

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 Filer)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	DANIELA NIQUAME LAST SUFFIX Dani Hernandez		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE
	2043 Santa Rosa Houston, TX 77023		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713) 894-6942		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	JUAN CARLOS NIQUAME LAST SUFFIX Flores		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY STATE ZIP CODE
	6717 Newport Houston, TX 77023		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(818) 605-4418		
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"/> 90th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> First Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	09	30	23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11		07	23
12 OFFICE		13 OFFICE SORICIT (if known)	
OFFICE HELD (if any)		HISD Trustee District III	
HISD Trustee District III		HISD Trustee District III	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Filing Commission Filer)	SUBTOTAL AMOUNT
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,124.48
2 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3 SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4 SCHEDULE E: LOANS		\$
5 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,556.12
6 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7 SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8 SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9 SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 250.09
10 SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OR C/OH		\$
11 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME		16 File ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,124.98
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,806.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,399.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Derek Hardy
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

OR

(2) Unsworn Declaration

My name is Daniela Hernandez and my date of birth is 10/05/1988
 My address is 2043 Santa Rosa II Houston Tx 77023 USA
(street) (city) (state) (zip code) (country)
 Executed in Harris County, State of Tx, on the 30th day of October, 2023.
(month) (year)
Daniela Hernandez
 Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:
2 FILER NAME <i>Daniela Hernandez</i>		3 Filer ID (Ethics Commission Files)
4 Date <i>10/05</i>	5 Full name of contributor <small>out-of-state PAC (FE _____)</small> <i>Placido Gomez</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
	6 Contributor address: <small>City: State: Zip Code</small> <i>408 Gibson St. Houston, TX 77007</i>	
8 Principal occupation / Job title (See Instructions) <i>Grants Manager</i>		9 Employer (See Instructions) <i>Texas Majority PAC</i>
Date <i>10/10</i>	Full name of contributor <small>out-of-state PAC (FE _____)</small> <i>LFE Equity</i>	Amount of contribution (\$) <i>3,500⁰⁰</i>
	Contributor address: <small>City: State: Zip Code</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/10</i>	Full name of contributor <small>out-of-state PAC (FE _____)</small> <i>Laura Hernandez</i>	Amount of contribution (\$) <i>1,000⁰⁰</i>
	Contributor address: <small>City: State: Zip Code</small> <i>Houston TX 77023</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>M&R</i>
Date <i>10/12</i>	Full name of contributor <small>out-of-state PAC (FE _____)</small> <i>Democracy Engine</i>	Amount of contribution (\$) <i>\$ 2,374.95</i>
	Contributor address: <small>City: State: Zip Code</small>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1
2 FILER NAME <i>Daniela Hernandez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/19</i>	5 Full name of contributor out-of-state PAC (DP) _____ <i>Monty A. Ramirez, LLP</i>	7 Amount of contribution (\$) <i>\$ 2,000</i>
6 Contributor address; City; State; Zip Code <i>150W Parker Rd Houston TX 77076</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (DP) _____	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 (DP) _____	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 (DP) _____	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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Travel Expenses	Loan Repayment/Reimbursement	Solicitation/Fundraising Expenses
Accounting/Printing	Fees	Office Overhead/General Expenses	Transportation Equipment & Related Expenses
Consulting Expenses	Food/Housing Expenses	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorabilia Expenses	Printing Expense	Travel Out Of District
Candidates/Officeholders/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 <i>Daniela Hernandez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/24</i>	5 Payee name <i>McDonalds</i>	
6 Amount (\$) <i>20.08</i>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>10/23</i>	Payee name <i>David Chang</i>	
Amount (\$) <i>\$198</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>	Description <i>Roll workers</i>
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>10/18</i>	Payee name <i>Identity Plus</i>	
Amount (\$) <i>876</i>	Payee address; City; State; Zip Code <i>3205 Harrisburg Blvd Houston TX 77003</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY 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

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

EXPENDITURE CATEGORIES FOR BOX B(a)

- | | | | |
|---|--------------------------------|--------------------------------|---|
| Advertising Expense | Event Expenses | Loan Repayment/Reimbursement | Recruitment/Undraining Expense |
| Accounting/Printing | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expenses |
| Consulting Expenses | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gifts/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidates/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 Daniela Hernandez	3 Filer ID (Ethics Commission Filers)
4 Date 10/26	5 Payee name Raising Cane's	
6 Amount (\$) 14.16	7 Payee address City: State: Zip Code:	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule I. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
Date 10/26	Payee name Texting for Less	
Amount (\$) 404.35	Payee address: City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule I. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
Date 10/25	Payee name TACO BELL	
Amount (\$) 24.11	Payee address: City: State: Zip Code:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description
	Check if travel outside of Texas. Complete Schedule I. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expenses Accounting/Banking Consulting Expenses Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Food Food/Beverage Expenses Gift/Waivers/Memorabilia Expenses Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expenses Printing Expense Salaried/Wages/Contract Labor	Solicitation/Fundraising Expenses Transportation/Equipment & Related Expenses Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1	2 FILER NAME <i>Daniela Hernandez</i>	3 Filer ID (Ethics Commission Files)
4 Date <i>10/24</i>	5 Payee name <i>Fiesta Mart</i>	
6 Amount (\$) <i>78.43</i>	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	(b) Description
	(c) Check if travel outside of Texas (Complete Schedule I) Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
<i>10/27</i>	<i>Chick Fil A</i>	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description
	Check if travel outside of Texas (Complete Schedule I) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
<i>10/26</i>	<i>Popovers</i>	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description
	Check if travel outside of Texas (Complete Schedule I) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|--------------------------------|---------------------------------|--|
| Advertising Expense | Event Expense | Local Repayment/Reimbursement | Subsistence/Traveling Expenses |
| Accounting/Banking | Fees | Office Overhead/Rental Expenses | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expenses | Travel In District |
| Contributions/Donations Made By Candidate/Officer/holder/Political Committee | Gifts/Awards/Memorials Expense | Printing Expenses | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (for a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Daniela Hernandez</i>	3 Filer ID (Ethics Commission Filer)	
4 Date <i>10/26</i>	5 Payee name <i>Chick Fil A</i>		
6 Amount (\$) <i>31.96</i>	7 Payee address, City, State, Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	<i>Food/Beverage Expense</i>		
(c) Check if travel outside of Texas. Complete Schedule T		(d) Check if Austin, TX, officer/holder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit COH			
Candidate / Officer/holder name		Office sought	Office held
Date <i>10/27</i>	Payee name <i>David Chong</i>		
Amount (\$) <i>531</i>	Payee address, City, State, Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>Salaries/Wages/Contract Labor</i>		
(c) Check if travel outside of Texas. Complete Schedule T		(d) Check if Austin, TX, officer/holder living expense	
Complete ONLY if direct expenditure to benefit COH			
Candidate / Officer/holder name		Office sought	Office held
Date <i>10/27</i>	Payee name <i>Miroslava Martinez</i>		
Amount (\$) <i>270</i>	Payee address, City, State, Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>Salaries/Wages/Contract Labor</i>		
(c) Check if travel outside of Texas. Complete Schedule T		(d) Check if Austin, TX, officer/holder living expense	
Complete ONLY if direct expenditure to benefit COH			
Candidate / Officer/holder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---|--------------------------------|--------------------------------|---|
| Advertising Expense | Event Expenses | Loan Repayment/Reimbursement | Solicitation/Traveling Expenses |
| Accounting/Printing | Fees | Office Overhead/Rent/Utilities | Transportation Equipment & Related Expenses |
| Consulting Expenses | Food/Beverage Expenses | Printing Expense | Travel In District |
| Contributions/Contributions Made By | Gifts/Assess/Memoranda Expense | Printing Expense | Travel Out Of District |
| Candidates/Officeholder/Political Committee | Legal Services | Relatives/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 <i>Daniela Hernandez</i>	3 Filer ID (Ethics Commission Filer)
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4 Date <i>10/27</i>	5 Payee name <i>Mr. Donald</i>
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6 Amount (\$) <i>5.82</i>	7 Payee address: City: State: Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Food/Beverage Expense</i>	(b) Description:
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	

9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/02</i>	Payee name <i>PNC Bank</i>
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Amount (\$) <i>3.00</i>	Payee address: City: State: Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Accounting/Banking Fee</i>	Description:
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	

Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/05</i>	Payee name <i>AME DOT</i>
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Amount (\$) <i>40.30</i>	Payee address: City: State: Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Fundraising Expense</i>	Description:
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.	

Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Bookkeeping
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/Interest Expense
Office Overhead/Travel Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Substance Abuse/Rehabilitation 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 <i>Daniela Hernandez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/10</i>	5 Payee name <i>APE DOT</i>	
6 Amount (\$) <i>10.30</i>	7 Payee address, City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Fundraising Expense</i>	
(c) Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME <i>Daniela Hernandez</i>	3 Filer ID (Ethics Commission Filer)
4 Date <i>10/13</i>	5 Payee name <i>Campaign Verify</i>	
6 Amount (\$) <i>95.00</i> <small>Reimbursement from political contributions intended</small> <input checked="" type="checkbox"/>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit COH		
Date <i>10/03</i>	Candidate / Officeholder name	
Amount (\$) <i>155.69</i> <small>Reimbursement from political contributions intended</small> <input checked="" type="checkbox"/>	Office sought	
8 PURPOSE OF EXPENDITURE	Payee name <i>Pizza Patron</i>	Office held
	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expense</i>	Description
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit COH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
8 PURPOSE OF EXPENDITURE	Payee name	Office held
	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 ONLY if direct expenditure to benefit COH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
8 PURPOSE OF EXPENDITURE	Payee name	Office held
	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 ONLY if direct expenditure to benefit COH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED