

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 Filers)		2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Daniela</div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.5em; margin-top: 10px;">Hernandez</div>				OFFICE USE ONLY	
	<div style="display: flex; justify-content: space-between;"> DATE RECEIVED </div> <div style="text-align: center; font-size: 1.5em; margin-top: 20px;">JUL 15 2025</div>					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="font-size: 1.2em; margin-top: 10px;">2043 Santa Rosa Houston, Tx 77023</div>					
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-size: 1.2em; margin-top: 10px;">(713) 894-6942</div>					
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div>				<div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div>	
	<div style="display: flex; justify-content: space-between;"> Date Processed </div>					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-size: 1.2em; margin-top: 10px;">()</div>					
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>					
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.5em;">07 / 01 / 24</div> </div> <div>THROUGH</div> <div> Month Day Year <div style="font-size: 1.5em;">01 / 15 / 25</div> </div> </div>					
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year <div style="font-size: 1.5em;">/ /</div> </div> <div style="width: 60%;"> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div> </div> </div>					
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.5em; margin-top: 10px;">HISD Trustee</div>		13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="font-size: 0.8em;">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.</div>						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE		COMMITTEE NAME			
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS			
			COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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15 C/OH NAME

16 Filer 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)

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 7,871.99

OUTSTANDING
LOAN TOTALS

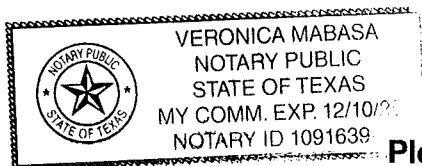
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

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.

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Daniela Hernandez this the 15th day of July,
2025, to certify which, witness my hand and seal of office.

Veronica Mabasa
Signature of officer administering oath

Veronica Mabasa
Printed name of officer administering oath

Team Lead
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

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19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

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	\$