2014-145

# 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 /	MS/MRS/MR FIRST	MI	Ellow Partition of the		
OFFICEHOLDER	Mary Helen		FILOHFICERUSEONIAD		
NAME	· · · · · · · · · · · · · · · · · · ·		Date Received		
	NICKNAME LAST	SUFFIX	OCT 0 7 2014		
	Berlanga	×	OCT 2 7 2014		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #, CITY;	STATE, ZIP CODE	DIAMA TANDEDA		
OFFICEHOLDER		7.1.14 ZII 00DZ	Clerk, County Court, Nueces County, Texas		
MAILING ADDRESS	6502 Ponil Creek Dr. Corpus Chris	ti TY 78/1/	Date Hand-derivered or Postmarked		
Change of address	osser sim sissik bi. Salpus siink	ou, 170 10 11 14			
			Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed		
PHONE	(361) 779-9392		Date Processed		
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Imaged		
TREASURER	Elaine	1941	Sate maged		
NAME	* * * * * * * * * * * * * * * * * * * *				
		SUFFIX			
	Carter				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,	CITY; STATE	ZIP CODE		
TREASURER			ZIFCODE		
ADDRESS (residence or business)	3229 Kennsington Ct. Corpus Chr	isti,TX 78414			
(1001301100 01 20311000)					
	,				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(361 ) 770 0302				
PHONE	779-9392				
	8				
O DEDORT TYPE					
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment		
			(dficeholderonly)		
	July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)		
		limit			
10 PERIOD	Month Day Year	Month Day	Year		
COVERED	09 / 26 / 2014 THROUGH				
	00 / 20 / 2011	10 / 25	<sup>7</sup> 20 14		
11 ELECTION	ELECTION DATE ELECTION TYPE  Month Day Year				
	Primary	Runoff	General Special		
_	11 /04 /14				
12 OFFICE	OFFICE HELD (framy)	13 OFFICESOUGHT (if known)			
		County Judge			
8			y		
			7)		
		1			

GO TO PAGE 2

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2

14 С/ОН NAME <b>Ма</b>	ry Helen	Berlanga	5 ACCOUNT # (Fithics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	LECTION OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDAL ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME n/a	
	× GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	-
		COMMITTEE CAMPAIGN TREASURER NAME	The state of the s
additional pages			
¥		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTALI PLEDGE	L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEI	\$ -0-
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$11,213.11
EXPENDITURE TOTALS	3. TOTALF	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI	zed <b>\$ -0-</b>
	4. TOTAL	POLITICAL EXPENDITURES	\$18,554.50
CONTRIBUTION BALANCE	5. TOTAL P OF REP	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$10,750.36
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	s -0-
18 AFFIDAVIT			100
	BELINDA SANEZ  Notary Pu STATE OF T My Comm. Exp.	is true and correct and includes all in me under Title 15. Election Code.	perjury, that the accompanying report information required to be reported by date or Officeholder
AFFIX NOTARY STAM	P / SEAL ABOVE	· ·	date of Onicerolder
Swarp to and subscribed before the bury Helen Berlanda			
0.250 mm24	of Oct	, 20 14 , to certify which, witness my	, this the
(Delal)	Shows	Delivor S Gonzales	Notaci
Signature of officer admi	nistering oath	Printed name of officer administering oath	Title of officer administering onth

