CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				The state of the s
The C/OH Instruction G	iuide explains how to complete this form.	r ID (Ethics Commission Filers)	2 Total pages file	d:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE I	JSE ONLY
NAME	MR Kobert NICKNAME LAST	SUFFIX	Date Received	
	Hernandez		FILED FOR	RECORD P M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; HILY Rehfeld Roc Corpus Christi,		OCT S	2 2016
Change of Address	7841	0	CLERK, CONTY TOUS	DEPUTY
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 726 - 8612	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	МІ	Receipt #	Amount \$
NAME	NICKNAME LAST		Date Processed	
	Bhikha		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 5224 I Hwy 37	CITY; STATE;	ZIP CODE	
(Residence or Business)	Corpus Christi	1x 7840	7	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 563 - 3118	EXTENSION	Abitholica	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after treasurer appropriate (Officeholder	pointment
	July 15 Sth day before election	Exceeded \$500 limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year	
GOVERED	07/16/2016 THR	ough 10/	10/20	16
11 ELECTION	ELECTION DATE	ELECTION TYPE		
		Runoff Other Description		
12 OFFICE		3 OFFICE SOUGHT (if known		, ,
		Nueces C	ounty Co	mmissioner
2)		Nueces C	cint I	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

V						
14 C/OH NAME		15	Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE ADDRESS	8.			
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		SSMMITTEE SAMITAGE THE RESIDENT ABBILLEGE				
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
	2. TOTAL	POLITICAL CONTRIBUTIONS	2			
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$				
	4. TOTAL POLITICAL EXPENDITURES \$ # 39.					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT			•			
		l swear, or affirm, under penalty of perju true and correct and includes all informa				
SCHWI PRO	YVETTE MEND					
	Notary Public State o My Commission# 130					
The state of the s	My Comm. Exp. Sep. 0		1000			
And construction of the second second second second		Signature of Candida	ate or Officeholder			
		Signature of Candida	ate of Officentialer			
AFFIX NOTARY STAMP / SEALABOVE						
Sworn to and subscribed before me, by the said Robert Hernandez, this the 12th						
day o ben, 20 / e, to certify which, witness my hand and seal of office.						
Unitte Mender Viette Mendez Notary Public						
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics C	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ +13/8.26
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 439.26
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 6
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
					27
4	Date	5 Full name of contributor	out-of-state PAC) (ID#:)	7 Amount of contribution (\$)
			TX	X **-	at some
		6 Contributor address;	City; State	; Zip Code	
		o community address.	Oily, State	, Zip Gode	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	
	Dato	_		<u> </u>	Amount of contribution (\$)
			\		
		Contributor address;	City; State	; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;	City; State	; Zip Code	
		"			
	Principal occur	l pation / Job title (See Instructions)		Employer (See Instruc	tions)
		(0.00		Zimpioyor (God monac	in the first
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City; State	; Zip Code	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	etions)
					<u> </u>
					\
		ATTACH ADDITION	AL COPIES O	F THIS SCHEDULE AS N	EEDED
		If contributor is out-of-state PAC in			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor	Amount of . In-kind contribution Contribution \$. description
Contributor address; City; State; Zip Co	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS SCHEDULE B Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ut-of-state PAC (ID#:_ Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount Full name of pledgor In-kind contribution ut-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID#:_ In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date Full name of pledgor out-of-state PAC (ID#:_ description Pledge \$ Pledgor address; City; State; Zip Code _ Check 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 comp	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF U		\$			
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	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 occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Co	llateral	15 Check if personal funds were account (See Instructions)	deposited into political		
none			T		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
not applicable					
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interestrate		
Y N	8		Maturity date		
Principal occupat	ion / Job title (See Instructions)	Employer (See Instluctions)			
Description of Co	lateral	Check if personal funds were	deposited into political		
none		account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		State; Zip Code			
not applicable					
Principal Occupa	ion (See Instructions)	Employer (See Instructions)			
If	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir y Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor r to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Coo	de				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outsi	de of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Coo	de				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outsi	de of Texas Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

UNPAID INCURRED OBLIGATIONS

		EXPENDITURE CATE	GORIES FOR I	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fe Fo y Gi d Committee Le	od/Beverage Expense it/Awards/Memorials Expense gal Services	Loan Repayment Office Overhead/ Polling Expense Printing Expense Salaries/Wages/	/Rental Expense 9 Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide expla	ins how to compl	ete this form.	
1 Total pages Schedule F2:	2 FILER NAI	ЛЕ ·			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IIZED UNPA	ID INCURRED OBL	IGATIONS		\$
5 Date	6 Payee nan	ne			
7 Amount (\$)	8 Payee add	lress; City; State;	Zip Code		
9 TYPE OF EXPENDITURE	Poli	iidal	Non-Political		
10	(a) Category	(See Categories listed at the top of t	his schedule)	(b) Descriptio	n
PURPOSE			**	Check if	travel outside of Texas. Complete Schedule T.
O F Expenditure					if Austin, TX, officeholder living expense
EXTENDITURE					Traduit, 17, Unicorolade living expense
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date	Payee nar	ne			
Amount (\$)	Payee add	dress; City; State;	Zip Code		÷
TYPE OF EXPENDITURE	Poli	tical	Non-Political		
	Category	(See Categories listed at the top of t	his schedule)	Description	on
PURPOSE				Check if	travel outside of Texas. Complete Schedule T.
O F Expenditure				Check	Austin, TX, officeholder living expense
EXILIBITORE					
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:				
2 FILER N	AME	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom investment is purchased 6 Address of person from whom investment is purchased; Cit	y; State; Zip Code				
	7 Description of investment					
	8 Amount of investment (\$)					
Date	Name of person from whom investment is purchased	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City; State; Zip Code					
	Description of investment					
	Amount of investment (\$)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURES MADE BY CREDIT CARD

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	I .	ns how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 TOTALOFUNITEM	XED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
5 Date	6 Rayee name	N N N N N N N N N N N N N N N N N N N			
7 Amount (\$)	8 Payee address; City; State;	Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	on		
PURPOSE		Checki	f travel outside of Texas. Complete Schedule T.		
O F EXPENDITURE			if Austin, TX, officeholder living expense		
		Accessed Selectivities—code (Mallo)			
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the top of th				
PURPOSE OF			f travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check	if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	1				
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office - Food/Beverage Expense Polling By Gitt/Awards/Memorials Expense Printin	lepayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
3	orean outer aymon	The Instruction Guide explains how t	to complete this form.		
1	Total pages Schedule G:	Robert G. Herna		3 Filer ID (Ethics Commission Filers)	
	Date 7/16/16	Office Depot			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	51.96	1737 S. Staples			
	Reimbursement from political contributions intended	CC, Tx 78404			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE	print		of Texas. Complete Schedule T.	
		Landard San Control of	Check if Austin, TX,	officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held	
	Date ,	Payee name			
	8/8/16	Stripes #216	0		
	Amount (\$)	Payee address; City; State; Zip Code			
	30.00	2002 Morgan			
	Reimbursement from		_		
	political contributions intended	CC Tx 78405			
	DUBBOSE	Category (See Categories listed at the top of this schedule)	(b) Description		
	PURPOSE OF	Gas	I [of Texas. Complete Schedule T.	
	EXPENDITURE		Check if Austin, TX,	officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	Office held	
	Date /	Payee name			
	8/10/16	нев			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$ 20.00	11100 hespard			
	Reimbursement from political contributions intended	CC, Tx 78410			
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE	Cras		of Texas. Complete Schedule T.	
		0 0 0	L Check if Austin, TX,	officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Oredit Gard Tayment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME Robert G. H	ernandez	3 Filer ID (Ethics Commission Filers)			
4 Date 8/24/16	5 Payee name Nucces County 7 Payee address; City; State; Zip	Clerk				
6 Amount (\$)	7 Payee address; City; State; Zip	Code				
\$ 57.00	901 hopard					
Reimbursement from political contributions intended	CC Tx 7840	1				
8 PURPOSE	(a) Category (See Categories listed at the top of this sche	Total Control Control	Supplied Sealer Regional Sealers (15 10% parties			
O F EXPENDITURE	printed copie	Check if travel outsid	e of Texas. Complete Schedule T. X, officeholder living expense			
	Candidate / Officeholder name					
9 Complete ONLY if direct expenditure to benefit C/C		Office sought	Office held			
Date	Payee name					
9/18/16	HEB					
Amount (\$)	Payee address; City; State; Zip	Code				
\$ 20.00	4444 Koston	r42				
Reimbursement from political contributions intended	CC, Tx 784					
PURPOSE	Category (See Categories listed at the top of this sche					
O F EXPENDITURE	Gas		e of Texas. Complete Schedule T.			
			X, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
Date , ,	Payee name					
10/8/16	HEB					
Amount (\$)	Payee address; City; State; Zip					
\$ 25.00	4444 Kosoo	ryz				
Reimbursement from political contributions intended	4444 Kosdo CC Tx 78	T.V.				
PURPOSE	Category (See Categories listed at the top of this sche		e of Texas. Complete Schedule T.			
O F Expenditure	Gas		X, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees	an Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	Jedit Carot aymon	The Instruction Guide explains ho	ow to complete this form.			
1	3 of Ce	2 FILER NAME Robert G. He	ernandez	3 Filer ID (Ethics Commission Filers)		
4	Date 10 / , / 1 C	5 Payee name HEB				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$ 20.00	4444 Kosto	V42			
	Reimbursement from political contributions intended		NH 15			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule				
	O F EXPENDITURE	Gas		of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
	Date /	Payee name				
	9/22/16	HEB				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$ 20.00	4444 Kosbor	42	15		
Reimbursement from political contributions intended CC TX 78 H 15						
	PURPOSE	Category (See Categories listed at the top of this schedule				
OF EXPENDITURE Check if Louiside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				W COSE PART OF		
Complete ONLY if direct						
		T				
	Pate / 16	Payee name H & B				
	Amount (\$)	Payee address; City; State; Zip Co.				
	\$ 20.00	4444 Kostor	42			
	Reimbursement from political contributions intended	CC TY 7	8415			
	PURPOSE	Category (See Categories listed at the top of this schedule		200 Se S S S S S S S		
	O F EXPENDITURE	Cas Cand		of Texas. Complete Schedule T. , officeholder living expense		
		Candidate / Officeholder name		5 %		
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held		
		ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDE	∄D		

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
0	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees	n Repayment/Reimbursement te Overhead/Rental Expense ing Expense ting Expense uries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1	Total pages Schedule G:	2 FILER NAME Robert G. He	rnandez	3 Filer ID (Ethics Commission Filers)			
4	Pate 9/20/16	5 Payee name HEB	5 Payee name				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е				
	Reimbursement from political contributions intended	4444 Kosforyz					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)					
3	O F EXPENDITURE	Gas	1 🖂	e of Texas. Complete Schedule T. K, officeholder living expense			
_		0 0		and the second of the second o			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held			
	8 30 / 16	Payee name HEB					
Amount (\$) Payee address; City; State; Zip Code \$ 20.00 4444 Kos Jory 2							
Reimbursement from political contributions intended CC Tx 78415							
Category (See Categories listed at the top of this schedule) PURPOSE (b) Description							
OF EXPENDITURE Gas Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
	9/1/14	Payee name Stripes	×				
	Amount (\$)	Payee address; City; State; Zip Cod	,				
	4 20.	4747 s. ala	imeda				
Reimbursement from political contributions intended CC Tx 78 405							
	PURPOSE	Category (See Categories listed at the top of this schedule)					
	O F EXPENDITURE	Gas		e of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
oresit cara raymon	The Instruction Guide expla	ins how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME Robert G.	Hernandez	3 Filer ID (Ethics Commission Filers)		
4 Date 9/1/16	5 Payee name Home Depo	ot	4		
6 Amount (\$)	7 Payee address; City; State; Z	Lip Code			
F 32.44	13202 heaps	ard			
political contributions intended	CC TX 784	Tarana and the same and the sam			
8 PURPOSE	(a) Category (See Categories listed at the top of this s	2 I - 2	ATTOWN CONTRACTOR OF A L. T.		
O F Expenditure	purchase dies	A CONTRACT C	e of Texas. Complete Schedule T.		
	waits				
9 Complete ONLY if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
9/4/16	HEB				
Amount (\$)	Payee address; City; State; Z	1			
Reimbursement from political contributions intended	CC Tx	78415			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel outside	e of Texas. Complete Schedule T. K, officeholder living expense		
Complete ONLY if direct					
9/1/16	Payee name 12 udy's BBC	2			
Amount (\$)	Payee address; City; State; Z	ip Code			
#7.86	4101 S. PI	D			
Reimbursement from political contributions intended	CC TY	78412			
PURPOSE	Category (See Categories listed at the top of this s				
OF EXPENDITURE	food for wor	2 (01	of Texas. Complete Schedule T. K, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Office Overhe Polling Exper Printing Expe		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Sissil Said aymork	The Instruction Guide expla	ins how to con	plete this form.		
1 Total pages Schedule G:	2 FILER NAME Robert G.	Heri	nandez	3 Filer ID (Ethics Commission Filers)	
9/3/16	5 Payee name Stripes				
6 Amount (\$)	7 Payee address; City; State; Z	ip Code			
\$ 10.00	9340 heopa	ird			
Reimbursement from political contributions intended	CC Tx	7840			
8 PURPOSE	(a) Category (See Categories listed at the top of this s	schedule) (b)	Description		
OF Expenditure	Gas			de of Texas. Complete Schedule T.	
				X, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH		fice sought	Office held	
Date 8/27/16	Payee name HEB				
Amount (\$)	Payee address; City; State; Z	ip Code			
\$ 20.00	4444 Kosdor	42			
Reimbursement from political contributions intended	CC TY 7	0			
PURPOSE	Category (See Categories listed at the top of this s	chedule) (b)	Description		
OF EXPENDITURE Check if Austin, TX, officeholder living expense				2 (CC) = 10 (E − 40 × CD) (CD) (CD) (CD) (E + CD) (CD) (CD) (CD) (CD) (CD) (CD) (CD)	
Complete ONLY if direct					
9/10/14	Payee name HCB				
Amount (\$)	Payee address; City; State; Z	Marie (1) Billion Control (1) Control			
\$ 20.00	4444 Kosdo	1 ry 2			
Reimbursement from political contributions intended	CC Tx.	7841			
PURPOSE	Category (See Categories listed at the top of this s	chedule) (b)	Description		
OF EXPENDITURE	Gas			Je of Texas. Complete Schedule T. X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Of	fice sought	Office held	
	ATTACH ADDITIONAL COPIES (OF THIS SCH	EDULE AS NEED	DED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment						
1 Total pages Schedule H:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
4 Date	5 Business name					
6 Amount (\$)	7 Business address; City; State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held					
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held					
Date	Business name					
Amount (\$)	Business address; City; State; Zip Code					
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held					
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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 Filer ID (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	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)			

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:		
2	FILER NAME		3 Filer ID (Ethics	s 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			
	1	7 Purpose for which amount is received Check if	political contribution	returned to filer		
	Date	Name of person from whom amount is received		Amount (\$)		
		Address of person from whom amount is received; City; State				
	=	Purpose for which amount is received Check if	political contribution	returned to filer		
	Date	Name of person from whom amount is received	0	Amount (\$)		
		Address of person from whom amount is received; City; State;	Zip Code			
	x	Purpose for which amount is received Check if	political contribution	returned to filer		
	Date	Name of person from whom amount is received		Amount (\$)		
		Address of person from whom amount is received; City; State	; Zip Code			
	16	Purpose for which amount is received Check if	political contribution	returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

			Here and the second					
	The Instru	ction Guide	explains	how to complete th	is form.	1 Total pages Schedule T:		
2	FILER NAME					3 Filer ID (Ethics Commission Filers)		
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
5	Contribution / Expendi	iture reported	d on:					
	Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
İ	Schedule F2	0 - 0	edule F4	Schedule G	Schedule H			
			edule V-4	Schedule G		Schedule COH-UC Schedule B-SS		
6	Dates of travel	7 Name o	f person(s) traveling				
		8 Departu	re city or n	ame of departure local	lion			
		NAME OF THE PARTY	MANAGE CONTROL -					
		9 Destinat	ion city or	name of destination lo	cation			
10	Means of transportation	on	11 Purpo	ose of travel (including	name of conference, s	seminar, or other event)		
	**************************************				7.1	, , , , , , , , , , , , , , , , , , , ,		
				Organization / Pledgor /	Payee			
	Contribution / Expend	iture reported	d on:					
	Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-							
	Dates of travel Name of person(s) traveling							
	Departure city or name of departure location							
		Destina	tion city or	name of destination lo	cation			
	Means of transportati	on	Purpo	ose of travel (including	name of conference,	seminar, or other event)		
	Name of Contributor /	Corporation	or Labor C	Organization / Pledgor /	Payee			
	Contribution / Expend	iture reported	d on:					
	Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
	Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling								
Departure city or name of departure location Destination city or name of destination location								
	Means of transportati	on	Purpo	ose of travel (including	name of conference,	seminar, or other event)		
	11							
			120,000,000,000	The state of the s				
)+	A.	TTACH A	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURE	· · · · · · · · · · · · · · · · · · ·			
	ing a re		ures in connection with my candidacy. I understand that designat- cointment. I also understand that I may not accept any campaign ign treasurer appointment on file.			
			Signature of Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder.	5.0			
	A. Check	CAMPAIGN FUNDS only one: I do not have unexpended contributions or unexpended in	terest or income earned from political contributions.			
		may not convert unexpended political contributions or unpersonal use. I also understand that I must file an annunexpended contributions or unexpended interest or incompanies.	or income earned from political contributions. I understand that I expended interest or income earned on political contributions to use report of unexpended contributions and that I may not retain the earned on political contributions longer than six years after filing of unexpended political contributions and unexpended interest or the the requirements of Election Code, § 254.204.			
	В.	ASSETS				
	Checl	conlyone: I do not retain assets purchased with political contribution	s or interest or other income from political contributions			
		I do retain assets purchased with political contributions or that I may not convert assets purchased with political con	interest or other income from political contributions. I understand tributions or interest or other income from political contributions to esets purchased with political contributions in accordance with the			
			Signature of Candidate			
5		EHOLDER plete this section <i>only</i> if you are an officeholder				
		file. I am also aware that I will be required to file reports of un	able to an officeholder who does not have a campaign treasurer on nexpended contributions if, after filing the last required report as an anotome from political contributions, or assets purchased with political contributions.			
			Signature of Officeholder			