

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

|   |  |   |                                      |  |                                    |
|---|--|---|--------------------------------------|--|------------------------------------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00062679 | <b>2</b> Total pages filed:<br><br>5 |  |                                    |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable   | FIRST<br>Daniel E.  | MI                                   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/13/2023 |                                    |
|   | NICKNAME<br>Dan  | LAST<br>Hinde   | SUFFIX                               |  |                                    |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>14053 Memorial Drive<br>No. 316<br>Houston, TX 77079  |   |                                      | Date Hand-delivered or Date Postmarked   |                                    |
|   |  |   |                                      | Receipt #      Amount  |                                    |
|   |  |   |                                      | Date Processed   |                                    |
|   |  |   |                                      | Date Imaged  |                                    |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.   | FIRST<br>Oscar L.   | MI                                   |  |                                    |
|   | NICKNAME   | LAST<br>de la Rosa  | SUFFIX                               |  |                                    |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>Three Riverway<br>Ste 1820<br>Houston, TX 77056   |   |                                      |  |                                    |
|   |  |   |                                      |  |                                    |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(713)   | PHONE NUMBER<br>395-0991                                    | EXTENSION                            |  |                                    |
| <b>8</b> 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 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)   |   |                                      |  |                                    |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>01/01/2023   |   |                                      | THROUGH  | Month    Day    Year<br>06/30/2023 |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year  |   |                                      | ELECTION TYPE  |                                    |
|   |  |   |                                      | <input type="checkbox"/> Primary   | <input type="checkbox"/> Runoff    |
|   |  |   | <input type="checkbox"/> General     | <input type="checkbox"/> Special   |                                    |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>District Judge District 269 Harris   |   |                                      | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge District 269                        |                                    |
|   |  |   |                                      |  |                                    |

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 5

**13** C / OH NAME Hinde, Daniel E. (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00062679

**15** 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.

Additional Pages

|   |                                      |
|---|--------------------------------------|
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME                       |
|   | COMMITTEE ADDRESS                    |
|   | COMMITTEE CAMPAIGN TREASURER NAME    |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |  |    |           |
|-------------------------------|--|----|-----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 0.00      |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00      |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 0.00      |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 12,195.85 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00      |

**17** AFFIDAVIT

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.

The Honorable Daniel E. Hinde

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

# SUBTOTALS - JC/OH

|  |   |
|--|---|
| <b>18 FILER NAME</b><br>Hinde, Daniel E. (The Honorable) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00062679 |
|--|---|

| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE   | SUBTOTAL AMOUNT |
|--|-----------------|
| 1. <input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                                    | \$              |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                    | \$              |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)  | \$              |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  | \$              |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                               | \$              |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$              |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                              | \$              |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$              |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS   | \$              |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                        | \$              |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$              |
| 12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.60         |

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

SCHEDULE K

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule K:<br>Sch: 1/2 Rpt: 4/5    |
| <b>2</b> FILER NAME<br>Hinde, Daniel E. (The Honorable)          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062679 |
| <b>4</b> Date<br>01/09/2023                                      | <b>5</b> Name of person from whom amount is received<br>Wells Fargo Bank, N.A.   | <b>8</b> Amount (\$)<br>\$0.11                           |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Portland, OR 97228-6995                        |  |
|  | <b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer<br>Interest |  |
| Date<br>02/07/2023   | Name of person from whom amount is received<br>Wells Fargo Bank, N.A.  | Amount (\$)<br>\$0.09                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Portland, OR 97228-6995                                 |  |
|  | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer<br>Interest          |  |
| Date<br>03/07/2023   | Name of person from whom amount is received<br>Wells Fargo Bank, N.A.  | Amount (\$)<br>\$0.10                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Portland, OR 97228-6995                                 |  |
|  | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer<br>Interest          |  |
| Date<br>04/07/2023   | Name of person from whom amount is received<br>Wells Fargo Bank, N.A.  | Amount (\$)<br>\$0.10                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Portland, OR 97228-6995                                 |  |
|  | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer<br>Interest          |  |
| Date<br>05/05/2023   | Name of person from whom amount is received<br>Wells Fargo Bank, N.A.  | Amount (\$)<br>\$0.09                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Portland, OR 97228-6995                                 |  |
|  | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer<br>Interest          |  |

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

SCHEDULE K

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule K:<br>Sch: 2/2 Rpt: 5/5                      |
| <b>2</b> FILER NAME<br>Hinde, Daniel E. (The Honorable)          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062679                   |
| <b>4</b> Date<br>06/07/2023                                      | <b>5</b> Name of person from whom amount is received<br>Wells Fargo Bank, N.A.                                | <b>8</b> Amount (\$)<br>\$0.11   |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Portland, OR 97228-6995 |  |
|  | <b>7</b> Purpose for which amount is received<br>Interest   | <input type="checkbox"/> Check if political contribution returned to filer |