

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>		<p>2 Total pages filed:</p>	
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR <u>MR</u> FIRST <u>Maggie</u> MI</p> <p>NICKNAME LAST SUFFIX</p> <p><u>Hernandez-Moreno</u></p>			<p>OFFICE USE ONLY</p> <p>Date Received</p> <p><i>jl</i> RECEIVED FEB 01 2016 ELECTION OFFICE</p> <p>Date Hand-delivered or Date Postmarked</p>	
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><u>121 Olive St.</u> <u>San Marcos, TX 78666</u></p> <p><input type="checkbox"/> Change of Address</p>				
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><u>(512)</u> <u>665-5805</u></p>			<p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>	
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p>NICKNAME LAST SUFFIX</p> <p><u>Marcos</u> <u>Hernandez</u> <u>Jr.</u></p>				
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><u>1309 Prospect</u> <u>San Marcos, TX 78666</u></p>				
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><u>(512)</u> <u>396-8803</u></p>				
<p>9 REPORT TYPE</p> <p> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </p> <p> <input 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) </p>					
<p>10 PERIOD COVERED</p> <p>Month Day Year Month Day Year</p> <p><u>12 / 31 / 16</u> THROUGH <u>1 / 31 / 16</u></p>					
<p>11 ELECTION</p> <p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><u>03 / 01 / 16</u> <input type="checkbox"/> General <input type="checkbox"/> Special</p>					
<p>12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)</p> <p><u>Justice of the Peace Pct. 1 P12</u> <u>Hays County, Texas</u></p>					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME MAGGIE HERNANDEZ MORENO 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

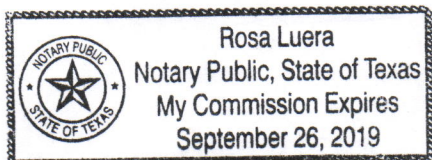
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 65 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,535
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1405.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1940.91
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.

Maggie H. Moreno
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maggie H. Moreno, this the 1st day of February, 20 16, to certify which, witness my hand and seal of office.

Rosa Luera

Signature of officer administering oath

Rosa Luera

Printed name of officer administering oath

Notary Public

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME MAGGIE HERNANDEZ MORENO		3 Filer ID (Ethics Commission Filers)
4 Date 1/11/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerry Parra 6 Contributor address; City; State; Zip Code 101 Brent Blvd Kyle, TX 78640	7 Amount of contribution (\$) \$ 220⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donna Villalpando Contributor address; City; State; Zip Code 228 Meadow Lane Martindale, TX 78655	Amount of contribution (\$) \$50⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/3/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alex Villalpando Contributor address; City; State; Zip Code 916 Cougar Country San Antonio TX 78251	Amount of contribution (\$) 30⁰⁰
Principal occupation / Job title (See Instructions) military retired		Employer (See Instructions)
Date 1/18/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brenda K. Smith Contributor address; City; State; Zip Code P.O. Box 1656 San Marcos, TX 78667	Amount of contribution (\$) \$ 1000⁰⁰
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hays County - self
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME *MAGGIE HERNANDEZ MORENO*

3 Filer ID (Ethics Commission Filers)

4 Date

1/16/16

5 Full name of contributor

☐ out-of-state PAC (ID#:

Terence W. McCabe

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

1315 Alamo

San Marcos TX

78666

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

1/27/16

Full name of contributor

☐ out-of-state PAC (ID#:

Rosalinda Hernandez

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

705 Stolte Acres

Marion, TX

78124

Principal occupation / Job title (See Instructions)

probation officer

Employer (See Instructions)

Hays County

Date

12/8/16

Full name of contributor

☐ out-of-state PAC (ID#:

Esther Garcia

Amount of contribution (\$)

\$35.00

Contributor address;

City; State; Zip Code

414 CM Allen pkwy

San Marcos, TX

78666

Principal occupation / Job title (See Instructions)

Business-

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	MAGGIE H. MORENO 1	
4 Date	5 Payee name	
1/8/16	Lowe's	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$16.18	2211 IH35 San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
1/12/16	Southside Printing	
Amount (\$)	Payee address; City; State; Zip Code	
\$147.76	3005 South Lamar Suite B-100 Austin TX 78704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	printing expense	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
1/8/16	Johnny Reyes	
Amount (\$)	Payee address; City; State; Zip Code	
\$80.00		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Contract Labor	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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)

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Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
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Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME MAGGIE HERNANDEZ MORENO		3 Filer ID (Ethics Commission Filers)	
4 Date 1/11/16		5 Payee name Lowes			
6 Amount (\$) 198³¹		7 Payee address; City; State; Zip Code 2211 IH35 San Marcos TX 78666			
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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/25/16		Payee name Lowes			
Amount (\$) \$ 7.01		Payee address; City; State; Zip Code 2211 IH35 San Marcos TX 78666			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/3/16		Payee name Manas Restaurant			
Amount (\$) \$ 25⁰⁰		Payee address; City; State; Zip Code 807 Alabama San Marcos, TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) event expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1/4/16</u>		2 FILER NAME <u>MAGGIE HERNANDEZ MORENO</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1/19/16</u>		5 Payee name <u>Sign Arts</u>			
6 Amount (\$) <u>84.44</u> <u>84.44</u> <u>168.88</u>		7 Payee address; City; State; Zip Code <u>205 Cheatham Suite 4</u> <u>San Marcos, TX</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>1/4/16</u>		Payee name <u>Sign Arts</u>			
Amount (\$) <u>433⁰⁰</u>		Payee address; City; State; Zip Code <u>205 Cheatham Suite 4</u> <u>San Marcos, TX 78666</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>printing expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>1/30/16</u>		Payee name <u>Sign Arts</u>			
Amount (\$) <u>329⁰⁸</u>		Payee address; City; State; Zip Code <u>205 Cheatham St. Suite 4</u> <u>San Marcos TX</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>printing expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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