

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	MS / MRS / MR <u>MR</u> FIRST <u>TRAVIS</u> MI <u>H</u> NICKNAME LAST SUFFIX <u>ERNST</u>	<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> RECEIVED AUG 10 2010 BY: <u>Mill</u> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>		Receipt #	Amount	Date Processed		Date Imaged	
Receipt #	Amount								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2511 Victoria Tx 77902</u>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 570 8060</u>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Gene</u> MI NICKNAME LAST SUFFIX <u>Migura</u>								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>105 Kreekview Dr. Victoria Tx 77904</u>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 576 9525</u>								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>2 / 21 / 10</u> <u>6 / 30 / 10</u>								
11 ELECTION	ELECTION DATE Month Day Year <u>3 / 2 / 10</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>county Court @ law 2</u>							
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt / Suite #; City; State; Zip Code								

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME TRAVIS H ERNST **16 ACCOUNT #** (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)


THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 110 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 33 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 5994.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 33 ⁰⁴
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 Title 15, Election Code.

Travis H Ernst

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Travis H. Ernst, this the 16 day of August, 2010, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Touchstone

Printed name of officer administering oath

Notary Public

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 Schedule A:

2 FILER NAME

TRAVIS H ERNST

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-1-10

5 Full name of contributor out-of-state PAC (ID#: _____)

Jaffrey Cano

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

70 Box 462 Victoria TX 77902

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Att

10 Employer (See Instructions)

Date

3-1-10

Full name of contributor out-of-state PAC (ID#: _____)

Bud Henkins

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5407 Country Club Victoria TX 77902

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)

(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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME TRAVIS H. ERNST		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-22-10		5 Payee name Victoria T.V. Group			
6 Amount (\$) 2788		7 Payee address; City; State; Zip Code 3808 N. Navarro Victoria Tx 77904			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 2-22-10		Payee name Gap Broadcasting			
Amount (\$) ⁰⁰ 552		Payee address; City; State; Zip Code 108 N. Star Dr. Victoria Tx 77904			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date 2-23-10		Payee name U.S. Post Office			
Amount (\$) ⁰⁰ 33		Payee address; City; State; Zip Code Post Master Victoria Tx 77901 310 S. Main			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date 2-23-10		Payee name Suddenlink			
Amount (\$) ⁰⁵ 1830		Payee address; City; State; Zip Code 2903 Azalea Victoria Tx 77903			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T)		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME TRAVIS H. ERNST	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date 2-25-10	5 Payee name KVIC
--------------------------	-----------------------------

6 Amount (\$) 306	7 Payee address; City; State; Zip Code 3613 N. Main Victoria TX 77904
-----------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3-1-10	Payee name KVIC
-----------------------	---------------------------

Amount (\$) 1655	Payee address; City; State; Zip Code 3613 N. Main Victoria TX 77904
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3-1-10	Payee name Victoria Advocate
-----------------------	--

Amount (\$) 469⁰⁰	Payee address; City; State; Zip Code 311 E. Constitution Victoria TX 77902
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	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 travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED