

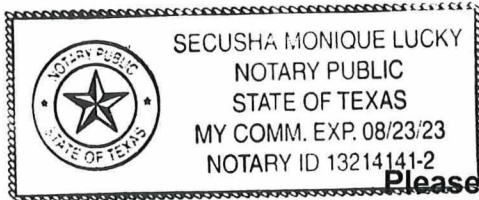
| <b>CANDIDATE / OFFICEHOLDER<br/>CAMPAIGN FINANCE REPORT</b>  |   |  |  | <b>FORM C/OH<br/>COVER SHEET PG 1</b> |                      |
|--|---|--|--|---------------------------------------|----------------------|
| The C/OH Instruction Guide explains how to complete this form.   |   |  | 1 Filer ID (Ethics Commission Filers)  |                                       | 2 Total pages filed: |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME  | MS / MRS / MR      FIRST      MI<br><br>Daniela   |  | <b>OFFICE USE ONLY</b>                 |                                       |                      |
|  | NICKNAME      LAST      SUFFIX<br>Dani      Hernandez   |  |  |                                       |                      |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address  | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><br>2043 Santa Rosa Houston, TX 77023 |  |  |                                       |                      |
|  | Date Received   |  |  |                                       |                      |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE  | AREA CODE      PHONE NUMBER      EXTENSION<br>( 713 )      894-6942   |  | Date Hand-delivered or Date Postmarked |                                       |                      |
|  |   |  |  |                                       |                      |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR      FIRST      MI<br><br>Juan Carlos   |  | Receipt #      Amount \$               |                                       |                      |
|  | NICKNAME      LAST      SUFFIX<br>Flores  |  |  |                                       |                      |
| Date Processed   |   |  | Date Imaged                            |                                       |                      |
| Date Imaged  |   |  |  |                                       |                      |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)  |   |  |  |                                       |                      |
| STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>5717 Newport Houston, TX 77023  |   |  |  |                                       |                      |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   |   |  |  |                                       |                      |
| AREA CODE      PHONE NUMBER      EXTENSION<br>( 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)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |  |  |                                       |                      |
| 10 PERIOD COVERED  |   |  |  |                                       |                      |
| Month      Day      Year      Month      Day      Year<br>01/01/2022      THROUGH      07/15/2022  |   |  |  |                                       |                      |
| 11 ELECTION  |   |  |  |                                       |                      |
| ELECTION DATE      ELECTION TYPE<br>Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br>11/05/2019 <input type="checkbox"/> General <input type="checkbox"/> Special   |   |  |  |                                       |                      |
| 12 OFFICE  |   |  |  |                                       |                      |
| OFFICE HELD (if any)      13 OFFICE SOUGHT (if known)<br>Houston ISD Trustee District III  |   |  |  |                                       |                      |
| 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.  |   |  |  |                                       |                      |
| <input type="checkbox"/> Additional Pages      COMMITTEE TYPE      COMMITTEE NAME<br><input type="checkbox"/> GENERAL      COMMITTEE ADDRESS<br><input type="checkbox"/> SPECIFIC      COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |  |  |                                       |                      |
| <b>GO TO PAGE 2</b>  |   |  |  |                                       |                      |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

|                                |   |   |
|--------------------------------|---|---|
| <b>15 C/OH NAME</b>            |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>  | 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)  | \$  |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 10.00                                      |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 2,182.45                                   |
| <b>OUTSTANDING LOAN TOTALS</b> | 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.



DocuSigned by:  
Dani Hernandez  
Signature of Candidate or Officeholder

Please complete either option below:

### (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Dani Hernandez this the 19th day of July, 2022, to certify which, witness my hand and seal of office.

Secusha Monique Lucky Secusha Monique Lucky Notary

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

OR

### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|   |   |   |
|---|---|---|
| <b>19 FILER NAME</b>                              |   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b> |   | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$  |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$  |
| 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 | \$  |

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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  
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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule H:   | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>06/30/22  | <b>5</b> Business name<br>PNC Bank   |  |
| <b>6</b> Amount (\$)<br>10.00  | <b>7</b> Business address; City; State; Zip Code   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Banking   | <b>(b)</b> Description<br>Bank Fees          |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |  |  |
| Date   | Business name  |  |
| Amount (\$)  | Business address; City; State; Zip Code  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | 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 <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |  |  |
| Date   | Business name  |  |
| Amount (\$)  | Business address; City; State; Zip Code  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | 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 <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |  |  |
| Date   | Business name  |  |
| Amount (\$)  | Business address; City; State; Zip Code  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | 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 <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |  |