Printed name of officer administering oath

Title of officer admir istering oath

#### SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME		PARTIES AND THE PARTIES AND TH	3 ACCOUNT # (E	thics Commission Filers)
Mary Helen	Berlanga			
4 Date	5 Full name of contributor ☐ cut-of-state PAC (ID#_	)	7 Amount of	8 In-kind contribution
09/26/2014	Carlos Marin		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		1000	
	295 Calle Jacaranda			
	Brownsville, TX 78520			
0 District				of Texas, complete Schedule T)
9 Principal occul	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state FAC (ID#:_		Amount of	In-kind contribution
09/21/2014	ACTBLUE TEXAS		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		96.05	
	PO Box 441146			
	Somerville, MA 02144			
Principal occur	pation / Job title (See Instructions)			f Texas, complete Schedule T)
Timelpar occup	sation 7 son title (See instructions)	Employer (See I	nstructions)	
Date	Full name of contributor aut-of-state PAC (IC#_	)	Amount of	In-kind contribution
09/18/2014	CWA - Cope PCC		contribution (\$)	description (if applicable)
e.	Contributor address; City; State; Zip Code 501 3rd Street, NW Washington, DC 20001		1000	
			(if travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		The second secon
Date	Full name of contributor out-of-state PAC(ID#:	)	Amount of	In-kind contribution
10/06/2014	Elaine Carter		contribution (\$)	description (if applicable)
	Contributor address; City: State; Zip Code		100	
	3229 Kennsington Ct		1	
	Corpus Christi, TX 78414			
Principal occur	pation / Job title (See Instructions)	51		f Texas, complete Schedule T)
		Employer (See I	nstructions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
09/29/2014	Pedro S. Diaz  Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	201 Oak Forest Dr.		1	
	Buda, TX 78610		-	
Principal occur	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
		, , , , , , , , , , , , , , , , , , , ,		

#### SCHEDULE A

			MANAGEMENT CONTRACTOR OF THE STATE OF THE ST	
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
<sup>2</sup> FILER NAME Mary Heler	· · · · · · · · · · · · · · · · · · ·		3 ACCOUNT # (E	ithics Commission Filers)
4 Date 10/02/2014	5 Full name of contributor ☐ out-of-state PAC(ID#_ Terry Shamsie 6 Contributor address; City; State; Zip Code 4002 Castle Valley Dr Corpus Christi, TX 78410	)	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		or roxes, complete concedie 1)
Date 10/06/2014	Full name of contributor Out-of-state PAC (ID#_ Robert Vela MD Contributor address; City; State; Zip Code 5201 Greenbriar Corpus Christi, TX 78418		Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date 10/07/2014	Full name of contributor  out-of-state PAC(IC#_ Rene Haas Contributor address; City; State; Zip Code PO Drawer 1500 Corpus Christi, TX 78403		Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or rexas, complete octientile ()
Date 10/09/2014	Full name of contributor  out-of-state PAC(ID#_ Octavio B Garcia Contributor address; City; State; Zip Code 4021 Kingston Dr. Corpus Chrisit, TX		Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or reads, complete scriedule 17
Date 10/13/2014	Full name of contributor out-of-state FAC(ID# Jacqueline A. Chapa Contributor address; City; State; Zip Code 7741Outbeau Dr Corpus Christi, TX 78414		Amount of contribution (\$) 600	In-kind contribution description (if applicable)  of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or revas, complete schedule 1)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Mary Heler	n Berlanga			
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of	8 In-kind contribution
10/15/2014	Betty Jean Longoria		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		100	
	4205 Aaron Cove			
	Corpus Christi, TX 78413			Į.
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Data			<b>T</b>	
Date 10/26/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/2014	William D. Bonilla, Sr		100	
	Contributor address; City; State; Zip Code			
	5102 Wooldridge Corpus Christi, TX 78413			
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (IE#	)	Amount of	In-kind contribution
10/05/2014	Benjamin Bonilla, Jr		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		200	
	1525 Ocean Drive, Apt. D			
	Corpus Christi, TX 78404		116 1	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#:	)	Amount of	In-kind contribution
10/24/2014	Edward Ortiz		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		200	
	4621 Janssen Dr.	_	I	
	Corpus Christi, TX 78411		/If trough outside a	fT
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Data	E.H			
Date 10/22/2014	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/22/2014	Richard Alegria, Jr  Contributor address; City: State: Zip Code		50	entity document properties of the second of
	Contributor address; City; State; Zip Code 2533 Windrose Dr.		,	
	Corpus Christi, TX 78414		į.	
Dringing!			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
			The second secon	

