

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em; font-weight: bold;">5</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST MI <div style="text-align: center; font-size: 1.5em; font-weight: bold;">TRAVIS H</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em; font-weight: bold;">ERNST</div>		OFFICE USE ONLY								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">POBox 2511 Victoria TX 77902</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(361) 570 8060</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em; font-weight: bold;">Gene</div> <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em; font-weight: bold;">Migura</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">105 KreeKview Victoria TX 77904</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(361) 576 9525</div>										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input 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)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="font-size: 1.5em;">1 / 1 / 10 THROUGH 1 / 21 / 10</div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em;">3 / 2 / 10</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.5em; font-weight: bold;">N/A</div>	13 OFFICE SOUGHT (if known) <div style="font-size: 1.5em; font-weight: bold;">Victoria County Court at Law 2</div>									
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

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

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

15 C/OH NAME

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. **

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

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 450⁰⁰

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 5456⁰²

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6529⁹¹

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 1 day of February, 20 10, to certify which, witness my hand and seal of office.

J. Touchstone

Signature of officer administering oath

T. Touchstone

Print name of officer administering oath

Notary Public

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 2	
2 FILER NAME TRAVIS H. ERNST		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/19/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANA K. DISMUKE	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6033 Country Club Dr. Victoria TX 77904		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date 1-5-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) XXXXXXXXXXXXXXXXXXXX Joe & Lyn Nguyen	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1105 E. Rio Grande Victoria Tx 77901		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Cleaners		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date 1-5-10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble Malik	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 103 Chimney Rock Dr. Victoria Tx 77904		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <u>2</u>	
2 FILER NAME <u>TRAVIS H. ERNST</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>G. Troy Summerlin</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <u>210 WATERMARK Victoria TX 77904</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>Retired</u>		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	

13 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME TRAVIS H. ERNST		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-19-10	5 Payee name LAMAR OUTDOOR	7 Amount (\$) 5392.86
6 Payee address; City; State; Zip Code 4507 N. Main St Victoria Tx 77904		
8 Purpose of payment (See instructions regarding type of information required.) OUTDOOR OUTDOOR ADVERTISING <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1-21-10	Payee name TRACTOR Supply Co.	Amount (\$) 63¹⁶
Payee address; City; State; Zip Code 9304 N. Navarro Victoria Tx 77904		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete 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 payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete 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 payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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