Texas, complete Schedule T)	
Date 01/26/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See	The same of the sa	or rayas, complete Scriedule 1)	
Date 05/23/2014	Full name of contributor out-of-state PAC (ID#_Antonio Hachem Contributor address; City; State; Zip Code 7039 San Pedro Ave. Apt 100 San Al 78416	ntonio TX	Amount of contribution (\$) 50 (If travel outside	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)		

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SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Mary Helen	Berlanga		The state of the s	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
01/11/2014	Richard L. Diegel		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		300	THE PROPERTY OF THE PROPERTY O
	2362 Santa Maria Ln. Corpus Christi	TX 78415		1
		, ,,,,,,,,,,	· ·	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
2 Timopa voor	sation / vob atte (Ose instructions)	Tu Employer (386	insuucuons)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/22/2014	Linda A. Dorsey		50	gezeubuou (ii abblicania)
	Contributor address; City; State; Zip Code		30	Andrews
	7714 Lake Bolsena Dr. Corpus Chris	ti, TX 78413		
Principal occup	nation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
		ant-		
Date	Full name of contributor out-of-state PAC (IE#_)	Amount of	In-kind contribution
05/28/2014	C.W. Duncan, Jr.		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		1000	
	600 Travis, Ste 6100 Houston, TX 77	002		
			/If traval autoida	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	£	or rexas, complete constitue 1)
Date	Full name of contributor 🔲 out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution
02/15/2014	Oscar R. Escobar		100	description (if applicable)
	Contributor address; City; State; Zip Code		100	- Andrews
	7022 Adcote Dr. Corpus Christi, tX 7	8413	off-months to the state of the	
			(If trough outside	of Tayon assessable Calculate Ti
Principal occup	pation / Job litle (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
01/26/2014	George W. Flood		contribution (\$)	description (if applicable)
	Contributor address; City; State: Zip Code		50	
	201 Chenoweth Dr. Corpus Christi, T	X 78404		
			(If traval autoids	of Toyon complete Cabada T
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		7510-801-2001-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	and the second s	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	redule A:
2 FILER NAME Mary Helen	Berlanga		3 ACCOUNT # (E	thics Commission Filers)
4 Date 04/03/2014	5 Full name of contributorout-of-state PAC(ID#Carlos Ruiz 6 Contributor address; City; State; Zip Code 109 Willwood Corpus Christi, TX 784		7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occur	Dation / Job title (See Instructions)	10 Employer (See I	\	or rexas, complete scriedula 1)
Date 02/2014	Full name of contributor out-of-state PAC (ID#_ Dora Garza Contributor address; City; State; Zip Code 625 Gregory Ln. #15 Corpus Christi	TX 78412	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 02/14/2014	Full name of contributor out-of-state PAC (ID#_ Cash from ticket sales for event Contributor address; City; State; Zip Code Event fundraiser		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 03/10/2014	Full name of contributor		Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occup	oation / Job title (See Instructions)	Employer (See I		or rexes, samplete schedule 17
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code			In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See I	instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS		SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Sche	edule B:
2 FILER NAME Mary Helen Berlanga	3 ACCOUNT # (Et	thics 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)
		of Texas, complete Schedule T)
10 Principal occupation / Job title (See Instructions) 11 Employer (See In	rstructions)	
Date Full name of pledgor out-of-state PAC (ID#) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (If applicable)
	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)	
Date Full name of pledgor out-of-state PAC (ID#) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (If applicable)
Principal occupation / Job title (See Instructions) Employer (See In		of Texas, complete Schedule T)
Date Full name of pledgor □ out-of-state PAC(ID#) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)	
Date Full name of pledgor out-of-state PAC(ID#) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (If applicable)
Principal occupation / Job title (See Instructions) Employer (See In		of Texas, complete Schedule T)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide for adv	AS NEEDED	

LOANS	а	a	SCHEDULE E
The	Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule E:
² FILER NAME Mary Helen	Berlanga		3 ACCOUNT # (Ethics Commission Filers)
тота	L OF UNITEMIZED LOANS:		\$
5 Date of loan	7 Name of lender	out-of-state PAC (IC#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interestrate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	2
14 Description of Coll	ateral	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 Occupati	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender] out-of-state PAC (ID#	Loan Amount (\$)
is lender a financial Institution?	Lender address; City; State;	Zip Code	Interestrate
YN			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral	Check if personal funds were o	leposited into political account
GUARANTOR INFORMATION	Name of guarantor	J	Amount Guaranteed (\$)
. not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
if lend	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEED	

PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B. The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Mary Helen Berlanga TOTAL OF UNITEMIZED PLEDGES: \$ 5 Date 6 Full name of pledgor Amount of In-kind description ☐ out-of-state PAC (ID#: 9 pledge (\$) (if applicable) ledgor address; City; State; Zip Code 7 Pledgor address; (If travel outside of Texas, complete Schedule T) 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) in-kind description Full name of pledgor Amount of Date ut-of-state PAC (ID# (if applicable) pledge (\$) 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 Amount of In-kind description Out-of-state PAC (ID#: pledge (\$) (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 In-kind description Full name of pledgor ut-of-state PAC (ID#:_ Amount of pledge (\$) (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 Amount of In-kind description ut-of-state PAC(ID#_ pledge (\$) (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 com	plete this form.	1 Total pa	ges Schedule E:
² FILER NAME Mary Helen	Berlanga		3 ACCOU	NT # (Ethics Commission Filers)
4 тота	L OF UNITEMIZED LOANS:	D D	⇔	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lenderaddress; City; State;	Zip Code		10 Interest rate
YN				11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Colf	ateral	15 Check if personal funds were	deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		Annual and a second	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	The second secon	
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	J.	
Date of Ioan	Name of lender	out-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colle	ateral	Check If personal funds were	deposited	into political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	S 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		The state of the s
If len	ATTACH ADDITIONAL COI der is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NEI		quirements.

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

P.O. Box 12070

		CATEGORIES FOR	and the second		
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/Contract Solicitation/Fundraising E Travel In District	xpense Trans	Repayment/Reimbursement sportation Equipment & Related Expens ributions/Donations Made By	se
Event Expense	Polling Expense	Travel Out Of District		andidate/Officeholder/Political Commit	tee
Fees	Printing Expense	Office Overhead/Rental	Expense OTH	ER (enter a category not listed above)	
	The Instruction Guide	explains how to compl	lete this form.		
1 Total pages Schedule F:	2 FILER NAME Mary Helen Berlanga			3 ACCOUNT # (Ethics Commission Fi	lers)
4 Date	5 Payeename				-
01/14/2014	Lighthouse Graphics				
6 Amount (\$)		te; Zip Code			
235.44	3046 S. Padre Island Dr. 0	Corpus Christi, T	X 78415		
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) I	Description (Iftrav	el outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising	Ts	hirts		
9 Complete ONLY if direct	15.11	C	Office sought	Office held	
expenditure to benefit C	Mary Helen Berlanga	□ Cou	inty Judge	none none	
Date	Payee name				
03/11/2014	Nueces County Democrat	tic Party			
Amount (\$)	1	ite; Zip Code	11 13 13 15 16 16 16 16 16 16 16 16 16 16 16 16 16		
200	823 N. Tancahua Corpus		1		
200	025 N. Tancanda Corpus	Onnsu, IX 1041	1		
PURPOSE	Category (See categories listed at the top	A STATE OF THE STA		el outside of Texas, complete Schedule T)	
EXPENDITURE	Advertising	Fu	Il page a	ıd.	
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held	
expenditure to benefit C	Mary Helen Berlanga	∓ Cour	nty Judge	none none	G
Date	Payeename		4	The second secon	
	S & B Printing				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
390.78	2033 Airline, Ste C1 Corp.	us Christi, TX 78	414		
PURPOSE	Category (See categories listed at the top			el outside of Texas, complete Schedule T)	
OF EXPENDITURE	Printing	Sta	ationery		
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held	nome===mad
expenditure to benefit C	^{/OH} Mary Helen Berlanga	₽ Cour	nty Judge	■ none	6
Date	Payee name				
01/15/2014	Lighthouse Graphics				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
184	3046 S. Padre Island Dr. (Corpus Christi, T	X 78415		
PURPOSE OF	Category (See categories listed at the top	* (-	100	el outside of Texas, complete Schedule T)	
EXPENDITURE	Advertising	Ts	hirts and	bumper stickers	
Complete <u>ONLY</u> if direct expenditure to benefit (Candidate / Officeholder name	C	Office sought	Office held	
			nty Judge	none none	7.1
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHE	DULEASNEE	DED	

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor Lising Expense Ti Criet Lental Expense O	oan Repayment/Reim ransportation Equipme ontnbutions/Donation: Candidate/Officehol THER (enter a catego	ent & Related Expen s Made By den/Political Commi	tee
1 Total pages Schedule F:	2 FILER NAME Mary Helen Berlanga	no de la constitución de la mase de la constitución de la constitución de la constitución de la constitución d		3 ACCOUNT # (E	thics Commission F	lers)
4 Date	5 Payeename					
01/14/2014	Lighthouse Graphics		Marie Ma	44.44.404.404.404.404.404.404.404.404.4		
6 Amount (\$)	The second second second second second	te; Zip Code				
235.44	3046 S. Padre Island Dr.	Corpus Chris	sti, IX /8415			
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	Land to the same of the same o	travel outside of Texas, co	mplete Schedule T)	
EXPENDITURE	Advertising		Tshirts			
9 Complete ONLY if direct			Office sought	Committee (and an annual control of the control of	Office held	
expenditure to benefit C	Mary Helen Berlanga		County Judge	none		1
Date 03/11/2014	Nueces County Democrat	tic Party				
Amount (\$)	Payee address; City; Sta	ite; Zlp Code				
200	823 N. Tancahua Corpus	Christi, TX 7	'8411			
	4					
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, co	mplete Schedule T)	
OF		ofthis schedule)		travel outside of Texas, co	mplete Schedule T)	
OF EXPENDITURE	Advertising Candidate / Officeholder name	of this schedule)	Description (If Full page		mplete Schedule T) Office held	
OF EXPENDITURE	Advertising Candidate / Officeholder name		Full page		Office held	
OF EXPENDITURE	Advertising Candidate / Officeholder name OH Mary Helen Berlanga Payee name		Full page Office sought	ad.	Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Advertising Candidate / Officeholder name OH Mary Helen Berlanga		Full page Office sought	ad.	Office held	1
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Date Amount (\$)	Candidate / Officeholder name /OH Mary Helen Berlanga Payee name S & B Printing Payee address; City; Sta	te: Zip Code	Full page Office sought County Judge	ad.	Office held	4
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Date	Advertising Candidate / Officeholder name OH Mary Helen Berlanga Payee name S & B Printing	te: Zip Code	Full page Office sought County Judge	ad.	Office held	±
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Contact Date Amount (\$)	Candidate / Officeholder name /OH Mary Helen Berlanga Payee name S & B Printing Payee address; City; Sta	te: Zip Code us Christi, T	Full page Office sought County Judge X 78414 Description (If	ad. none	Office held	gris Sui
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Date Amount (\$) 390.78 PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name OH Mary Helen Berlanga Payee name S & B Printing Payee address; City; Sta 2033 Airline, Ste C1 Corp Category (See categories listed at the top Printing Candidate / Officeholder name	te: Zip Code us Christi, T	Full page Office sought County Judge X 78414	ad. none	Office held	E
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Date Amount (\$) 390.78 PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name OH Mary Helen Berlanga Payee name S & B Printing Payee address; City; Sta 2033 Airline, Ste C1 Corp Category (See categories listed at the top Printing Candidate / Officeholder name	te: ZIp Code us Christi, Tz ofthis schedule)	Full page Office sought County Judge X 78414 Description (if Stationer	ad. none	Office held implete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Date Amount (\$) 390.78 PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name /OH Mary Helen Berlanga Payee name S & B Printing Payee address; City; Sta 2033 Airline, Ste C1 Corp Category (See categories listed at the top Printing	te: ZIp Code us Christi, Tz ofthis schedule)	Full page Office sought County Judge X 78414 Description (If Stationer Office sought	ad. none none ftravel outside of Texas, co	Office held implete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete ONLY if direct expenditure to benefit Complete OF EXPENDITURE Complete ONLY if direct expenditure to benefit on the only if the	Candidate / Officeholder name /OH Mary Helen Berlanga Payee name S & B Printing Payee address; City; Sta 2033 Airline, Ste C1 Corp Category (See categories listed at the top Printing Candidate / Officeholder name /OH Mary Helen Berlanga	te: ZIp Code us Christi, Tz ofthis schedule)	Full page Office sought County Judge X 78414 Description (If Stationer Office sought	ad. none none ftravel outside of Texas, co	Office held implete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete ONLY if direct expenditure to benefit Complete OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Only if direct expenditure is the only if direct expenditure is the only if direct expension of the only if direct expension	Candidate / Officeholder name /OH Mary Helen Berlanga Payee name S & B Printing Payee address; City; Sta 2033 Airline, Ste C1 Corp Category (See categories listed at the top Printing Candidate / Officeholder name /OH Mary Helen Berlanga Payee name Lighthouse Graphics	te: ZIp Code us Christi, Tz ofthis schedule)	Full page Office sought County Judge X 78414 Description (If Stationer Office sought	ad. none none ftravel outside of Texas, co	Office held implete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit of the part of	Candidate / Officeholder name /OH Mary Helen Berlanga Payee name S & B Printing Payee address; City; Sta 2033 Airline, Ste C1 Corp Category (See categories listed at the top Printing Candidate / Officeholder name /OH Mary Helen Berlanga Payee name Lighthouse Graphics	te: Zip Code us Christi, T. of this schedule)	Full page Office sought County Judge X 78414 Description (If Stationer Office sought County Judge	ad. none none ftravel outside of Texas, co	Office held implete Schedule T)	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit of the property	Candidate / Officeholder name /OH Mary Helen Berlanga Payee name S & B Printing Payee address; City; Sta 2033 Airline, Ste C1 Corp Category (See categories listed at the top Printing Candidate / Officeholder name /OH Mary Helen Berlanga Payee name Lighthouse Graphics Payee address; City; Sta 3046 S. Padre Island Dr. (Category (See categories listed at the top) Category (See categories listed at the top)	te: Zip Code us Christi, T. ofthis schedule)	Full page Office sought County Judge X 78414 Description (If Stationer Office sought County Judge sti, TX 78415 Description (If	ad. none none ftravel outside of Texas, co	Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit of Date Amount (\$) 390.78 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit of Date 01/15/2014 Amount (\$) 184.03	Candidate / Officeholder name /OH Mary Helen Berlanga Payee name S & B Printing Payee address; City; Sta 2033 Airline, Ste C1 Corp Category (See categories listed at the top Printing Candidate / Officeholder name /OH Mary Helen Berlanga Payee name Lighthouse Graphics Payee address; City; Sta 3046 S. Padre Island Dr. 6	te: Zip Code us Christi, T. ofthis schedule)	Full page Office sought County Judge X 78414 Description (If Stationer Office sought County Judge	ad. none ftraveloutside of Texas, co	Office held	
Complete ONLY if direct expenditure to benefit of Date Amount (\$) 390.78 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit of Date 01/15/2014 Amount (\$) 184.03 PURPOSE OF EXPENDITURE	Candidate / Officeholder name /OH Mary Helen Berlanga Payee name S & B Printing Payee address; City; Sta 2033 Airline, Ste C1 Corp Category (See categories listed at the top Printing Candidate / Officeholder name /OH Mary Helen Berlanga Payee name Lighthouse Graphics Payee address; City; Sta 3046 S. Padre Island Dr. Category (See categories listed at the top Advertising	te: ZIp Code us Christi, Tz ofthis schedule) ite: Zip Code Corpus Chris	Full page Office sought County Judge X 78414 Description (If Stationer Office sought County Judge sti, TX 78415 Description (If	ad. none ftraveloutside of Texas, co	Office held omplete Schedule T) Office held Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract L Solicitation/Fundraising Ex Travel In District Travel Out Of District Office Overhead/Rental E	pense Tra Co Kpense OT	ntributions/Donati Candidate/Officel HER (enter a cat	ment & Related Expense
1 Total pages Schedule F				-	(Ethics Commission Filers)
4 Date	5 Payeename			1	
01/13/2014	A + Printing				
6 Amount (\$)	<u> </u>	ate; Zip Code			
86.60	4701 Dodd Corpus Christ	i, TX 78415			
8 PURPOSE	(a) Category (See categories listed at the top	o of this schedule) (b) D	escription (lft	ravel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Printing	Pus	sh card	ls	
9 Complete ONLY if direct expenditure to benefit (fice sought ity Judge	Ŧ	Office held
Date 01/31/2014	Payee name Foil Creations	The state of the s			
Amount (\$)	Payee address; City; St	ate; Zip Code			
243.56	4531 Ayers, Ste. 220 Cor	pus Christi, TX 78	415		
PURPOSE	Category (See categories listed at the top	o of this schedule) D	escription (Ift	ravel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Printing	Inv	itations	to fund	raising dinner
Complete ONLY if direct expenditure to benefit (t Candidate / Officeholdername ^{C/OH} Mary Helen Berlanga	OI Count	fice sought y Judge	Ē.	Office held
Date 02/07/2014	Payee name Lighthouse Graphics				
Amount (\$)	C	ate; Zip Code			
179.15	3046 S. Padre Island Dr.	Corpus Christi, T	(78415		
PURPOSE	Category (See categories listed at the top	o of this schedule) D	escription (Ift	ravel outside of Texas	, complete Schedule T)
OF EXPENDITURE	Printing	Tsl	nirts ar	nd bump	er stickers
Complete <u>ONLY</u> if direct expenditure to benefit (The state of the s	fice sought		Office held
Date 03/26/2014	Payee name Lighthouse Graphics	42.1		THE	
Amount (\$) 105.54	Payee address; City; Sta 3046 S. Padre Island Dr.	ate: Zip Code Corpus Christi, TX	〈 78415		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	Control to	escription (Ift)	ravel outside of Texas	, complete Schedule T)
Complete ONLY if dire		O1	fice sought ty Judge		Office held
7507	ATTACH ADDITIONAL C				
www ethics state to us				Marie I Area Committee and the second	was the system to the control of the

Advertising Expense Accounting/Benking Consulting Expense Event Expense Fees	Legal Services Solic Food/Beverage Expense Trave Polling Expense Trave	ries/Wages/Co citation/Fundrai rel In District rel Out Of Distr re Overhead/R	ntract Labor Li sing Expense T C rict ental Expense O	ontributions/Donat Candidate/Office THER (enter a cat	oment & Related Expense
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; PO Box 9431 Corpus Christi,		9		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Advertising	schedule)	(b) Description (If Billboard	travel outside of Texas	, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH Mary Helen Berlanga	+	Office sought County Judge	#	Office held
Date 05/20/2014	Payee name Cooper Advertising			10000 10000	
Amount (\$) 108.25	Payee address: City; State; PO Box 9431 Corpus Christi,		9	V	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Advertising	schedule)	Description (If Billboard	travel outside of Texas	, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit CK	Candidate / Officeholder name ^{DH} Mary Helen Berlanga	n (Office sought County Judge		Office held
Date 05/23/2014	Payee name Cooper Advertising				
Amount (\$) 750.00	Payee address; City; State; 2 PO Box 9431 Corpus Christi,		9		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Advertising	schedule)	Description (if Billboard	travel outside of Texas	, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name ^{DH} Mary Helen Berlanga	6 (Office sought County Judge		Office held
Date 06/20/2014	Payee name Cooper Advertising	ALLE STORMEN OF THE STORMEN OF THE STORMEN			
Amount (\$) 750.00	Payee address; City; State; 2 PO Box 9431 Corpus Christi,		9	nterior e i construire e indominima delle colorida	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this: Advertising	schedule)	Description (If Billboard		, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH Mary Helen Berlanga	+	Office sought County Judge	+	Office held
	ATTACH ADDITIONAL COPIE	-		EEDED	

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule F:	2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payeename	Annual and the second s	
02/05/2014	Jose Rosas		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1450.00	4627 Central Circle, Brownsville, TX	78521	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising	Campaign	Signs
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C	Mary Helen Berlanga	County Judge	THE STATE OF THE S
Date 01/2014	Payee name AmericanBank		
Amount (\$)	Payee address; City; State; Zip Code		
5.25	5120 S. Padre Island Dr. Corpus Chi	risti, TX 78411	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Iftrav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Banking	Charges ar	nd fees
Complete <u>ONLY</u> if direct expenditure to benefit C	10.11	Office sought County Judge	Office held
Date	Payeename		
02/2014	AmericanBank		
Amount (\$)	Payee address; City; State; Zip Code		
6.75	5120 S. Padre Island Corpus Christi,	TX 78411	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (litray	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Banking	Charges a	nd fees
Complete <u>ONLY</u> if direct expenditure to benefit C	0.20	Office sought County Judge	Office held
Date	Payee name	7 - 3	
03/2014	AmericanBank		
Amount (\$)	Payee address; City; State; Zip Code		
6.25	5120 S. Padre Island Corpus Christi,	TX 78411	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (Iftrav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Banking	Charges ar	nd fees
Complete ONLY if direct expenditure to benefit		Office sought County Judge	Office held
	ATTACH ADDITIONAL COPIES OF THIS		

