

**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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (MR)	FIRST Travis	MI H.
	NICKNAME	LAST Ernst	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	P.O. Box 2511	Victoria Tx.	77902
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(361) 970-8060	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (MR)	FIRST Gene	MI
	NICKNAME	LAST Migura	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE; ZIP CODE
	105 Kreeview	Victoria Tx.	77904
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(361) 576-9525	
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 type="checkbox"/> July 15 <input checked="" 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
	1 / 21 / 10		2 / 18 / 10
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	3 / 2 / 10		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Victoria County Court-at-Law #2	
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	

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

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

15 C/OH NAME Travis Ernst **16 ACCOUNT # (Ethics Commission Filers)**

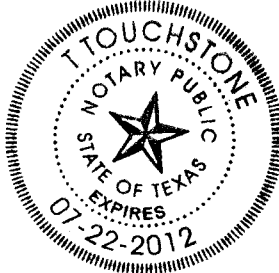
17 NOTICE FROM POLITICAL COMMITTEE(S)

** 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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ <u>700.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2875.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>40.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7216.04</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3158.87</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Travis H. Ernst, this the 22 day of February, 2010, to certify which, witness my hand and seal of office.

[Signature]
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 Ernst		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/13/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Fries	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 111 Professional Park Dr. Victoria, Tx. 77904		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Dentist		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 2/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce Ryan	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1501-C N. Navarro Victoria, Tx. 77901		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Physical Therapist		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 2/5/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manny Villareal	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 806 Santa Fe Victoria, Tx. 77904		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Sales Manager		Contributor's job title	
Contributor's employer/law firm Atzenhoffer Chevrolet		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): 2	
2 FILER NAME Travis Ernst		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/3/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O.F. Jones III	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box E Victoria, Tx. 77902		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation Attorney		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 2/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri Teinert	Amount of contribution (\$) 2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5008 Bellino Harlingen, Tx. 78552		(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)			

Date 1/29/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Lynch	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1338 Victoria, Tx. 77902		(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)			

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: **3**

2 FILER NAME **Travis Ernst** 3 ACCOUNT # (Ethics Commission filers)

4 Date 1/22/10	5 Payee name Martin Printing 6 Payee address; City; State; Zip Code 2407N. Laurent Victoria, Tx. 77901	7 Amount (\$) 416.76
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8 Purpose of payment (See instructions regarding type of information required.) Printing Campaign Materials (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/26/10	Payee name Allied Advertising Payee address; City; State; Zip Code 3700 Blanco Rd. San Antonio, Tx. 78212	Amount (\$) 900.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Signs (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/27/10	Payee name Victoria Christian Assistance Ministry Payee address; City; State; Zip Code 401 E. Juan Linn, Ste. E Victoria, Tx. 77901	Amount (\$) 100.00
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Purpose of payment (See instructions regarding type of information required.) Sponsorship (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 1/27/10	Payee name Victoria Livestock Show-Swine Breeding Div. Payee address; City; State; Zip Code P.O. Box 2255 Victoria, Tx. 77902	Amount (\$) 100.00
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Purpose of payment (See instructions regarding type of information required.) Sponsorship (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name <i>Steermasters</i> 6 Payee address; City; State; Zip Code <i>10301 N.E. Zaclentz Pkwy. Victoria, Tx. 77904</i>	7 Amount (\$) 100.00
8 Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <i>St. Joseph High School</i> Payee address; City; State; Zip Code <i>110 E. Red River Victoria, Tx. 77901</i>	Amount (\$) 185.00
Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Chris Nicholson</i> Payee address; City; State; Zip Code <i>P.O. Box 2522 Victoria, Tx. 77902</i>	Amount (\$) 959.11
Purpose of payment (See instructions regarding type of information required.) <i>Reimbursement of Campaign Expenses</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Victoria Symphony Society</i> Payee address; City; State; Zip Code <i>2112 N. Navarro Victoria, Tx. 77901</i>	Amount (\$) 100.00
Purpose of payment (See instructions regarding type of information required.) <i>Sponsorship</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

Travis Ernst

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/11/10

5 Payee name

Martin Printing

6 Payee address; City; State; Zip Code

2407 N. Laurent

Victoria, Tx. 77901

7

Amount (\$)

151.17

8 Purpose of payment (See instructions regarding type of information required.)

Printing Campaign Materials
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

2/15/10

Payee name

Victoria Radio Works

Payee address; City; State; Zip Code

3613 N. Main

Victoria, Tx. 77901

Amount (\$)

306.00

Purpose of payment (See instructions regarding type of information required.)

Radio Advertising
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

2/15/10

Payee name

Victoria Television Group

Payee address; City; State; Zip Code

3808 N. Navarro

Victoria, Tx. 77901

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

TV Commercial Production
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

2/16/10

Payee name

Victoria Television Group

Payee address; City; State; Zip Code

3808 N. Navarro

Victoria, Tx. 77901

Amount (\$)

2,788.00

Purpose of payment (See instructions regarding type of information required.)

TV Advertising
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Travis Ernst</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>1/27/10</u>	5 Payee name <u>Victoria Symphony Society</u> 6 Payee address; City; State; Zip Code <u>2112 N. Navarro Victoria, Tx. 77901</u>	8 Amount (\$) <u>200.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure <u>Benefit Sponsorship</u> <small>(If travel outside of Texas, complete Schedule T)</small>		
Date <u>1/30/10</u>	Payee name <u>Inez Community Benefit Association</u> Payee address; City; State; Zip Code <u>P.O. Box 372 Inez, Tx. 77968</u>	Amount (\$) <u>770.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <u>Benefit Event Sponsorship</u> <small>(If travel outside of Texas, complete Schedule T)</small>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure <small>(If travel outside of Texas, complete Schedule T)</small>		

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