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A:
2 FILER NAME Mary Heler			3 ACCOUNT # (E	ithics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#		7 Amount of	8 In-kind contribution
10/22/2014	Richard Alegria 6 Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	2533 Windrose Dr. Corpus Christi, TX 78414			
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date	Eull come of a white and Town and Town			The state of the s
10/24/2014	Full name of contributor out-of-state PAC (D#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 500 N. Water St. Ste. 1010 Corpus Christi, TX 78401		2000	
Principal sees	policy / Joh Mil- (2)			f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor	)	Amount of	In-kind contribution
10/19/2014	David Berlanga Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	3213 La Rochelle Way Corpus Christi, TX 78414			-1::IIb' .
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	E.W.			
10/12/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10,12,2014	Contributor address; City; State; Zip Code	*********	50	
	10326 Prescott San Antonio, TX 78245			
Principal occup	pation / Job title (See Instructions)	Employer (See I		fTexas, complete Schedule T)
Date 10/17/2014	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 300 S. 8th St.		1000	
.0	McAllen, TX 78501		i	
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
WATER STREET				

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this			
		form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Mary Helen	Berlanga			
	5 Full name of contributor Gout-of-state PAC(D#)  Leslie D. Cassidy III 6 Contributor address; City; State; Zip Code  PO Box 941  Corpus Christi, TX 78403		7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See I		r rexes, complete defiedure 1)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)  f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See I		Tropics, complete outleague ()
	Full name of contributor ut-of-state PAC(IC#_  Scott Mandel Contributor address; City; State; Zip Code  5502 Burnham Dr.  Corpus Christi, TX 78413		Amount of contribution (\$)	in-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor uut-of-state PAC(ID#:	,	Amount of	In-kind contribution
	Light House Graphics  Contributor address; City; State; Zip Code  5722 Escondido St.  Corpus Christi, TX 78417		27.06	description (if applicable)  Vire stakes for signs
Principal occupa	ation / Job title (See Instructions)	Employer (See I		r rexas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)

P.O. Box 12070

PLEDGED CONTR	IBUTIONS			SCHEDULE B
The Instruction Guide e	xplains how to complete th	is form.	1 Total pages Scho	edule B:
<sup>2</sup> FILER NAME Mary Helen Berlanga			3 ACCOUNT # (E	hics Commission Filers)
4 TOTAL OF UNITEMIZE	ED PLEDGES: ⇒	t t t	다 다	\$
5 Date 6 Full name of plea	dgor	)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address	; City; State; Zip Cod	e		
				of Texas, complete Schedule T)
10 Principal occupation / Job title (See	Instructions)	11 Employer (See In	rstructions)	
Date Full name of pled	Igor out-of-state PAC (ID#	)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address	; City; State; Zip Cod			
		V.	(if travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See	Instructions)	Employer (See II	nstructions)	
Date Full name of pled	igor uut-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address	; City; State; Zip Cod	е		
				of Texas, complete Schedule T)
Principal occupation / Job title (See	Instructions)	Employer (See li	nstructions)	р
Date Full name of pled	igor out-of-state PAC (ID#:		Amount of pledge (\$)	ln-kind description (if applicable)
Pledgor address	; City; State; Zip Cod			
		**	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See	Instructions)	Employer (See I		r roxas, complete contradic 17
Date Full name of plea	lgor □ out-of-state PAC(ID#:		Amount of pledge (\$)	ln-kind description (if applicable)
Pledgor address	; City; State; Zip Cod	e .		
		-	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See	Instructions)	Employer (See I		
	ACH ADDITIONAL COPIES -state PAC, please see insi			requirements.

