#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00057411 47 Date Received CANDIDATE / MS / MRS / MR **FIRST** ΜI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Ana E. 01/16/2024 NAME NICKNAME LAST **SUFFIX** Hernandez Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff Other (specify) REPORT TYPE Receipt # July 15 Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed Final Report (Attach C/OH-FR) 8th day before election **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 07/01/2023 12/31/2023 **EXPLANATION OF CORRECTION** Contribution & expenditure entries were inadvertently omitted from the previously filed report and corrected before the report filing deadline. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true

and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Ana E. Hernandez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections** 

Printed name of officer administering oath

Signature of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commit 00057411		2 Total pages fil	ed: .7
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Ana E.			Date Received  ELECTRONICA	
	NICKNAME	LAST	•••••	SUFFIX	01/16/2024	
		Hernandez				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 15538				Receipt #	Amount
Change of Address	Houston, TX 77220					
	Tiodelon, 17(11226				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Alice				
	NICKNAME	LAST		SUFFIX		
		Moreno		3011111		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 30315 Legacy Pines Dr.	BOX PLEASE);	AP	「/SUITE#; CITY	; STA	ATE; ZIP CODE
(Residence or Business)	Spring, TX 77386					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONI (281) 681-0776	E NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before		Runoff  Exceeded modified reporting limit	15th day after car appointment (office Final Report (Atta	ceholder only)
9 PERIOD COVERED	Month Day Year 07/01/2023	ТН	ROUGH	Month Day 12/31/20	Year 23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XPI	rimary	Runoff	Other	
	03/05/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
	State Representative Distri	ict 143			tative District 143	
	ı			I		
		GO T	O PAGE 2			

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 47

13 C / OH NAME	Hernandez, Ana E. (	<b>14</b> Filer ID (I 00057411	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
	1. TOTAL UNITEM			
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00		
	5)	<b>\$</b> 73,910.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM		<b>\$</b> 1,064.49	
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 21,914.77
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 290,264.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honor	able Ana E. Hernand	ez
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

			C	OVER S	6HEET PG 3 4 of 47
<b>18</b> FILE		ME z, Ana E. (The Honorable)	<b>19</b> Filer ID 00057411	(Ethics Co	ommission Filers)
		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	73,360.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	550.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	21,914.77
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 5/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)			3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 12/05/2023	<ul><li>5 Full name of contributor</li><li>Abbott Laboratories Empl</li><li>6 Contributor address; City; St</li></ul>	-	000040279 )	7	Amount of Contribution (\$)	\$500.00
		Abbott Park, IL 60064					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 12/05/2023	Full name of contributor Allen Boone Humphries F Contributor address; City; S		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions	s) I	Employer (See Instructions	;) 		
	i iliopai occa	panon / cos ano (cos monacas)	,	Employer (eee meadeants	-,		
	Date 12/04/2023	Full name of contributor Ancira Strategic Partners Contributor address; City; S		)		Amount of Contribution (\$)	\$350.00
		Houston, TX 78701					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 08/24/2023	Full name of contributor Arredondo, Jorge Contributor address; City; S Edinburg, TX 78539		)	-	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/05/2023	Full name of contributor Austin Firefighters Associ Contributor address; City; S Austin, TX 78752		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 6/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)		3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 08/24/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$150.00
_	5	Houston, TX 77049				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/05/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/18 Rpt: 7/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)		3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 08/10/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$500.00
		Corpus Christi, TX 78466				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>(</b> )		
	Date 08/24/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Houston, TX 77008 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Commission	er	Harris County			
	Date 08/13/2023	Full name of contributor out-of-state PAC (ID#:_ Bundage Juvane, Stephanie  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
		Houston, TX 77021				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions CNP	5)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#:_ Cantu, Mark Contributor address; City; State; Zip Code  Cypress, TX 77433	)		Amount of Contribution (\$)	\$250.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Texas Liquor Control	()		
	Date 09/19/2023	Full name of contributor out-of-state PAC (ID#:_ Centerpoint Energy, Inc. Political Action Commit Contributor address; City; State; Zip Code  Houston, TX 77210-4567			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 8/47	=
2	FILER NAME Hernandez,	Ana E. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00057411	
4	Date 10/09/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$10,000.00	)
		San Antonio, TX 78209				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_ Choctaw Nation of Oklahoma Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,500.00	- )
	Principal occu	Durant, OK 74702 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		_
		, ,				
	Date 12/05/2023	Full name of contributor x out-of-state PAC (ID#: C Cigna PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$500.00	)
	Principal occu	Philadelphia, PA 19192 pation / Job title (See Instructions)	Employer (See Instructions	i)		_
	Date 12/05/2023	Full name of contributor X out-of-state PAC (ID#: C Comcast PAC Contributor address; City; State; Zip Code  Philadelphia, PA 19103	(200010470 )		Amount of Contribution (\$) \$2,500.00	-
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		_
	Date 12/05/2023	Full name of contributor	000793711		Amount of Contribution (\$) \$500.00	-
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>,</u>		_
						_

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 5/18 Rpt: 9/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)		3	Filer ID (Ethics Commission 00057411	n Filers)
4	Date 11/04/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
	Dringing oggu	Houston, TX 77015	0 Employer (	See Instructions)		
0	Principal occu	pation / Job title (See Instructions)	9 Employer (	See Instructions)		
	Date 12/04/2023	Full name of contributor out-of-state PAC Crenshaw, Jan Contributor address; City; State; Zip Code	C (ID#:		Amount of Contribution (\$)	\$10.00
		Houston, TX 77015				
	Principal occu	pation / Job title (See Instructions)	Employer (	See Instructions)		
	Date 10/04/2023	Full name of contributor out-of-state PAC Crenshaw, Jan Contributor address; City; State; Zip Code	C (ID#:		Amount of Contribution (\$)	\$10.00
		Houston, TX 77015				
	Principal occu	pation / Job title (See Instructions)	Employer (	See Instructions)		
	Date 07/09/2023	Full name of contributor out-of-state PAC Crenshaw, Jan Contributor address; City; State; Zip Code	C (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77015  pation / Job title (See Instructions)	Employer (	See Instructions)		
	Date 08/06/2023	Full name of contributor out-of-state PAC Crenshaw, Jan Contributor address; City; State; Zip Code	C (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu	Houston, TX 77015 pation / Job title (See Instructions)	Employer (	See Instructions)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1	
	The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 6/18 Rpt: 10/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00057411	
4	Date 09/04/2023	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$10	.00
_		Houston, TX 77015			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ons)	
	Date 08/24/2023	Full name of contributor out-of-state PAC (III Delgado, Joann  Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$100	.00
	Principal occu	Houston, TX 77089 pation / Job title (See Instructions)	Employer (See Instructions	one)	
	i illicipai occu	oduon 7 300 tute (300 matucalons)	Employer (See mandenoris	5115)	
	Date 08/24/2023	Full name of contributor out-of-state PAC (II Dinkins, James  Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$250	.00
		Houston, TX 77023			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ons)	
	Date 07/27/2023	Full name of contributor out-of-state PAC (II Enchanted Rock Holdings Employee PAC Contributor address; City; State; Zip Code  Houston, TX 77002	D#:)	Amount of Contribution (\$)	.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ons)	
	Date 08/24/2023	Full name of contributor out-of-state PAC (IT Felgner, Alice (Mrs.)  Contributor address; City; State; Zip Code  La Porte, TX 77571	D#:)	Amount of Contribution (\$)	.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ons)	
			·		

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/18 Rpt: 11/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)			3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 10/04/2023	5 Full name of contributor Fort Bend United	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$500.00
_		Houston, TX 77242					
8	Principal occu	pation / Job title (See Instructions	s) 	9 Employer (See Instructions	s)		
	Date 08/24/2023	Full name of contributor Garcia, Adrian Contributor address; City; S Houston, TX 77249		)		Amount of Contribution (\$)	\$1,000.00
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		<u> </u> s)				
	Commission	er		Harris County			
	Date 08/13/2023	Full name of contributor Garibay, C. Giovanni Contributor address; City; S	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$500.00
		Houston, TX 77009					
	Principal occu Consultant	pation / Job title (See Instructions	s)	Employer (See Instructions Self-employed	5)		
	Date 08/24/2023	Full name of contributor Gomez, Diana Contributor address; City; S Houston, TX 77009	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 08/24/2023	Full name of contributor Gomez, Israel & Martha Contributor address; City; S Houston, TX 77040	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	POLITICAL CONTRIBUTIONS  SCHEDULE		LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 12/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)		3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 08/24/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_		Houston, TX 77020	la = 1 (0 1 1 ii	L		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 07/30/2023	Full name of contributor out-of-state PAC (ID#: Harrison, Sam  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing agg	Houston, TX 77015	Employer (See Instructions	<u></u>		
	Pilicipai occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/30/2023	Full name of contributor out-of-state PAC (ID#: Heranandez, Daniel  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Houston, TX 77011				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#: Hernandez, Paul  Contributor address; City; State; Zip Code  Houston, TX 77027		-	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#: Houston Firefighters Political Action Fund  Contributor address; City; State; Zip Code  Houston, TX 77009			Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			ı			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 13/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)		3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 08/24/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
_	<u> </u>	Deer Park, TX 77536				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: Houston Police Officers Union PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Dringing aggr	Houston, TX 77007	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/05/2023	Full name of contributor  out-of-state PAC (ID#:_ Houston Police Retired Officers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Houston, TX 77219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/25/2023	Full name of contributor X out-of-state PAC (ID#: CIBEW PAC Voluntary Fund  Contributor address; City; State; Zip Code  Washington, DC 20001	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#:_ Jones, Dallas  Contributor address; City; State; Zip Code  Houston, TX 77004			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL (	SCHEDULE A1					
	The Instru	ction Guide explains hov	v to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 10/18 Rpt: 14/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)				3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 08/24/2023	<ul><li>5 Full name of contributor Khan, Amir &amp; Sabrina</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_ tate; Zip Code			7	Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77056						
8	Principal occu President	pation / Job title (See Instruction	5)	9	Employer (See Instructions Ashland Hospitality	s) 		
	Date 12/05/2023	Full name of contributor Linebarger Goggan Blair Contributor address; City; S Austin, TX 78760					Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instruction	Employer (See Instructions	<u> </u> S)				
	Date Full name of contributor out-of-state PAC (ID#:)  12/29/2023 Locke Lord LLP  Contributor address; City; State; Zip Code						Amount of Contribution (\$)	\$500.00
	Principal occu	Dallas, TX 75201 pation / Job title (See Instruction:	5)		Employer (See Instructions	<u> </u> s)		
	Date 12/19/2023	Full name of contributor McGuire, Michael Contributor address; City; S Dallas, TX 75205	out-of-state PAC (ID#:_ tate; Zip Code		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu President/CE	pation / Job title (See Instruction: EO	5)		Employer (See Instructions Andrews Distributing	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  08/24/2023 McKinney, Patrice  Contributor address; City; State; Zip Code  Houston, TX 77007						Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instruction	5)		Employer (See Instructions The Lanier Law Firm	5)		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1			
	The Instruc	etion Guide explains how to complete th	nis form.	- 1	Total pages Schedule A1: Sch: 11/18 Rpt: 15/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)			Filer ID (Ethics Commission 00057411	on Filers)
4	Date 10/12/2023	<ul> <li>Full name of contributor</li></ul>	(ID#: <u>C00097485</u> )	7	Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20004				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
	Date 12/05/2023	Full name of contributor out-of-state PAC Moak Casey PAC  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occur	Austin, TX 78746 pation / Job title (See Instructions)	ns)			
	i illicipai occu	adion 7 300 title (See manuchons)	13)			
	Date 08/24/2023	Full name of contributor out-of-state PAC Morales, Linda  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00	
		Houston, TX 77009				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date Full name of contributor out-of-state PAC (ID#:)  Mottu, Sanjuanita  Contributor address; City; State; Zip Code  Houston, TX 77011				Amount of Contribution (\$)	\$100.00
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 08/24/2023	Full name of contributor X out-of-state PAC NRG Energy PAC  Contributor address; City; State; Zip Code  Princeton, NJ 08540		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			1			

	MONET	ARY POLITICAL (		E A1				
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 12/18 Rpt: 16/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)				3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 08/24/2023	<ul><li>5 Full name of contributor Noriega, Rick</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$250.00
_	<u> </u>	Houston, TX 77023	·	_	5 1 (0 1 1 1	_		
8	retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions retired	5)		
	Date 08/29/2023	Full name of contributor Noriega, Rick Contributor address; City; S			)		Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77023 pation / Job title (See Instructions	s)		Employer (See Instructions	 s)		
	retired		•		retired			
	Date Full name of contributor out-of-state PAC (ID#:						Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75202						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 08/24/2023	Full name of contributor Owens, Dayna Contributor address; City; S Galveston, TX 77550	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>I</u> S)		
	Date 08/28/2023	Full name of contributor Parreno Taylor, Mishell Contributor address; City; S Cypress, TX 77433	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Akerman	5)		

	MONET	ARY POLITICAL CONTI		E A1			
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 13/18 Rpt: 17/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)			3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 08/24/2023	<u> </u>		)	7	Amount of Contribution (\$)	\$1,500.00
_	<u> </u>	Houston, TX 77249					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 08/24/2023	Purser, Ray	state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Dringing age	Houston, TX 77006					
	Consultant	pation / Job title (See Instructions)		Employer (See Instructions Purser Public Affairs	)		
	Date 12/05/2023	Full name of contributor out-of- Riceland Consulting  Contributor address; City; State; Zip Co	)		Amount of Contribution (\$)	\$500.00	
		Eagle Lake, TX 77434					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/27/2023	Richie, Carl  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	Windcrest, TX 78239 pation / Job title (See Instructions)		Employer (See Instructions Self-employed	)		
	Date Full name of contributor out-of-state PAC (ID#:)  08/24/2023 Rivas, Veronica & Julio  Contributor address; City; State; Zip Code  Houston, TX 77039					Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			I				

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE				
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 14/18 Rpt: 18/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)			3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 08/24/2023	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
		Shenandoah, TX 77384					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/05/2023	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	i)				
	Consultant		Employer (See Instructions Offices of Marc Rodrigu				
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$100.00
		Houston, TX 77011					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/27/2023	Full name of contributor out-of-state PAC Ruiz, Luis Contributor address; City; State; Zip Code  Baytown, TX 77520		)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  08/24/2023 Sameh, Mohamed  Contributor address; City; State; Zip Code  League City, TX 77573					Amount of Contribution (\$)	\$750.00
	Principal occu Managing Di	pation / Job title (See Instructions) rector		Employer (See Instructions Sesco	5)		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A				
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 15/18 Rpt: 19/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)			3	Filer ID (Ethics Commission 00057411	n Filers)
4	Date 08/24/2023	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$250.00
_	Deignaignal	Cypress, TX 77433	ا ا	Faralousy (Cooking the res	<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID Santos, Elizabeth  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
		Houston, TX 77022					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  08/24/2023 Shafaii, Raj  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$250.00
		Pasadena, TX 77505					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/30/2023	Full name of contributor out-of-state PAC (ID Sorola-Pohlman, Lenora  Contributor address; City; State; Zip Code  Houston, TX 77008		)		Amount of Contribution (\$)	\$250.00
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Navarro Insurance Grou			
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID Sreerama, Karun  Contributor address; City; State; Zip Code  Houston, TX 77059		)		Amount of Contribution (\$)	\$500.00
	Principal occu Principal	pation / Job title (See Instructions)		Employer (See Instructions Concept Engineers	5)		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A				
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 16/18 Rpt: 20/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)			3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 08/24/2023	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$500.00
8	Dringinal occu	Houston, TX 77015 pation / Job title (See Instructions)	la	Employer (See Instructions	<u>-,</u>		
_	Judge			Harris County	•)		
	Date 08/24/2023	Full name of contributor out-of-state PAC Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2,500.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	<u> </u> s)				
	Date 08/24/2023	Full name of contributor out-of-state PAC Tomlin, Les Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00		
	Principal occu	Houston, TX 77015 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77062 pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 12/05/2023	Full name of contributor X out-of-state PAC Union Pacific Corporation Fund for Effective Contributor address; City; State; Zip Code Washington, DC 20005		Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL (	SCHEDULE A				
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 21/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)			3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 08/24/2023	5 Full name of contributor University of Houston PA		)	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing Lagra	Houston, TX 77227	<u> </u>	C. Frankrian (Cook lasty ations	Ţ		
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 09/01/2023	Full name of contributor  Valdez, Jerry  Contributor address; City; S			•	Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78711 pation / Job title (See Instructions	<u>                                     </u>				
	Consultant  Date Full name of contributor out-of-state PAC (ID#:  12/05/2023 Vistra Employee PAC  Contributor address; City; State; Zip Code						
						Amount of Contribution (\$)	\$2,500.00
		Irving, TX 75039					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 08/24/2023	Full name of contributor Warner, Frederic Contributor address; City; S Houston, TX 77019		)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 08/24/2023	Full name of contributor West Gulf Maritime Assn Contributor address; City; S Houston, TX 77029				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
			,				

	MONET	ARY POLITICAL CONTR	IBUTIO	NS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to compl	lete this fo	rm.	1	Total pages Schedule A1: Sch: 18/18 Rpt: 22/47	
2	FILER NAME Hernandez,	Ana E. (The Honorable)			3	Filer ID (Ethics Commission 00057411	on Filers)
4	Date 12/05/2023	Full name of contributor			7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Austin, TX 78701  spation / Job title (See Instructions)	ļ	Employer (See Instructions	  -  s)		
	Date 08/25/2023	Full name of contributor out-of-stall zenteno, Javier  Contributor address; City; State; Zip Code  Houston, TX 77061	ute PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 08/25/2023	Zermeno, Roy	e	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77013  pation / Job title (See Instructions)		Employer (See Instructions	 		

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 23/47 3 Filer ID (Ethics Commission Filers) FILER NAME Hernandez, Ana E. (The Honorable) 00057411 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 12/05/2023 Averitt, Ginger \$200.00 austin reception 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Consultant MoakCasey 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 11/09/2023 Kelley, Rusty \$350.00 Laustin reception Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) Blackridge Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) 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)

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District 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)
	Sch: 1/24 Rpt: 24/47	Hernandez, Ana E. (The Honorable)	00057411
4	Date	5 Payee name	
	12/10/2023	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE		
o	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel or	utside of Texas. Complete Schedule T.
	EXPENDITURE	1 868	TX, officeholder living expense
		service fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/05/2023	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	P.O. Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel of	utside of Texas. Complete Schedule T.
	LAI LINDITORE		TX, officeholder living expense
		service fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Date		
	Date	Payee name	
	10/08/2023	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code P.O. Box 441146	
	\$0.40	P.O. BOX 441146	
		0 " 11 00444	
		Somerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	stride of Tours Countries Colorida T
	EXPENDITURE	1 003	utside of Texas. Complete Schedule T. TX, officeholder living expense
		service fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 2/24 Rpt: 25/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	08/06/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		service fee
		Solvice lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	07/09/2023	ActBlue
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	P.O. Box 441146
	φ0.40	F.O. BOX 441140
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  service fee
		Service lee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/30/2023	ActBlue
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	P.O. Box 441146
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  service fee
		Scivide ice
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
L		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Facet Selected Memory Contract Labor.

Repayment/Reimbursement
C Overhead/Rental Expense
g Expense
rg Expense
g Expense
es/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memorials Legal Services The Instruction Gi	·		ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed	l above)
1	Total pages Schedule F1:	2	EII ED NIAME		•				3	Filer ID	(Ethics Comm	ission Filers)
•	Sch: 3/24 Rpt: 26/47	_		Ana E. (The Ho	onorable)				,	00057411	(Ethics Collin	13310111 11613)
4	Date	5	Payee name									
	09/10/2023		ActBlue									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$4.35		P.O. Box 44			•						
			Somerville,	MA 02144								
8	PURPOSE	(a)			he top of this caba	adula)	(b)	Description				
ľ	OF	"	Fees	e Categories listed at t	ne top of this sche	edule)	(2)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		1 003					<b>=</b>		officeholder living		
								service fee				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/03/2023		ActBlue									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$53.33		P.O. Box 44	1146								
			Somerville,	MA 02144								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	EXPENDITURE		Fees					<b>=</b>			nplete Schedule T.	
								service fee	, IA,	officeholder living	y expense	
								SCI VICE ICC				
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	<u> </u>	Office sou	aht			Office h	eld	
	expenditure to benefit C/O			zz.io.ao. namo	O		<b>.</b>			S00 II		
-	Date	l	Payee name									
	08/27/2023		ActBlue									
_	Amount (\$)	$\vdash$	Payee addres	ss; City;	State	Zip Co	de					
	\$226.17		P.O. Box 44		Siale,	21p C01	ue					
	ΦΖΖΟ.17		F.O. DUX 44	.1140								
			0	004								
			Somerville,	MA 02144		-						
	PURPOSE OF	(a)	•	e Categories listed at t	he top of this sche	edule)	(b)	Description		d4.T C	O	
	EXPENDITURE		Fees					브		de of Texas. Com officeholder living	nplete Schedule T.	
								service fee	, , ,,	Smoonoluer IIVIII	g capenae	
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI			- 3			,					

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	nmittee	Gift/Awards/Memorials Legal Services	s Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of D OTHER (enter	oistrict a category not listed above)
L	Steak Sara Faymont			The Instruction G	uide explains	how to cor	nple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 4/24 Rpt: 27/47		Hernandez,	Ana E. (The H	onorable)					00057411	
4	Date	5	Payee name								
	08/13/2023		ActBlue								
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de				
	\$29.63		P.O. Box 44	11146							
			Somerville,	MA 02144							
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Fees	<u> </u>	,	-,		_ `	outsi	de of Texas. Co	mplete Schedule T.
	LAFLINDITORE							_	, TX,	officeholder livir	ng expense
								service fee			
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	neld
	expenditure to benefit C/OI										
	Date		Payee name								
	07/30/2023		ActBlue								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$34.57		P.O. Box 44	11146							
			Somerville,	MA 02144							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Fees					<b>-</b>			mplete Schedule T.
								<b>—</b>	, TX,	officeholder livir	ng expense
								service fee			
_	Commission ONE V. C. P.	L_	Daniel - L. 1000			O#: a -	n le 4			Ott	a a l al
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Jandidate/Offi	ceholder name	(	Office sou	ynt			Office h	ieia
	Date		Payee name								
	12/26/2023	L	Aguirre, Adı	riana 							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$500.00		3107 East 1	.3th Street							
			Austin, TX	78702							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wa	ages/Contract L	abor			므			mplete Schedule T.
	TAI LIADITORE							<b>—</b>		officeholder livir	ng expense
								contract labor	r		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	neld
	experioliture to beriefit C/Of	1									

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	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)
	Sch: 5/24 Rpt: 28/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	08/30/2023	Astound
6	Amount (\$) \$273.95	7 Payee address; City; State; Zip Code 1100 E. Howard  Austin, TX 78753
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Internet service  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Internet service
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/01/2023	Baytown Chamber of Commerce
	Amount (\$) \$275.00	Payee address; City; State; Zip Code  1300 Rollingbrook Dr.  Baytown, TX 77521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense membership dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/14/2023	Blue Host
	Amount (\$) \$357.25	Payee address; City; State; Zip Code 1500 N. Priest Drive, Ste. 200
		Tempe, AZ 85281
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense campaign website host
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 6/24 Rpt: 29/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	08/24/2023	Cadillac Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,995.44	1802 Shepherd
L		Houston, TX 77007
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		fundraising reception
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/04/2023	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$497.95	1400 N. Congress
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gifts for constituents
		give is: solutions
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/25/2023	Channelview ISD Education Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	828 Sheldon Road
		Channelview, TX 77530
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ad in football program
		ad in toolball program
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
l		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburse Fees Office Overhead/Rental Exp Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Lai  The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/24 Rpt: 30/47	Hernandez, Ana E. (The Honorable)	00057411
4	Date	Payee name	•
	11/11/2023	Cynthia Reyes Revilla Campaign	
6	Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 8880  Houston, TX 77249	
8	PURPOSE		
0	OF EXPENDITURE	Candidate/Officeholder/Political Committee	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense gn contribution
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/28/2023	Delgado, Maria	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	406 Baldinger	
		Houston, TX 77011	
	PURPOSE OF EXPENDITURE	Salaries/Wages/Corntact Eabor	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/14/2023	Denver Harbor Cares	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3030 N. Central Ave., Ste. 900	
		Phoenix, AZ 85012	
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Check	on f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense sponsorship
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1:	
Sch: 8/24 Rpt: 31/47	Hernandez, Ana E. (The Honorable) 00057411
4 Date	5 Payee name
09/21/2023	Denver Harbor Cares
C Amount (th)	
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	3030 N. Central Ave., Ste. 900
	Phoenix, AZ 85012
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	youth summit sponsorship
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/11/2023	El Ahorro Supermarket
Amount (\$)	Payee address; City; State; Zip Code
\$194.72	10341 Palestine
, -	
	1. i.u. Cit. TV 77000
	Jacinto City, TX 77029
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	food for district office open house
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/20/2023	El Bolillo Bakery
	-
Amount (\$)	Payee address; City; State; Zip Code
\$203.00	2421 S. Wayside
	Houston, TX 77023
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	refreshments for reception
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
	orean eara'r ayment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/24 Rpt: 32/47	Hernandez, Ana E. (The Honorable)	00057411
4	Date	5 Payee name	
	07/19/2023	From you Flowers	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.33	143 Mill Rock Rd. East	
		Old Saybrook, CT 06475	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Cita wards Memorials Expense	utside of Texas. Complete Schedule T.
	LAI LINDITORL	, <u> </u>	TX, officeholder living expense
		plant for cons	tituent funeral
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	07/24/2023	From you Flowers	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$68.18	143 Mill Rock Rd. East	
		Old Saybrook, CT 06475	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		plant for cons	tituent funeral
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	09/27/2023	From you Flowers	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.93	143 Mill Rock Rd. East	
		Old Saybrook, CT 06475	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		plant for cons	tituent funeral
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 10/24 Rpt: 33/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	09/21/2023	Galena Park/Jacinto City Rotary Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	P.O. Box 736
		Galena Park, TX 77547
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Scholarship function sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	11/07/2023	Go Daddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.34	14455 N. Hayden
		Scottsdale, AZ 85251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website domain
		website domain
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	12/01/2023	Harris County Democratic Primary
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	1445 North Loop West
		Houston, TX 77008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  candidate filing fee
		candidate ming lee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**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

orean oard rayment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
Sch: 11/24 Rpt: 34/47	Hernandez, Ana E. (The Honorable)		00057411	
4 Date	5 Payee name		•	
08/04/2023	Hispanic Officer of the Year Committee			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$500.00	1200 Travis			
	Houston, TX 77002			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations Made By		el outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	ш	in, TX, officeholder living expense	
		luncheon sp	onsorsnip	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/Ol		gnt	Office field	
Data				
Date 11/02/2023	Payee name			
	Hobby Lobby	d -		
Amount (\$)	Payee address; City; State; Zip Co	ae		
\$221.77	5651 Fairmont Pkwy.			
	Decedes TV 77505			
	Pasadena, TX 77505			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	el outside of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhead/Rental Expense	<b>—</b>	in, TX, officeholder living expense	
		office suppli	es	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	H			
Date	Payee name			
12/26/2023	Jamail, Linda			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$500.00	10710 Flaxman St.			
	Houston, TX 77029			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if trave	el outside of Texas. Complete Schedule T.	
EXPENDITORE		_	in, TX, officeholder living expense	
		contract labo	or	
Complete ONLY if direct	Condidate/Officeholder nerse	aht	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ynt	Office held	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 12/24 Rpt: 35/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	08/04/2023	Knights of Peter Clavera Ladies Auxilary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1401 Fidelity St.
		Houston, TX 77029
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Scholarship banquet donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
$\vdash$	Dete	
	Date	Payee name
	12/12/2023	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.08	12620 Woodforest
		Houston, TX 77015
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense refreshments for district office open house
		Terrestiments for district office open house
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	07/03/2023	Lenox 7th
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,319.27	4910 E. 7th St.
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin apartment rent Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		Austin apartment rent
	Commission ON 11 V 11 11	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(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 Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 13/24 Rpt: 36/47	2 FILER NAME Hernandez, Ana E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057411
4	Date 10/22/2023	5 Payee name Lesley Briones Campaign
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 56386
8	PURPOSE OF EXPENDITURE	Houston, TX 77256  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Campaign contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/13/2023	Payee name Little Caesars
	Amount (\$) \$162.10	Payee address; City; State; Zip Code 6213 Lyons Houston, TX 77020
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food for volunteers
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held
	Date 09/06/2023	Payee name Longoria, Jose
	Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 8427 Bonner
		Houston, TX 77017
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense entertainment for reception
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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)
	Sch: 14/24 Rpt: 37/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	08/24/2023	Luna Produce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$454.23	2576 Airline Dr.
		Houston, TX 77009
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		gifts for seniors
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name  MailChinea
	12/28/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.56	675 Ponce De Leon Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  email distribution fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
	Date	Payee name
	11/28/2023	MailChimp
	Amount (\$) \$50.10	Payee address; City; State; Zip Code 675 Ponce De Leon Ave. NE
	\$30.10	073 Police De Leon Ave. NE
		Atlanta CA 20200
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		email distribution fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)
	Sch: 15/24 Rpt: 38/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	10/30/2023	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.10	675 Ponce De Leon Ave. NE
	l	
		Atlanta, GA 30308
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	l	email distribution fee
	l	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/28/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.10	675 Ponce De Leon Ave. NE
	l	
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	l	email distribution fee
	l	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/28/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.10	675 Ponce De Leon Ave. NE
	, , , ,	
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
	l	email distribution fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(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 Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:					
	Sch: 16/24 Rpt: 39/47	Hernandez, Ana E. (The Honorable) 00057411				
4	Date	5 Payee name				
Ļ	07/28/2023	MailChimp	_			
6	Amount (\$) \$50.10	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave. NE				
	Ψ30.10	070 T Office De Econt/Wei. INE				
		Atlanta, GA 30308				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  email distribution fee				
		Chian distribution rec				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/O	1				
	Date	Payee name	_			
	11/11/2023	Mario Castillo Campaign				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	P.O. Box 56386				
		Houston, TX 77256	_			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Candidate/Officeholder/Political Committee				
		campaign contribution				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/O	<b>y</b>				
-	Date	Payee name	=			
	11/08/2023	Michael Gomez Campaign				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$500.00	P.O. Box 56386				
		Houston, TX 77256				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By				
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if Austin, TX, officeholder living expense				
		campaign contribution				
	0 1: 0:::::::::::::::::::::::::::::::::		_			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
$\vdash$			_			
l						

