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	NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY Date RECORD AT 2:45 PM
	Berlanga		JAN 1 5 2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AEORESS / POBOX APT / SUITE #, CITY, 6502 Ponil Creek Dr. Corpus Chris	state zipcode sti, TX 78414	KARA SANDS CLERK, COUNTY COURT, NUECES COUNTY, TEXAS BY ate Hand Sirvered or Postmarked DEPUTY
change of address			Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 779-9392	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Elaine NICKNAME LAST	MI	Date Imaged
	Carter	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOXPLEASE); APT / SUITE #, 3229 Kennsington Ct. Corpus Chri	city; state;	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 Sth day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 26 / 2014 THROUGH	Month Day 01 / 15	Year 2015
11 ELECTION	ELECTION DATE Day Year Primary 11 04 2014	Runoff	General Special
12 OFFICE	OFFICE HELD (frany)	13 OFFICESOUGHT (If known) County Judge	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 С/ОН НАМЕ Ма	ry Helen	Berlanga	15 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE ∫ OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY B	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE NAME n/a			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$460.00		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	wized \$-0-		
	4. TOTAL	POLITICAL EXPENDITURES	\$4881.97		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$-O-		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ -0-		
18 AFFIDAVIT					
MELISSA S. VILLALON Notary Public STATE OF TEXAS My Comm. Exp.06-21-2016 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under little 15, Election Code. Signature of Candidate or Officeholder					
AFFIX NOTARY STAM	P / SEAL ABOVE				
Sworn to and subs	scribed before	me, by the said Mary Helen Berlanga	, this the		
15th day	of January	4.5	my hand and seal of office.		
Melisses Villator Delas Public Signature of officer administering oath Title of officer administering oath					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Mary Helen	Berlanga		3 ACCOUNT # (E	thics Commission Filers)
4 Date 10/27/2014	5 Full name of contributor out-of-state PAC(ID#_Able Herrero 6 Contributor address; City; State; Zip Code PO Box 2923 Corpus Christi, TX 78403		7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
9 Principal occur	nation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 11/05/2014	Full name of contributor		Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 11/05/2014	Full name of contributor out-of-state PAC (ID#_ Sarita Salvide Contributor address; City; State; Zip Code 634 Hoffman Corpus Christi, TX 78404		Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 11/05/2014	Full name of contributor out-of-state PAC(ID#Pam Bonilla Contributor address; City: State; Zip Code 1525 Ocean Dr. Apt. Corpus Christi, TX 78404		Amount of contribution (\$) 110	In-kind contribution description (if applicable)
Principal occup	oation / Job title (See Instructions)	Employer (See I		- Toxes, serriage Seriodelle 17
Date Principal occur	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code			In-kind contribution description (if applicable) af Texas, complete Schedule T)
i interpar occup	nation / Job title (See Instructions)	Employer (See I	nstructions)	

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

PLEDG	SCHEDULE B			
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule B.
2 FILER NAME Mary Hele	en Berlanga		3 ACCOUNT # (Et	hics Commission Filers)
4 TOT/	AL OF UNITEMIZED PLEDGES: ⇒	□ □ □		\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code	* * *** * * * *** * *		
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	The state of the s	FTexas, complete Schedule T)
10 minospar occa	pation 7 too tide (See instructions)	11 Employer (See II	(Surctions)	
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	in-kind description (if applicable)
	Pledgor address; City; State; Zip Code	50 5 5 N H H H H H H		
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		2	
			(If travel outside c	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See h	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; Clty; State; Zip Code	N S E N N S N N S S	to the second se	
Principal occu	I pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of pledgor)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		a summer includes inc	
Principal oceu	pation / Job title (See instructions)	Employer (See In		of Texas, complete Schedule T)
was a second	(and	employer (see II	roductions)	
tf c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			requirements.

LOANS		7		SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pa	ges Schedule E:
² FILER NAME Mary Helen	Berlanga		3 ACCOU	NT # (Ethics Commission Filers)
4 TOTA	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 Lenderaddress; City; State; 2	Zip Code	C 80 ORO OR VONCONORMAN	10 Interestrate
Y N				11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	i	
14 Description of Coll	ateral	15 Check if personal funds were	deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor	S		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code				
20 Principal Occupati	ion (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; 7	Zip Code		Interest rate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were d	leposited i	into political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	tate; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If lend	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED		uirements.

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense riot ental Expense	Loan Repayment/Reimb Transportation Equipmer Contributions/Donations Candidate/Officehold OTHER (enter a categor	nt & Related Expen: Made By er/Political Commit	ttee
	The Instruction Guide	explains how to	complete this fo	rm.		
1 Total pages Schedule F	Mary Helen Berlanga			3 ACCOUNT # (Et	hics Commission Fi	ilers)
4 Date	5 Paveename		the second second			-
10/27/2014	Lopez Broadcasting					
6 Amount (\$)		te; Zip Code				
500	2209 North Padre Island D Corpus Christi, TX 78404					
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Texas, com	plete Schedule T)	
OF EXPENDITURE	Advertising		Radio/T	V		
9 Complete ONLY if direc			Office sough	it	Office held	
expenditure to benefit (C/OH Mary Helen Berlanga	15	County Judg	e <u>m</u> none		G
Date 10/30/2014	Payee name KIII TV			The state of the s	A CONTRACTOR OF THE PROPERTY O	
Amount (\$)		te; Zip Code	The state of the s			
1020	5002 SPID Corpus Christi					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Advertising	ofthis schedule)	TV Ad	(Iftravel outside of Texas, com	plete Schedule T)	
Complete <u>ONLY</u> if direc expenditure to benefit (t Candidate / Officeholder name C/OH Mary Helen Berlanga	+	Office sough County Judge		Office held	a
Date 11/04/2014	Payee name DM Productions		and the second s			
Amount (\$)	Payee address; City; Stat	e: Zip Code				
1000	2813 Elgin Corpus Christi, TX 78405					
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(Iftravel outside of Texas, com	plete Schedule T)	
OF EXPENDITURE	Marketing		sign des	sign		
Complete ONLY if direct expenditure to benefit Complete.	t Candidate / Officeholder name COOH Mary Helen Berlanga	COUNTY	Office sough		Office held	
		25	County Judge	a none		
11/17/2014	Cooper Advertising					
Amount (\$)	Payee address; City; State	e; Zip Code				
750	PO Box 9431 Corpus Christi, TX 78469					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Advertising	of this schedule)	Description Billboard	(Iftravel outside of Texas, com	plete Schedule T)	
Complete ONLY if direc	ct Candidate / Officeholder name		Office sough		Office held	
expenditure to benefit	^{с/он} Mary Helen Berlanga	0.75	County Judge	none e		E3
	ATTACH ADDITIONAL CO	PIES OF THIS	CHEDULEAS	NEEDED		

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

Advertising Expense Accounting/Banking	EXPENDITUR Gift/Awards/Memorials Expense Legal Services	E CATEGORIES F Salaries/Wages/Cont	raet Labor	Loan Repayment	
Consulting Expense Event Expense Fees	Food/Beverage Expense Polling Expense Printing Expense	Travel In District Travel Out Of Distric	et .	Contributions/Dor Candidate/Off	iceholder/Political Committee
1,603	. T	Office Overhead/Rer de explains how to co			category not listed above)
Total pages Schedule F:	2 FILER NAME Mary Helen Berlanga			3 ACCOUN	T # (Ethics Commission Filers
Date 11/17/2014	5 Payee name DM Productions				
5 Amount (\$) 600	7 Payee address; City; 8 2813 Elgin Corpus Christi, TX 78405	State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the Advertising	top of this schedule)	(b) Description	(Iftravel outside of Te	xas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam	ne	Office sough	t	Office held
Date 12/23/2014	Payee name Cooper Ad			730354	
Amount (\$) 1011.97	Payee address; City; 8 PO Box 9431 Corpus Christi, TX 7846	State; Zip Code	5.000		
PURPOSE OF EXPENDITURE	Category (See categories listed at the Advertising		Description Billboard		xas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam	ie .	Office sough	ť	Office held
Date	Payee name				
Amount (\$)	Payee address; City; 8	State; Zip Code	and a state of the		
PURPOSE OF EXPENDITURE	Category (See categories listed at the l	top of this schedule)	Description	(Iftravel outside of Te	xas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nam H	96	Office sough	t	Office held
Date	Рауее пате				
Amount (\$)	Payee address; City; §	State: Zip Code			
PURPOSE OF EXPENDITURE bo	Category (See categories listed at the t	top of this schedule)	Description	(If travel outside of Te:	xas, complete Schedule T)
Complete ONLY if thect	Candidate / Officeholder nam	е	Office sough	t	Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor

Accounting/Banking Consulting Expense

Advertising Expense

Legal Services Food/Beverage Expense

Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Fees	Printing Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from political contributions intended	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 Schedula T)
Date	Payee name	c c
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 CATEGO	RIES FOR BOX 8(a)			
Cift/Augorda/Managaille				
Legal Services Solicitation/Fundraising Expense				
Food/Beverage Expense Travel In Di	Surprise Co.	ansportation Equipment & Related Expense ntributions/Donations Made By		
Polling Expense Travel Out (Of District	Candidate/Officeholder/Political Committee		
		HER (enter a category not listed above)		
The Instruction Guide explains ho				
CONTRACTOR		3 ACCOUNT # (Ethics Commission Filers)		
5 Business name				
7 Business address; City; State; Zip Coo	de	No. 10 10 10 10 10 10 10 10 10 10 10 10 10		
W # *				
	35			
(a) Category (See categories listed at the top of this schedule	(b) Description (If tra	avel outside of Texas, complete Schedule T)		
	(a) Description (in the	outside of rexas, complete Schedule 1)		
Candidate / Officeholder name	Office sought	Office hold		
DH	Office Sough	Office held		
-				
Business name				
Business address: City: State: Zin Cov	J_			
Datamost dudress, Oity, State, Zip Cou	ie			
2-1				
Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)		
ĺ		AT 55 to any consequent of the constitution of the		
Candidate / Officeholder name	Office sought	Office held		
Н				
Dunings war				
Business name				
Business address; City; State; Zip Cod-	ie			
1				
(
Category (See categories listed at the top of this schedule)	Description (Iftrav	at a said a set a said a s		
	Description (il day	vel outside of Texas, complete Schedule T)		
/				
Candidate / Officeholder name	Office several			
H	Office sought	Office held		
Business name				
		410.2 ·		
Business address; City; State; Zip Code	a			
g.				
Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)		
See and the second seco	The state of the s	or outside of rexas, complete schedule ()		
Candidate / Officeholder name	Office squaht			
H	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEED	DED		
	Legal Services Legal Services Legal Services Solicitation/ Food/Beverage Expense Probling Expense Printing Expense Travel In Direct Over The Instruction Guide explains he 2 FILER NAME Mary Helen Berlanga 5 Business name 7 Business address: City: State: Zip Cod (a) Category (See categories listed at the top of this schedule) Candidate / Officeholder name Business address: City: State: Zip Cod Category (See categories listed at the top of this schedule) Candidate / Officeholder name Business name Business name Business address: City: State: Zip Cod Category (See categories listed at the top of this schedule) Candidate / Officeholder name Business name Business address: City: State: Zip Cod Category (See categories listed at the top of this schedule) Candidate / Officeholder name Business name Business name Business name Candidate / Officeholder name	Legal Services Food/Beverage Expense Travel In District Office Overhead/Rental Expense OT Travel Out of District Office Sought Description (if travel out of District Office Sought Office Sought Description (if travel out of District Office Sought Description (if travel out of District Office Sought Candidate / Officeholder name Office Sought Description (if travel out of District Office Sought Candidate / Officeholder name Office Sought Description (if travel out of District Office Sought Description (if travel out of District Office Sought Description (if travel out of District Office Sought Office Sought Candidate / Officeholder name Office Sought Office Sought Office Sought Office Sought Office Sought		

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.)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Ins	struction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 ACCOUNT # (Et	hics Commission Filers)
4 Date 5	Name of person from whom amount is received	f. 22	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	ACCESS OF THE PROPERTY OF THE	Amount (\$)
8	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		1
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	* 600 9 * 800 F *	
	Purpose for which amount is received		1
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		
er til gettig er vert til kitte skilde kommende	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE T

FOR TRAVEL OUTSIDE OF TEXAS	
The instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E
6 Dates of travel 7 Name of person(s) traveling	
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	The second secon
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	inar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:	
Schedule A Schedule B Schedule C Schedule	
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, sem	inar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	Hend States No.	JOHATION OF THAL REPORT	
	The Instruction Guide explains how to complete this form Complete only if "Report Type" on page 1 is marked "Final Report"		
7	C/OHN	Mary Helen Berlanga 2 ACCOUNT # (Ethics Commission Filers)	
3	SIGN	ATURE	
	report a	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a sa final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file. I also understand that I may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file. I also understand that I may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file. I also understand that I may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file. I also understand that I may not accept any campaign contributions are accept any campaign contributions. I also understand that I may not accept any campaign contributions are accept any campaign contributions.	
4	FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••		
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
	X	I do not have unexpended contributions or unexpended interest or income earned from political contributions.	
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.	
	B.	ASSETS	
	Chec	k only one:	
	X	I do not retain assets purchased with political contributions or interest or other income from political contributions.	
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accompance with the requirements of Election Code, § 254.204. Signature of Candidate	
5	• Complete this section only if you are an officeholder ••		
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.	
		Signature of Officeholder	