

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">MR</span> FIRST TRAVIS MI H NICKNAME LAST ERNST SUFFIX	<b>OFFICE USE ONLY</b>	
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	FEB 26 2024	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 575 4550	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">MR</span> FIRST Gene MI NICKNAME LAST Migura SUFFIX	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 105 Kreeview Dr Victoria TX 77904	Receipt #	Amount \$
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 576 9525	Date Processed	
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	Date Imaged	
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <del>TR 1/15/22</del> / 15 / <del>22</del> THROUGH    7 / 15 / <del>22</del>		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Judge	13 OFFICE SOUGHT (if known) same	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

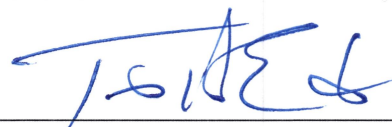
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

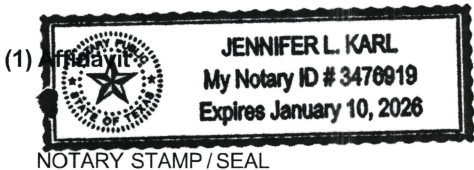
<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 307.70
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3000 <sup>00</sup>

**18 SIGNATURE** 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 of Candidate or Officeholder

**Please complete either option below:**



Sworn to and subscribed before me by TRAVIS H. ERNST this the 23 day of Feb, 2024, to certify which, witness my hand and seal of office.

Jennifer L. Karl Jennifer L. Karl notary public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

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 \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/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 this form.

1 Total pages Schedule E(J):

2 FILER NAME

TRAVIS H. ERNST

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 1500<sup>00</sup>

5 Date of loan

12-21

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)

TRAVIS H ERNST

9 Loan Amount (\$)

1500<sup>00</sup>

6 Is lender a financial institution?  
Y  N

8 Lender address; City; State; Zip Code

Po Box 2511 Victoria Tx 77902

10 Interest rate

N/A

11 Maturity date

N/A

12 Lender's Principal Occupation

Judge

13 Lender's Job Title

Judge CCL1 Victoria

14 Lender's Employer/Law Firm

Victoria County

15 Law Firm of lender's spouse (if any)

16 If lender is a child, law firm of parent(s) (if any)

17 Description of Collateral

none

18

Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor

22 Amount Guaranteed (\$)

21 Guarantor address; City; State; Zip Code

not applicable

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is a child, 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.

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1 Total pages Schedule E(J):

2 FILER NAME

TRAVIS H. ERNST

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 1500<sup>00</sup>

5 Date of loan

11-9-17

7 Name of lender

TRAVIS H. ERNST

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

1500<sup>00</sup>

6 Is lender a financial institution?

Y  N

8 Lender address;

City;

State;

Zip Code

PO Box 2511 Victoria Tx 77902

10 Interest rate

N/A

11 Maturity date

N/A

12 Lender's Principal Occupation

Judge

13 Lender's Job Title

Judge CCL 1 Victoria

14 Lender's Employer/Law Firm

Victoria County

15 Law Firm of lender's spouse (if any)

16 If lender is a child, law firm of parent(s) (if any)

17 Description of Collateral

none

18

Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor

22 Amount Guaranteed (\$)

21 Guarantor address;

City;

State;

Zip Code

not applicable

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is a child, 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.

# OUTSTANDING LOANS

## SCHEDULE L

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

TRAVIS H. ERNST

5 Lender address;

PO Box 2511 Victoria TX 77902

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address;

LENDER INFORMATION

Name of lender

Lender address;

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

LENDER INFORMATION

Name of lender

Lender address;

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

LENDER INFORMATION

Name of lender

Lender address;

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address;

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED