

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST TRAVIS NICKNAME LAST SUFFIX ERNST	OFFICE USE ONLY Date Received JUL 14 2014 Date Hand-delivered or Postmarked 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 PO Box 2511 Victoria Tx 77902		
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 676 4090			
6 CAMPAIGN TREASURER NAME MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI Gene NICKNAME LAST SUFFIX MIGURA			
7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 105 Kreek View Victoria Tx 77904			
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 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 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 2 / 23 / 14 THROUGH Month Day Year 6 / 30 / 14	11 ELECTION ELECTION DATE Month Day Year 11 / 4 / 14 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) County Court @ Law 1	13 OFFICE SOUGHT (if known) County Court @ Law 1		
GO TO PAGE 2			

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

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

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

16 NOTICE FROM POLITICAL COMMITTEE(S)

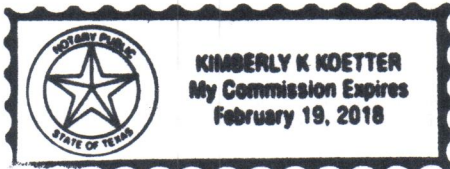
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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
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additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 195.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 46 45.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,263.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 57.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



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 Ernst

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Travis Ernst, this the 14 day of July, 20 14, to certify which, witness my hand and seal of office.

Kimberly K. Koetter
Signature of officer administering oath

Kimberly K. Koetter
Print name of officer administering oath

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 FILER NAME <i>TRAVIS H. ERNST</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-28-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jake & Shelly Sr</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>407 Dennis Edna Texas 77957</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Atty</i>		10 Contributor's job title <i>Atty</i>	
11 Contributor's employer/law firm <i>DA office</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>2-28-14</i> <i>3-6-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bernard & Laura Klimist</i>	Amount of contribution (\$) <i>500⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>400 S. William St Victoria Tx 77901</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Atty</i>		Contributor's job title <i>Atty</i>	
Contributor's employer/law firm <i>Klimist Law Firm</i>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>3-6-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Puckett</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3693 Lotz Rd. Cuero Tx 77954</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Business</i>		Contributor's job title <i>Business</i>	
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 SCHEDULE 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 FILER NAME

TRAVIS ERNST

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-24-14

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

Rosemary Tucker

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

PO Box 4966 Victoria Tx 77903

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

Retired

10 Contributor's job title

Retired

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

2-24-14

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

Lee & Dixie Swearingen

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

203 Leisure Ln Victoria Tx 77904

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Business

Contributor's job title

Business

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

2-24-14

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

Robert J Hewitt

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 400 Victoria Tx 77902

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Business

Contributor's job title

Business

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 SCHEDULE 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 FILER NAME <i>TRAVIS H. ERNST</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-24-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kay & Ron Walker</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>2207 N. Wheeler St. Victoria Tx 77901</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title <i>Attorney</i>	
11 Contributor's employer/law firm <i>Wheeler Walker & Keeling</i>		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date <i>2-24-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Warren Heilker</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>102 Spokane Victoria Tx 77904</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Business man</i>		Contributor's job title <i>Businessman</i>	
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 <i>2-24-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lane & Iris Rogers</i>	Amount of contribution (\$) <i>100⁰⁰</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>162 Spring Ridge Dr. Victoria Tx 77904</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Retired</i>		Contributor's job title <i>Retired</i>	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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 FILER NAME TRAVIS HERNST		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-24-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori + Daniel Witte	7 Amount of contribution (\$) 100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1079 Dobb Rd Inez Tx 77968		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation Business		10 Contributor's job title Business	
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 2-24-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John McQuillen	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 402 Windy Way Victoria Tx 77904		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation CPA		Contributor's job title CPA	
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 2-24-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Clark	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 225 Virginia St Pt Levisa Tx 77979		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer/law firm Jerry Clark		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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 FILER NAME <i>TRAVIS H. ERNST</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-6-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mr & Mrs David Edwards</i>	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>116 Summit View Victoria Tx 77904</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Business</i>		10 Contributor's job title <i>Business</i>	
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 <i>3-6-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Briggs</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6124 CC Drive Victoria Tx 77904</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Business</i>		Contributor's job title <i>Business</i>	
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 <i>3-6-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ray Reese</i>	Amount of contribution (\$) <i>250⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 841 Cuero Tx 77954</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Atty</i>		Contributor's job title <i>ATTY</i>	
Contributor's employer/law firm <i>Dietze & Reese</i>		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 SCHEDULE 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 FILER NAME <i>TRAVIS H. ERNST</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>6-16-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TRAVIS H. ERNST</i>	7 Amount of contribution (\$) <i>1000⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 2511 Victoria Tx 77902</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <i>Judge</i>		10 Contributor's job title <i>Judge</i>	
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 <i>5-1-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TRAVIS H. ERNST</i>	Amount of contribution (\$) <i>800⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 2511 Victoria Tx 77902</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <i>Judge</i>		Contributor's job title <i>Judge</i>	
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#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(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 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: 3	2 FILER NAME Travis Ernst	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/24/14	5 Payee name Suddenlink Media
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6 Amount (\$) 754.80	7 Payee address; City; State; Zip Code 301 S. Bridge, Ste. 6 Victoria Tx. 77901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Cable TV Advertising
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/24/14	Payee name Victoria Television Group
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Amount (\$) 612.00	Payee address; City; State; Zip Code 3808 N. Navarro Victoria Tx. 77901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) TV Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/27/14	Payee name Suddenlink Media
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Amount (\$) 971.00	Payee address; City; State; Zip Code 301 S. Bridge, Ste. 6 Victoria Tx. 77901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Cable TV Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/27/14	Payee name Victoria Television Group
------------------------	--

Amount (\$) 816.00	Payee address; City; State; Zip Code 3808 N. Navarro Victoria Tx. 77901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) TV Advertising
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: <i>3</i>	2 FILER NAME <i>Travis Ernst</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3/3/14</i>	5 Payee name <i>Victoria Livestock Show</i>	
6 Amount (\$) <i>1,800.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 2255 Victoria, Tx. 77902</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	
	(b) Description (If travel outside of Texas, complete Schedule T) <i>Sponsorships</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/4/14</i>	Payee name <i>Spec's Liquors</i>	
Amount (\$) <i>514.32</i>	Payee address; City; State; Zip Code <i>5108 N. Navarro Victoria, Tx. 77904</i>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	
	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Party</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/20/14</i>	Payee name <i>Victoria Web Design</i>	
Amount (\$) <i>421.66</i>	Payee address; City; State; Zip Code <i>217 Post Oak Dr. Victoria, Tx. 77905</i>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	
	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Website Design</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/20/14</i>	Payee name <i>Martin Printing</i>	
Amount (\$) <i>544.10</i>	Payee address; City; State; Zip Code <i>2407 N. Laurent Victoria, Tx. 77901</i>	
8 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense <i>Printing Expense</i>	
	Description (If travel outside of Texas, complete Schedule T) <i>Printing Campaign Materials</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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: 3	2 FILER NAME Travis Ernst	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/20/14	5 Payee name Chris Nicholson
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6 Amount (\$) 1,279.41	7 Payee address; City; State; Zip Code P.O. Box 2522 Victoria, Tx. 77902
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Reimbursement of Campaign Expenses
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/14	Payee name Chris Nicholson
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Amount (\$) 1,550.61	Payee address; City; State; Zip Code P.O. Box 2522 Victoria, Tx. 77902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Reimbursement of Campaign Expenses
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/20/14	Payee name Chris Nicholson
------------------------	--------------------------------------

Amount (\$) 11,000.00	Payee address; City; State; Zip Code P.O. Box 2522 Victoria, Tx. 77902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Consulting Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-2-14	Payee name Schroeder Hall
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code 12516 FM 622 Goliad, Tx. 77963
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Appreciation Event
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED