

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Wendy M.	OFFICE USE ONLY Date Received FILED FOR RECORD AT 10:35 AM FEB 22 2016 KARA SANDS CLERK COUNTY CLERK NUECES COUNTY, TEXAS BY <u>Deborah Supan</u> DEPUTY Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Herman		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 801 Crestview Dr., Corpus Christi, TX 78412		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 459-4035		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Monica A.		
	NICKNAME LAST SUFFIX Ledesma		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10321 Hercules Dr., Corpus Christi, TX 78410		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 688-5615		
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 Month Day Year 1 / 22 / 2016 THROUGH 2 / 20 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 2016		ELECTION TYPE <input checked="" 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)		13 OFFICE SOUGHT (if known) Justice of the Peace, Pct 2, Place 1 Nueces County

GO T

2016-080

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Wendy M. Herman **15 Filer ID (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 <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 120.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2220.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 268.03
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,606.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 393.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Wendy M. Herman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wendy M. Herman, this the 22nd day of February, 2014, to certify which, witness my hand and seal of office.

Monica Ann Ledesma Monica Ann Ledesma Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Wendy M. Herman		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,220.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,606.80
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME <p style="text-align: center;">Wendy M. Herman</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align: center;">1/23/16</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Bray Henson</p> <hr/> 6 Contributor address; City; State; Zip Code <p style="text-align: center;">5713 Neustadt, Corpus Christi, TX 78414</p>	7 Amount of contribution (\$) <p style="text-align: center;">100.00</p>
8 Principal occupation / Job title (See Instructions) <p style="text-align: center;">Homemaker</p>		9 Employer (See Instructions)
Date <p style="text-align: center;">1/23/16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Nancy Beauchamp</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">1901 Ocean Dr., Corpus Christi, TX 78404</p>	Amount of contribution (\$) <p style="text-align: center;">100.00</p>
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Homemaker</p>		Employer (See Instructions)
Date <p style="text-align: center;">1/23/16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Sam Dalton</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">8002 Villefranche Dr., Corpus Christi, TX 78414</p>	Amount of contribution (\$) <p style="text-align: center;">100.00</p>
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Retired</p>		Employer (See Instructions)
Date <p style="text-align: center;">1/23/16</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Mary Comalander</p> <hr/> Contributor address; City; State; Zip Code <p style="text-align: center;">15827 Eagle Cliff, San Antonio, TX 78232</p>	Amount of contribution (\$) <p style="text-align: center;">100.00</p>
Principal occupation / Job title (See Instructions) <p style="text-align: center;">Homemaker</p>		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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Wendy M. Herman

3 Filer ID (Ethics Commission Filers)

4 Date

1/23/16

5 Full name of contributor

Hilda Batterson

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

7114 Pharoah, Corpus Christi, TX 78412

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

1/23/16

Full name of contributor

BFP PAC

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

PO Box 3369, Corpus Christi, TX 78463

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/4/16

Full name of contributor

Michelle Ewing

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

PO Box 4235, Corpus Christi, TX 78469

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Date

2/7/16

Full name of contributor

Bray Henson

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

1002 Antelope, Corpus Christi, TX 78401

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Medical Sales

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Wendy M. Herman

3 Filer ID (Ethics Commission Filers)

4 Date

2/7/16

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

Gary Van Vleck

6 Contributor address; City; State; Zip Code

2911 Burnt Oak St., San Antonio, TX 78232

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

Office Equipment Sales

9 Employer (See Instructions)

Date

2/11/16

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

Mike Bergsma

Contributor address; City; State; Zip Code

4117 Acushnet, Corpus Christi, TX 78413

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Geophysicist

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 (\$)

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Wendy M. Herman	3 Filer ID (Ethics Commission Filers)
4 Date 1/22/16	5 Payee name HP Home Store	
6 Amount (\$) 335.55	7 Payee address; City; State; Zip Code 1501 Page Mill Rd., Palo Alto, CA 94304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printer Ink Cartridge
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/8/16	Payee name Nueces County Republican Women	
Amount (\$) 106.36	Payee address; City; State; Zip Code PO Box 270054, Corpus Christi, TX 78427	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2/10/16	Payee name Gulf Coast Mailing	
Amount (\$) 1,896.86	Payee address; City; State; Zip Code 6901 S Padre Island Dr., Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail-out
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED