

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filled

The C/OH Instruction Guide explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST: Pedro LAST: Hernandez MI: _____
 NICKNAME: _____ SUFFIX: _____

4 CANDIDATE / OFFICEHOLDER ADDRESS / MAILING ADDRESS
 ADDRESS / PO BOX: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 OFFICE USE ONLY
 RECEIVED
 OCT 28 2024
 BY: [Signature]

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: _____ PHONE NUMBER: (830) 213-6300 EXTENSION: _____

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST: Pedro LAST: Hernandez MI: _____
 NICKNAME: _____ SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____

8 CAMPAIGN TREASURER PHONE
 AREA CODE: _____ PHONE NUMBER: (830) 213-6300 EXTENSION: _____

9 REPORT TYPE
 January 15 30th day before election
 Runoff
 15th day after campaign treasurer appointment (Officerholder Only)
 Final Report (Attach C/OH - FR)
 Exceeded Modified Reporting Limit
 8th day before election

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
10 / 06 / 2024 THROUGH 10 / 28 / 2024

11 ELECTION
 ELECTION DATE: 11 / 05 / 2024
 Month Day Year
 Primary
 Runoff
 Special
 Other
 ELECTION TYPE: _____ Description: _____

12 OFFICE
 OFFICE HELD (if any): _____
 OFFICE SOUGHT (if known): Fitch 1 (constable)

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: GENERAL SPECIFIC
 COMMITTEE NAME: _____
 COMMITTEE ADDRESS: _____
 COMMITTEE CAMPAIGN TREASURER NAME: _____
 COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

GO TO PAGE 2

(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 _____ (month) _____, 20____ (Year)

Signature of Candidate/Officeholder (Declarant) _____

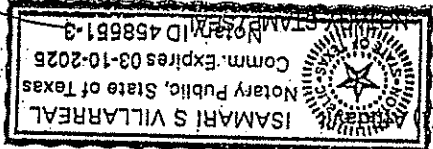
Signature of officer administering oath _____

Printed name of officer administering oath _____

Title of officer administering oath _____

Sworn to and subscribed before me by John Hernandez this the 28th day of October 2024

to certify which, witness my hand and seal of office.



Please complete either option below:

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 _____

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>750.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

15. C/OH NAME _____

16. Filer ID (Ethics Commission Filers) _____

SCHEDULE A1

MONETARY POLITICAL CONTRIBUTIONS

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

1 Total pages - Schedule A1:		The instruction guide explains how to complete this form.	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor	Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 950.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OR 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	\$

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

W/M

1 Total pages Schedule A2:		The instruction Guide explains how to complete this form.	
2 FILER NAME			
3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:	
7 Contributor address:	City:	State:	Zip Code
8 Amount of Contribution \$	9 In-kind contribution description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / job title (FOR NON-JUDICIAL)(See instructions)	11 Employer (FOR NON-JUDICIAL)(See instructions)	12 Contributor's principal-occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL)(See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Principal occupation / job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL)(See instructions)	Contributor's principal occupation (FOR JUDICIAL)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS
 SCHEDULE A2
 If the requested information is not applicable, DO NOT include this page in the report.

PLEGGED CONTRIBUTIONS

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

SCHEDULE B

1. Total pages Schedule B: _____		The instruction guide explains how to complete this form.		
2. FILER NAME		3. Filer ID (Ethics Commission Filers)		
4. TOTAL OF UNITEMIZED PLEDGES \$ _____		5. Date		
6. Full name of pledgor _____		7. Pledgor address: _____ City: _____ State: _____ Zip Code _____		
8. Amount of Pledge \$ _____		9. In-kind contribution description _____		
10. Principal occupation / Job title (See instructions)		11. Employer (See instructions)		
Date		Full name of pledgor _____		
Pledgor address: _____ City: _____ State: _____ Zip Code _____		Amount of Pledge \$ _____		
In-kind contribution description _____		Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/>		
Principal occupation / Job title (See instructions)		Employer (See instructions)		
Date		Full name of pledgor _____		
Pledgor address: _____ City: _____ State: _____ Zip Code _____		Amount of Pledge \$ _____		
In-kind contribution description _____		Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/>		
Principal occupation / Job title (See instructions)		Employer (See instructions)		
Date		Full name of pledgor _____		
Pledgor address: _____ City: _____ State: _____ Zip Code _____		Amount of Pledge \$ _____		
In-kind contribution description _____		Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/>		
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.				

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Officer/Political Committee
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental 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 Filer)

4 Date	5 Payee name	6 Amount (\$)	7 Payee address; City; State; Zip Code	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	(c) <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 C/OH	Candidate / Officeholder name	Office sought	Office held

4 Date	5 Payee name	6 Amount (\$)	7 Payee address; City; State; Zip Code	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	(c) <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 C/OH	Candidate / Officeholder name	Office sought	Office held

4 Date	5 Payee name	6 Amount (\$)	7 Payee address; City; State; Zip Code	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	(c) <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 C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F2

UNPAID INCURRED OBLIGATIONS

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By
- Candidate/Officeholder/Political Committee
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental 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 F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filer)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$

5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE Political Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

<p>1 Total pages Schedule F3:</p>	<p>The instruction guide explains how to complete this form.</p>
<p>3 Filer ID (Ethics Commission Filers)</p>	<p>2 FILER NAME</p>

<p>4 Date</p>	<p>5 Name of person from whom investment is purchased</p> <p>6 Address of person from whom investment is purchased; City: State: Zip Code</p> <p>7 Description of investment</p> <p>8 Amount of investment (\$)</p>
---------------	--

<p>Name of person from whom investment is purchased</p> <p>Address of person from whom investment is purchased; City: State: Zip Code</p> <p>Description of investment</p> <p>Amount of investment (\$)</p>	<p>Date</p>
--	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE I

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

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 I: 2 FILER NAME: 3 Filer ID (Ethics Commission Filers)

4 Date: 5 Payee name

6 Amount (\$): 7 Payee address; City State Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories.) (b) Description (See instructions regarding type of information required.)

Date: Payee name

Amount (\$): Payee address; City State Zip Code

PURPOSE OF EXPENDITURE Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)

Date: Payee name

Amount (\$): Payee address; City State Zip Code

PURPOSE OF EXPENDITURE Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)

Date: Payee name

Amount (\$): Payee address; City State Zip Code

PURPOSE OF EXPENDITURE Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

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 T: _____

2 FILER NAME _____

3 Filer ID (Ethics Commission Filers) _____

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee _____

5 Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(j) Schedule C2 Schedule D Schedule F1

Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling _____

8 Departure city or name of departure location _____

9 Destination city or name of destination location _____

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event) _____

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee _____

Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(j) Schedule C2 Schedule D Schedule F1

Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling _____

8 Departure city or name of departure location _____

9 Destination city or name of destination location _____

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event) _____

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee _____

Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(j) Schedule C2 Schedule D Schedule F1

Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE K

2/1/17

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

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

1 Total pages Schedule K:	The instruction guide explains how to complete this form.
3 Filer ID (Ethics Commission Filers)	2 FILER NAME

8 Amount (\$)	5 Name of person from whom amount is received	4 Date
	6 Address of person from whom amount is received: City: State: Zip Code	
	7 Purpose for which amount is received	

Amount (\$)	Name of person from whom amount is received	Date
	Address of person from whom amount is received: City: State: Zip Code	
	Purpose for which amount is received	

Amount (\$)	Name of person from whom amount is received	Date
	Address of person from whom amount is received: City: State: Zip Code	
	Purpose for which amount is received	

Amount (\$)	Name of person from whom amount is received	Date
	Address of person from whom amount is received: City: State: Zip Code	
	Purpose for which amount is received	

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
- 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
- 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 G: 2 FILER/NAME *Fern Hernandez* 3 Filer ID (Ethics Commission Filers)

4 Date *10-28-24* 5 Payee name *La Rancherita Del Aire*

6 Amount (\$) *750.00* 7 Payee address: *Pedras Negras Court Mexico*

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) *Advertising Expense* (b) Description *Radio Advertisement*

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name *Pedro Hernandez* Office sought *Pct 1 Constable*

Date Payee name

Amount (\$) Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought

Date Payee name

Amount (\$) Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

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

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By
- Candidate/Officeholder/Political Committee
- Event Expense
- Loan Repayment/Reimbursement
- Solicitation/Fundraising Expense
- Gift/Awards/Memorials Expense
- Office Overhead/Rental Expense
- Transportation Equipment & Related Expense
- Food/Bverage Expense
- Office Copy/Printing Expense
- Travel in District
- Travel Out of District
- Other (enter a category not listed above)
- Legal Services
- Printing Expense
- Salaries/Wages/Contract Labor
- Event Expense
- Loan Repayment/Reimbursement
- 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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES

2 FILER NAME

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

5 CREDIT CARD ISSUER

Name of financial institution

6 PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

(b) Payee address, City, State, Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (see categories listed at the top of this schedule)

(b) Description

Political
 Non-Political

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address, City, State, Zip Code

PURPOSE OF EXPENDITURE

(a) Category (see categories listed at the top of this schedule)

(b) Description

Political
 Non-Political

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

PAYMENT

(a) Amount Charged

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address, City, State, Zip Code

PURPOSE OF EXPENDITURE

(a) Category (see categories listed at the top of this schedule)

(b) Description

Political
 Non-Political

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FORM C/OH
COVER SHEET PG 1

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

1 Filer ID (ethics Commission Filer) _____ 2 Total pages filed _____

The C/OH instruction guide explains how to complete this form.

3 CANDIDATE / OFFICEHOLDER NAME
 FIRST: Pedro LAST: Hernandez MI: _____
 MS / MRS / MR: _____ NICKNAME: _____
 SUFFIX: _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: P.O. Box 3117, Eagle Pass, TX 78852
 CITY: _____ STATE: _____ ZIP CODE: _____
 APT / SUITE #: _____

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: _____ PHONE NUMBER: (830) 213-6300
 EXTENSION: _____

6 CAMPAIGN TREASURER NAME
 FIRST: Pedro LAST: Hernandez MI: _____
 MS / MRS / MR: _____ NICKNAME: _____
 SUFFIX: _____
 Date Processed: _____ Date Imaged: _____
 Receipt # _____ Amount \$ _____
 Deputy: _____

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): 1303 Riddle St, Eagle Pass, TX 78852
 CITY: _____ STATE: _____ ZIP CODE: _____
 APT / SUITE #: _____ EXTENSION: _____

8 CAMPAIGN TREASURER PHONE
 AREA CODE: _____ PHONE NUMBER: (830) 213-6300
 EXTENSION: _____

9 REPORT TYPE
 January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (Officeholder Only)
 Exceeded Modified Reporting Limit
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED
 Month: 02 / Day: 24 / Year: 2018
 THROUGH
 Month: 05 / Day: 18 / Year: 2019

11 ELECTION
 ELECTION DATE: 3 / 05 / 24
 Month: 3 / Day: 05 / Year: 24
 ELECTION TYPE:
 Primary
 Runoff
 Other Description: _____
 Special

12 OFFICE
 OFFICE HELD (if any): _____
 13 OFFICE SOUGHT (if known): Constable Pet 1

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:
 GENERAL
 SPECIFIC
 COMMITTEE NAME: _____
 COMMITTEE ADDRESS: _____
 COMMITTEE CAMPAIGN TREASURER NAME: _____
 COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

Additional Pages:

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Peter Hernandez

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS

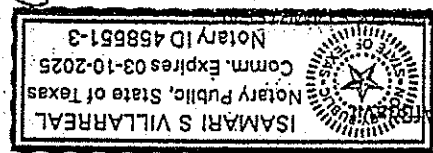
1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
4.	TOTAL POLITICAL EXPENDITURES	\$ <i>-0-</i>
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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

[Signature]

Please complete either option below:



Sworn to and subscribed before me by

Peter Hernandez this the *24* day of *June*

20 *24* 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

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (county)

Executed in _____ County, State of _____, on the _____ day of _____ (month) _____, 20____ (Year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME: *Peter Hernandez "Pete"*
 20 Filer ID (Ethics Commission Filer)

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.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$ <i>-0-</i>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

(This area is intentionally left blank for detailed reporting.)

SCHEDULE A1

MONETARY POLITICAL CONTRIBUTIONS

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

1 Total pages - Schedule A1:		The Instruction Guide explains how to complete this form.	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	6 Contributor address: City: _____ State: _____ Zip Code _____	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor	Contributor address: City: _____ State: _____ Zip Code _____	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	Contributor address: City: _____ State: _____ Zip Code _____	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	Contributor address: City: _____ State: _____ Zip Code _____	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	Contributor address: City: _____ State: _____ Zip Code _____	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	Contributor address: City: _____ State: _____ Zip Code _____	Amount of contribution (\$)
<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>			

SCHEDULE B

PLEGGED CONTRIBUTIONS

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 B:

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor

out-of-state PAC (ID#:

)

9 In-kind contribution description

8 Amount of Pledge \$

7 Pledgor address; City; State; Zip Code

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#:

)

In-kind contribution description

Amount of Pledge \$

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#:

)

In-kind contribution description

Amount of Pledge \$

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#:

)

In-kind contribution description

Amount of Pledge \$

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#:

)

In-kind contribution description

Amount of Pledge \$

Pledgor 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.

SCHEDULE A2

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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

1 The instruction guide explains how to complete this form.		3 Filer ID (Ethics Commission Filer)	
2 FILER NAME		4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Contributor address: _____ City: _____ State: _____ Zip Code _____	8 Amount of Contribution \$
9 In-kind contribution description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		11 Employer (FOR NON-JUDICIAL)(See instructions)
10 Principal occupation / job title (FOR NON-JUDICIAL)(See instructions)	13 Contributor's job title (FOR JUDICIAL)(See instructions)	14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	12 Contributor's principal occupation (FOR JUDICIAL) 11 Employer (FOR NON-JUDICIAL)(See instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of Contribution \$
17 In-kind contribution description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		18 Employer (FOR NON-JUDICIAL)(See instructions)
19 Principal occupation / job title (FOR NON-JUDICIAL)(See instructions)	21 Contributor's job title (FOR JUDICIAL)(See instructions)	22 Contributor's employer/law firm (FOR JUDICIAL)	23 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
24 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	20 Contributor's principal occupation (FOR JUDICIAL) 21 Employer (FOR NON-JUDICIAL)(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.			

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
- Event Expense
- Food/Beverage Expense
- Fees
- 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)

4 Date

5 Payee name

6 Amount (\$)

7 Payee address; City; State; Zip Code

8

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE E

LOANS

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 E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of collateral

15

Check if personal funds were deposited into political account (See instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

20 Principal Occupation (See instructions)

21 Employer (See instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of collateral

none

Check if personal funds were deposited into political account (See instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Principal Occupation (See instructions)

Employer (See instructions)

not applicable

Guarantor address; City; State; Zip Code

State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F3

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

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

<p>1 Total pages Schedule F3:</p>	<p>The instruction guide explains how to complete this form.</p>
<p>2 FILER NAME</p>	<p>3 Filer ID (Ethics Commission Filers)</p>

4 Date	5 Name of person from whom investment is purchased	
6 Address of person from whom investment is purchased; City: State: Zip Code	7 Description of investment	8 Amount of investment (\$)

Date	Name of person from whom investment is purchased	
Address of person from whom investment is purchased; City: State: Zip Code	Description of investment	Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F2

UNPAID INCURRED OBLIGATIONS

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By
- Candidate/Officer/Officer/Political Committee
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental 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 F2:

2 FILER NAME

3 Filer ID (Ethics Commission Filer)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$

5 Date

6 Payee name

7 Amount (\$)

8 Payee address;

City; State; Zip Code

9 TYPE OF EXPENDITURE

Political Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officer/holder name

Office sought

Office held

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officer/holder 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
- 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
- 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 G: 2 FILER NAME: 3 Filer ID (Ethics Commission Filers)

4 Date: 5 Payee name: 6 Amount (\$): 7 Payee address: City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Amount (\$) Reimbursement from political contributions intended

Date Payee name Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Amount (\$) Reimbursement from political contributions intended

Date Payee name Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE H

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

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
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Solicitation/Fundraising Expense
- Transportation Equipment & Related Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Fees
- Printing Expense
- Legal Services
- Event Expense
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- 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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name	6 Amount (\$)
---------------	------------------------	----------------------

7 Business address;	City:	State:	Zip Code
----------------------------	--------------	---------------	-----------------

8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
----------	---	------------------------

9 Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	---	---

Date	Business name	Amount (\$)
-------------	----------------------	--------------------

Business address;	City:	State:	Zip Code
--------------------------	--------------	---------------	-----------------

EXPENDITURE OF PURPOSE	Category (See Categories listed at the top of this schedule)	Description
-------------------------------	---	--------------------

Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	---	---

Date	Business name	Amount (\$)
-------------	----------------------	--------------------

Business address;	City:	State:	Zip Code
--------------------------	--------------	---------------	-----------------

EXPENDITURE OF PURPOSE	Category (See Categories listed at the top of this schedule)	Description
-------------------------------	---	--------------------

Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	---	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 1:	2. FILER NAME	3 Filer ID (Ethics Commission Filer)
---------------------------	---------------	--------------------------------------

4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City State Zip Code	
8	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE T

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

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 T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
6 Dates of travel	7 Name of person(s) traveling	
<input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(j) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS	
8 Departure city or name of departure location	9 Destination city or name of destination location	
10 Means of transportation		
11 Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(j) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS	
Dates of travel	Name of person(s) traveling	
Departure city or name of departure location	Destination city or name of destination location	
Means of transportation		
Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(j) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS	
Dates of travel	Name of person(s) traveling	
Departure city or name of departure location	Destination city or name of destination location	
Means of transportation		
Purpose of travel (including name of conference, seminar, or other event)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

1 Total pages Schedule K:	The Instruction Guide explains how to complete this form.
3 Filer ID (Ethics Commission Filers)	2 FILER NAME

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
6 Address of person from whom amount is received; City; State; Zip Code		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received	8 Amount (\$)
6 Address of person from whom amount is received; City; State; Zip Code		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received	8 Amount (\$)
6 Address of person from whom amount is received; City; State; Zip Code		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received	8 Amount (\$)
6 Address of person from whom amount is received; City; State; Zip Code		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE/OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 Complete only if "Report Type" on page 1 is marked "Final Report"...

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

A CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section only if you are an officeholder ..

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

Signature of Filer (Declarant)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)
My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
My name is _____ and my date of birth is _____

(2) Unsworn Declaration

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

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

NOTARY STAMP/SEAL

Signature of Filer

(1) Affidavit

Please complete either option below:

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions to me, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the report due on _____ I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.
An exemption affidavit must be submitted with each paper report.

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION



OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name	
Filer ID #	