SCHEDULE F

EXPENDITURE	CATEGORIES	FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how	to complete this form.	
2 FILER NAME Mary Helen Berlanga	The second secon	3 ACCOUNT # (Ethics Commission Filers
5 Payeename		
AmericanBank		
7 Payee address; City; State; Zip Code		
5120 S. Padre Island Dr. Corpus Ch	risti, TX 78411	
(a) Category (See categories listed at the top of this schedule)	0.00 Mg 2	ravel outside of Texas, complete Schedule T)
Banking	Charges	and fees
Candidate / Officeholder name	Office sought	Office held
^H Mary Helen Berlanga	County Judge	RE-
Payee name AmericanBank		
Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
5120 S. Padre Island Dr. Corpus Ch	risti, TX 78411	
Category (See categories listed at the top of this schedule)	Description (lftr	avel outside of Texas, complete Schedule T)
Banking	Charges a	and fees
Candidate / Officeholder name ^{1H} Mary Helen Berlanga	Office sought County Judge	Office held
Payeename AmericanBank		
Payee address; City; State; Zip Code		
5120 S. Padre Island Dr. Corpus Ch	risti, TX 78411	
Category (See categories listed at the top of this schedule)	Description (Ifte	ravel outside of Texas, complete Schedule T)
Banking	Charges a	and fees
Candidate / Officeholder name	Office sought	Office held
Payee name	- County Judge	Ŧ
Payee address; City; State; Zip Code		
Category (See categories listed at the top of this schedule)	Description (Iftr	avel outside of Texas, complete Schedule T)
Candidate / Officeholder name	Office sought	Office held
The same of the sa	2 FILER NAME Mary Helen Berlanga 5 Payee name AmericanBank 7 Payee address; City; State; Zip Code 5120 S. Padre Island Dr. Corpus Ch (a) Category (See categories listed at the top of this schedule) Banking Candidate / Officeholder name Mary Helen Berlanga Payee name AmericanBank Payee address; City; State; Zip Code 5120 S. Padre Island Dr. Corpus Ch Category (See categories listed at the top of this schedule) Banking Candidate / Officeholder name Mary Helen Berlanga Payee name AmericanBank Payee address; City; State; Zip Code 5120 S. Padre Island Dr. Corpus Ch Category (See categories listed at the top of this schedule) Banking Candidate / Officeholder name Mary Helen Berlanga Payee name Mary Helen Berlanga Payee name Payee name Payee address; City: State; Zip Code	Mary Helen Berlanga 5 Payee name AmericanBank 7 Payee address; City; State; Zip Code 5120 S. Padre Island Dr. Corpus Christi, TX 78411 (a) Category (See categories listed at the top of this schedule) Banking Candidate / Officeholder name Office sought Mary Helen Berlanga Payee name AmericanBank Payee address; City; State; Zip Code 5120 S. Padre Island Dr. Corpus Christi, TX 78411 Category (See categories listed at the top of this schedule) Banking Candidate / Officeholder name Office sought Mary Helen Berlanga Payee name AmericanBank Payee address; City; State; Zip Code 5120 S. Padre Island Dr. Corpus Christi, TX 78411 Category (See categories listed at the top of this schedule) Payee name AmericanBank Payee address; City; State; Zip Code 5120 S. Padre Island Dr. Corpus Christi, TX 78411 Category (See categories listed at the top of this schedule) Banking Candidate / Officeholder name Office sought Charges a Candidate / Officeholder name Office sought County Judge Payee name Payee address; City; State; Zip Code

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/R	ental Expense OTHER (enter a category not listed above)		
	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$) Reimbursement from political contributions	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (Iftravel outside of Texas, complete Schedule T)		
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	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)		
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Iftravel outside of Texas, complete Schedule T)		
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (Iftravel outside of Texas, complete Schedule T)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor sising Expense trict Rental Expense	Loan Repayment/Reimb Transportation Equipmer Contributions/Donations Candidate/Officehold OTHER (enter a categor	nt & Related Expense Made By er/Political Committee
1 Total pages Schedule H.	The Instruction Guide 2 FILER NAME	explains how to	complete this fo		thics Commission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	p of this schedule)	(b) Description	(Iftravel outside of Texas, com	plete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name ^{OH} Mary Helen Berlanga		Office sough		Office held
Date	Business name		County duage		
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Texas, com	plete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name Mary Helen Berlanga	-	Office sough		Office held
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	a of this schedule)	Description	(If travel outside of Texas, com	plete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH Mary Helen Berlanga	G	Office sough		Office held
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	afthis schedule)	Description	(If travel outside of Texas, com	plete Schedule T)
Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office held
exhemitment to behalf CV	^{DH} Mary Helen Berlanga	WHITE ISSUED IN THE STREET	County Judge		
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULEAS	NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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.)		

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

SCHEDULE K

	The second secon	
The Instruction Guide explains how to complete this form.		dufe K:
2 FILER NAME 3 ACCOUNT # (EII		nics Commission Filers)
4 Date 5 Name of person from whom amount is received	J	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	Name of person from whom amount is received	
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received		5
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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	ANY CONTROL BASE CONTROL CONTR

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	3		
5 Contribution / Expenditure reported on:			
Schedule A Schedule B Schedule C Schedule Schedule H Schedule N COH-UC COH-T	D Schedule F Schedule G		
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, se	eminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G		
Schedule H Schedule N COH-UC COH-T	PAC-C 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, sen	iinar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on;			
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G		
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E		
Dates of travel Name of person(s) traveling	Manager and the second		
Departure city or name of departure location			
Destination city or name of destination location			
Means of transportation Purpose of travel (including name of conference, sem	ninar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EASNEEDED		