LOANS		SCHEDULE E
The Instruction Guide explains how to con	nplete this form.	1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
Mary Helen Berlanga		
TOTAL OF UNITEMIZED LOANS:	ch         ch<	⇒ \$
5 Date of loan 7 Name of lender	oul-of-state PAC (ID#:	) 9 Loan Amount (\$)
6 Islender 8 Lenderaddress; City; State; a financial Institution?	Zip Code	10 Interest rate
Y N		11 Maturity date
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)	1
14 Description of Collateral	15 Check if personal funds wer	e deposited into political account
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)
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 Lender address; City; State; a financial Institution?	Zip Code	Interestrate
YN		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 Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

#### POLITICAL EXPENDITURES

#### SCHEDULE F

	EXPENDITURE CAT	TEGORIES FOR BOX 8(	a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sala Legal Services Soli Food/Beverage Expense Trav Polling Expense Office Printing Expense Office	aries/Wages/Contract Labor citation/Fundraising Expense rel In District rel Out Of District ce Overhead/Rental Expense lains how to complete this f	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers
<sup>4 Date</sup> 09/30/2014	5 Payee name Corpus Christi Caller Times		
6 Amount (\$) 1660	7 Payee address; City; State; 820 Lower Broadway Corpus Christi, TX 78401	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this Advertising	(b) Description Ad Expension	п (Iftravel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ght Office held
Date 10/03/2014	Payee name KIII TV		
Amount (\$) 6706.50	Payee address; City; State; 5002 SPID Corpus Christi, TX 78411	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Advertising		n (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ght Office held
Date 10/23/2014	Payee name Bad Boy Graphtics	1	
Amount (\$) 300	Payee address; City; State; 4517 Kostoryz Rd. Corpus Christi, TX 78415	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Printing	Schedule) Description Tshirts	n (Iftravel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit CA	Candidate / Officeholder name	Office soug	tht Office held
Date 10/21/2014	Payee name Clear Channel (I Heart Medi	a)	
Amount (\$) 3002	Payee address; City: State; 501 Tupper Ln. Corpus Christi, TX 78417	Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Advertising	schedule) Description Radio	n (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C.	Candidate / Officeholder name	Office soug	ht Office held

### POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of E	Contract Labor fraising Expense t district t/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/21/2014	5 Payeename Cooper Advertising		
6 Amount (\$) 750	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)  Advertising	(b) Description	n (Iftravel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ht Office held
Date 9/24/2014	Payee name Cooper Advertising		
Amount (\$) 750	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)  Advertising	Description Billboard	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough	
Date 10/11/2014	Payee name Democratic Party		
Amount (\$) 1000	Payee address; City; State; Zip Code 823 N. Tancahua Corpus Christi, TX 78401		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Campaign Fund	Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht Office held
Date 10/16/2014	Payee name Entravision	1970 - 19	
Amount (\$) 3060	Payee address; City; State; Zip Code 102 Mesquite Corpus Christi, TX 78401		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	TV Ad	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEAS	NEEDED

### POLITICAL EXPENDITURES

P.O. Box 12070

#### SCHEDULE F

Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C		
Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Disprinting Expense Office Overhead/	raising Expense Tr Co strict Rental Expense Of	an Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee IHER (enter a category not listed above)
T	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 10/24/2014	5 Payee name KORO TV	The second secon	
6 Amount (\$)	7 Payee address; City; State: Zip Code		
1326	102 Mesquite Corpus Christi, TX 78401		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	TV Ad	or or outside of rexass, complete serieure 1)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Amount (#)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
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 tr	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (lifter	avel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By

Fees	Printing Expense Office Overhead/	Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	The Instruction Guide explains how to  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

	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/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/R	ntract Labor Li sing Expense T C	oan Repayment/Reimbursement ransportation Equipment & Relater ontributions/Donations Made By Candidate/Officeholder/Political THER (enter a category not listed	Committee
	The Instruction Guide	explains how to			
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT # (Ethics Comm	nission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; Sta	ate; Zip Code	77.00.55.01	***************************************	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	o of this schedule)	(b) Description (if	travel outside of Texas, complete Schedu	ule T)
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office he	ld
expenditure to benefit C/O	H Mary Helen Berlanga		County Judge	a none	
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, complete Schedu	ile T)
Complete ONLY if direct	Candidate / Officeholder name	***************************************	Office sought	Office he	ld
expenditure to benefit C/O	<sup>H</sup> Mary Helen Berlanga		County Judge	m none	
Date	Business name			BLESS AND	Bada
Amount (\$)	Business address; City; Sta	ate; Zip Code	999	3	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	ofthis schedule)	Description (If	travel outside of Texes, complete Schedu	rie T)
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office he	ld
expenditure to benefit C/O	<sup>H</sup> Mary Helen Berlanga	E	County Judge	a none	
Date	Business name				
Amount (\$)	Business address; City; Sta	ate; Zíp Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, complete Schedu	ule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought	Office he	ld
exhaudith a to bettell C/O	<sup>H</sup> Mary Helen Berlanga	E (	County Judge	窗 none	
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULEASNI	EEDED	

# 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	<b>X</b>
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	Instruction Guide explains how to complete this form.	1 Total pages Schee	dule K:
2 FILER NAME		3 ACCOUNT # (Eth	ics 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		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE

SCHEDIII E T

The Instruction	Guide explains how to complete this form.	1 Total pages Schedule T:	
FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
Name of Contributor / Corpor	oration or Labor Organization / Pledgor / Payee	1	
Contribution / Expenditure re	eported on:		
Schedule /		dule D Schedule F Schedule G	
Dates of travel 7 N	H Schedule N COH-UC COH-	T PAC-C PAC-E	
Dates of traver	ane or person(s) travering		
8 De	eparture city or name of departure location		
. 9 De	estination city or name of destination location		
) Means of transportation	dd Durang of travel Garledia		
) wearts of transportation	11 Purpose of travel (including name of conference	e, seminar, or other eventy	
Name of Contributor / Corpora	ation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure rep	ported on:	)a	
Schedule /	A Schedule B Schedule C Sched	dule D Schedule F Schedule G	
Schedule I	H Schedule N COH-UC COH-	T PAC-C PAC-E	
Dates of travel Nam	ne of person(s) traveling		
Depa	earture city or name of departure location		
Dest	tination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, s	seminar, or other event)	
Name of Contributor / Corpora	ation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure rep	ported on:		
Schedule A	A Schedule B Schedule C Sched	dule D Schedule F Schedule G	
Schedule I			
Dates of travel Nam	ne of person(s) traveling	1	
Depa	arture city or name of departure location		
Sec. 2012 (1974)			
	tination city or name of destination location		
Desti	Purpose of travel (including name of conference, s	seminar, or other event)	
		seminar, or other event)	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction G Complete only if "Re	iuide explains how port Type" on page	to complete this for a 1 is marked "Final	orm. I Report'' ••
C/OH	NAME			2 ACCOUNT # (Ethics Commission File)
SIGN	ATURE	· · · · · · · · · · · · · · · · · · ·		
report a	t expect any further political contributions or p as a final report terminates my campaign treas e any campaign expenditures without a camp	surer appointment. I als	o understand that I may	lidacy. I understand that designating not accept any campaign contributior
74				
			Signature	of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDS			8
	70 F			
A.	CAMPAIGN FUNDS			
Che	ck only one:			
	I do not have unexpended contributions or	unexpended interest or	income earned from pol	itical contributions.
J.	I have unexpended contributions or unexpended convert unexpended political contributions. I also understand that I must file an a contributions or unexpended interest or in report. Further, I understand that I must dearned on political contributions in accordance.	ons or unexpended inte annual report of unexpe acome earned on polition ispose of unexpended	est or income earned or nded contributions and al contributions longer to political contributions ar	n political contributions to personal that I may not retain unexpended than six years after filing this final and unexpended interest or income
В.	ASSETS			
Che	ck only one:			
	I do not retain assets purchased with politi	cal contributions or inte	est or other income from	political contributions.
	I do retain assets purchased with political co I may not convert assets purchased with pol use. I also understand that I must dispose of of Election Code, § 254.204.	litical contributions or int	erest or other income from	n political contributions to personal
			Sig	gnature of Candidate
	CEHOLDER  splete this section <i>only</i> if you are an office	ceholder ••	. 5	
	I am aware that I remain subject to filing requited am also aware that I will be required to fill officeholder, I retain political contributions, in contributions or interest or other income from	irements applicable to ar le reports of unexpende nterest or other income fi	d contributions if, after for one political contributions	iling the last required report as an