

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 | \$ 80.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4,480.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,112.12 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1,367.88 |
| 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 14 day of January, 2016, to certify which, witness my hand and seal of office.

Monica A. Ledesma
Signature of officer administering oath

Monica A. Ledesma
Printed name of officer administering oath

Notary Public
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 | \$ 4,480.00 |
| 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 | \$ 3,112.12 |
| 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
Wendy M. Herman

3 Filer ID (Ethics Commission Filers)

4 Date
11/17/15

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

Mike Bergsma

6 Contributor address; City; State; Zip Code

4117 Acushnet, Corpus Christi, TX 78413

7 Amount of contribution (\$)
1,000.00

8 Principal occupation / Job title (See Instructions)
Geophysicist

9 Employer (See Instructions)
Bergsma Consulting

Date

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

Amount of contribution (\$)

11/19/15

Brent Chesney

Contributor address; City; State; Zip Code

250 Cape May, Corpus Christi, TX 78412

500.00

Principal occupation / Job title (See Instructions)
County Commissioner

Employer (See Instructions)
Nueces County

Date

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

Amount of contribution (\$)

12/8/15

James Mullins

Contributor address; City; State; Zip Code

5329 High Bank, Corpus Christi, TX 78413

200.00

Principal occupation / Job title (See Instructions)
Welding Inspector

Employer (See Instructions)
All-Spec

Date

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

Amount of contribution (\$)

12/16/15

Sam Dalton

Contributor address; City; State; Zip Code

802 Villefranche, Corpus Christi, TX 78414

100.00

Principal occupation / Job title (See Instructions)
Retired

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

12/3/2015

5 Full name of contributor

Zoe B. Littlepage

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

6 Contributor address;

City; State; Zip Code

2043A West Main St., Houston, TX 77098

7 Amount of contribution (\$)

2,000.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Date

12/4/2015

Full name of contributor

Marnie Cervenka

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

Contributor address;

City; State; Zip Code

4418 Eagles Landing, Austin, TX 78735

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Chief of Staff

Employer (See Instructions)

Austin Energy

Date

12/13/2015

Full name of contributor

Ruth Mullins

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

Contributor address;

City; State; Zip Code

18323 Sonterra Place #2408, San Antonio, TX 78258

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

12/29/2015

Full name of contributor

Willie Vaden

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

Contributor address;

City; State; Zip Code

P.O. Box 5612, Ingleside, TX 78362

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Ship Pilot

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

12/30/2015

5 Full name of contributor

Laurel Crawford

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

6 Contributor address;

City; State; Zip Code

5133 Cape Ann, Corpus Christi, TX 78412

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

Homemaker

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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: 2 | 2 FILER NAME Wendy M. Herman | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/8/2015 | 5 Payee name VistaPrint | |
| 6 Amount (\$) 369.79 | 7 Payee address; City; State; Zip Code 275 Wyman Street, Waltham, MA 02451 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |
| Date 12/10/2015 | Payee name Victory Store | |
| Amount (\$) 962.42 | Payee address; City; State; Zip Code 5200 SW 30th St., Davenport, Iowa 52802 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political signs, pushcards |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |
| Date 12/26/2015 | Payee name Victory Store | |
| Amount (\$) 499.59 | Payee address; City; State; Zip Code 5200 SW 30th St., Davenport, Iowa 52802 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political signs |
| | 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 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: | 2 FILER NAME Wendy M. Herman | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/29/2015 | 5 Payee name Lowe's | |
| 6 Amount (\$) 74.40 | 7 Payee address; City; State; Zip Code 1530 Airline, Corpus Christi, TX 78412 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-posts for signs |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | |
| Date 12/31/2015 | Candidate / Officeholder name WePay | |
| Amount (\$) 205.92 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Contribution Fee |
| | Candidate / Officeholder name Office sought Office held | |
| Date 11/16/2015 | Payee name Nueces County Republican Party | |
| Amount (\$) 1,000.00 | Payee address; City; State; Zip Code 4639 Corona Dr. Suite 5, Corpus Christi, TX 78411 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee |
| | Candidate / Officeholder name Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED