| CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT | | | | | | FORM C/OH COVER SHEET PG 1 | |
|---|---|--|-----------------|--|--|--|--|
| The C/OH Instruction C | Guide explains how | to complete this for | m. 1 File | er ID (Ethics Commission Filers) | 2 Total pages | filed: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | s/MRS/MR FIRST MI Daniela | | | OFFICE USE ONLY | | |
| | NICKNAME Dani | LAST He | rnandez | SUFFIX | Date Received | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX | APT/SUITE# | JAN 1 7 2023 | | | | |
| Change of Address | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE 71 | AREA CODE PHONE NUMBER EXTENSION () 713-894-6942 | | | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER | MS / MRS / MR | FIRST Juan Carlos | 5 | МІ | Receipt # | Amount \$ | |
| NAME | NICKNAME LAST SUFFIX | | | | Date Processed | | |
| | Flores | | | Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 5717 Newport Houston, TX 77023 | | | | STATE; | ZIP CODE | |
| (Residence or Business) | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER 818-605-4418 | | EXTENSION | | | |
| 9 REPORT TYPE | X January 15 | 30th day t | before election | Runoff | treasurer | after campaign rappointment lder Only) | |
| | July 15 | 8th day be | efore election | Exceeded Modified Reporting Limit | Final Rep | port (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 07/ 01/22 / THROUGH / 12/31/2022 | | | | | | |
| 11 ELECTION | Month Day | Year P | Primary | ELECTION TYPE Runoff Other Description Special | | | |
| 12 OFFICE | OFFICE HELD (if any) Houston ISD | Trustee Distr | I | 13 OFFICE SOUGHT (if known |) | | |
| 14 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 | | | | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | | | |
| | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | | | | | |
| | | COMMITTEE CAMPAI | GN TREASURER | ADDRESS | | | |
| GO TO PAGE 2 | | | | | | | |

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS TOTAL POLITICAL EXPENDITURES** 16.50 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 2,165,95 **BALANCE** OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Dani Hernandez Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL _ this the _____ day of _ Sworn to and subscribed before me by _____ , to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration 10/05/1988 Daniela Hernandez __, and my date of birth is __ My address is 2043 Santa Rosa Houston, Tx 77023 (zip code) 23 (city) (street) (state) (country) Harris Texas , on the 17th day of January _ County, State of _ Executed in ____ Davi Hemandes Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME 20 Filer ID | 20 Filer ID (Ethics Commission Filers) | |
|---|--|--|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. SCHEDULE E: LOANS | \$ | |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION | vs \$ 16.50 | |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT | TIONS \$ | |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ | |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH \$ | |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIO | NS \$ | |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER | JRNED \$ | |

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/Banking Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Travel In District
Travel Out Of District Contributions/Donations Made By 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 3 Filer ID (Ethics Commission Filers) Daniela Hernandez 4 Date 5 Payee name PNC Bank 07/22- 12/22 6 Amount (\$) City; Zip Code State: 7 Payee address; 16.50 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED