CANDIDA' CAMPAIG	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	TRAVIS	MI J-P	OFFICE USE ONLY
	NICKNAME	ERNST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX	; APT / SUITE #;	CITY; STATE; ZIP CODE	M & C IS I V 2 AUG 1 1 2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (36/)	676 4090	EXTENSION	Date Hand-delivered or Date Pestmarked
6 CAMPAIGN TREASURER	MS MRS MR	FIRST	MI	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		ERNST		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE); APT / S	uite #; city; Victorie Tx	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(36/)	PHONE NUMBER	3/4/	
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	/15/24	THROUGH Month	15 / 24
11 ELECTION	ELECTION DA	Primary	ELECTION TYPE  Runoff Other	
	Month Day	Year General	Description  Special	
12 OFFICE	OFFICE HELD (if any)	CL1	13 OFFICE SOUGHT (if known	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		ITICAL CONTRIBUTIONS (OTHER THA UARANTEES OF LOANS, OR ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	TRIBUTIONS LOANS, OR GUARANTEES OF LOANS	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPE	ENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	IBUTIONS MAINTAINED AS OF THE LA	AST DAY \$ 367 87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	NT OF ALL OUTSTANDING LOANS AS ORTING PERIOD	of the \$ 3000 =
18 SIGNATURE I s	wear, or affirm, under penalty of perju	ry, that the accompanying report is tr	ue and correct and includes all information
rec	uired to be reported by me under Title 1	15, Election Code.	
		Signature of C	Candidate or Officeholder
		_	
	Please coi	mplete either option belo	w:
(1) Affidavit	JARED LUC NOTARY PUI STATE OF TE MY COMM. EXP. NOTARY ID 1316	BLIC EXAS 07/05/26	
NOTARY STAMP/SEAL	CONTRACTOR OF THE PROPERTY OF		
Sworn to and subscribed	before me by Travis H.	Exast this the	a 11 day of August
20 AS , to certify	which, witness my hand and seal of offic	æ.	
4	Soveel 1	lucas	
Signature of officer administer	ring oath Printed name of	of officer administering oath	Title of officer administering oath
ELECTION OF THE PERSON OF THE		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth	is
My address is			
	(street)	(city)	(state) (zip code) (country)
Executed in _	County, State of	, on the day of	. , , . , . , . , . , . , . , . , .
		(mon	th) , 20
		Signature of Cand	lidate/Officeholder (Declarant)

# LOANS (JUDICIAL)

### SCHEDULE E(J)

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule E(J):
2 FILER NAME	RAUS H. EMNST		3 Filer ID (Ethics Commission Filers
4 TOTAL OF UN	IITEMIZED LOANS		\$ 15 70 00
Date of loan	7 Name of lender out-of-state PA		9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	15 00 10 Interest rate
Y (D)	Po Box 2511 Victor	rid Tx 7790Z	11 Maturity date
2 Lender's Principal  4 Lender's Employer		13 Lender's Job Title	CLI Victoria
Lender's Employer	a County	15 Law Firm of lender's spor	12
If lender is a child,	law firm of parent(s) (if any)		
Description of Colle	ateral	Check if person account (See I	nal funds were deposited into political nstructions)
GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
not applicable	21 Guarantor address; City;	State; Zip Code	
Guarantor's Princip	 al Occupation	24 Guarantor's Job Title	
Guarantor's Employ	/er/Law Firm	26 Law Firm of guarantor's s	spouse (if any)
			÷
If guarantor is a chi	ild, law firm of parent(s) (if any)		
If guarantor is a chi	ild, law firm of parent(s) (if any)		
If guarantor is a chi	ild, law firm of parent(s) (if any)		
If guarantor is a chi	ild, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# LOANS (JUDICIAL)

#### SCHEDULE E(J)

If the requested information is not applicable, DO NOT include this page in the report.

The Ins	1 Total pages Schedule E(J):		
2 FILER NAME			
TRAVI	IS H. ERNST		3 Filer ID (Ethics Commission Filers
4 TOTAL OF UNIT	EMIZED LOANS		Φ 44
5 Date of loan 7			\$ 15000
,	Name of lender out-of-state P	9 Loan Amount (\$)	
11-9-17	TRAVIS H. ERNST  B Lender address; City;	15000	
6 Is lender a financial Institution?		10 Interest rate	
V (N)	Po Box 2511 Victo	NA	
		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 Maturity date
12 Lender's Principal Oc		13 Lender's Job Title	10/14
14 Lender's Employer/La	se	Judge CC	L1 Victoria
	toria Count	15 Law Firm of lender's spou	use (if any)
	v firm of parent(s) (if any)		
17 Description of Collater	al	18	
none		Check if person account (See In	al funds were deposited into political nstructions)
19 GUARANTOR INFORMATION	Name of guarantor		22 Amount Guaranteed (\$)
21	Guarantor address; City;	State; Zip Code	
			*
not applicable			
3 Guarantor's Principal (	Jecupation	24 Guarantor's Job Title	
5 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's s	oouse (if any)
7 If guarantor is a child, I	aw firm of parent(s) (if any)		
			1
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS MEE	DED

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