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 17/24 Rpt: 40/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	09/12/2023	Morales Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.50	802 76th St.
		Houston, TX 77012
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff lunch
		Stail fulfell
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	David and the second se
	09/06/2023	Payee name Navidad en el Barrio
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	8223 Bo Jack Drive
		Houston, TX 77040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		gala sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	07/22/2023	Navidad en el Barrio
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	8223 Bo Jack Drive
		Houston, TX 77040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		donation
		33.13.13.1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	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)
	Sch: 18/24 Rpt: 41/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	11/11/2023	Nick Hellyar Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2368A Rice Blvd. #417
		Houston, TX 77005
8	PURPOSE	<u> </u>
Ŭ	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		campaign contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Great	
	Date	Payee name
	08/07/2023	North Channel Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	13301 I-10 East Freeway, Ste. 100
		Houston, TX 77015
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  monthly luncheon
		montally lationcon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/25/2023	North Channel Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	13301 I-10 East Freeway, Ste. 100
	¥=33333	
		Houston, TX 77015
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		golf tournament sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 19/24 Rpt: 42/47	2 FILER NAME Hernandez, Ana E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00057411
4	Date 09/22/2023	5 Payee name North Channel Chamber of Commerce
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 13301 I-10 East Freeway, Ste. 100
8	PURPOSE OF EXPENDITURE	Houston, TX 77015  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense veterans luncheon sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/05/2023	Payee name North Channel Chamber of Commerce
	Amount (\$) \$40.00	Payee address; City; State; Zip Code  13301 I-10 East Freeway, Ste. 100  Houston, TX 77015
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense monthly luncheon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/14/2023	Payee name North Channel Star
	Amount (\$) \$190.00	Payee address; City; State; Zip Code 5906 Star Lane
		Houston, TX 77057
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense holiday ad
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)			
	Sch: 20/24 Rpt: 43/47	Hernandez, Ana E. (The Honorable) 00057411			
4	Date	5 Payee name			
	07/28/2023	Paper Mart			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$180.89	2164 N. Bataria St.			
		Orange, CA 92865			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		bags for senior gifts			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	08/22/2023	Party City			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$15.16	5946 E. Sam Houston Parkway			
		Houston, TX 77049			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  decorations for reception			
		associations for recoption			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
-	Date	Payee name			
	08/24/2023	Party City			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$70.90	5946 E. Sam Houston Parkway			
	Ψ10.90	3940 L. Sam Houston Farkway			
		Houston, TX 77049			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		decorations for reception			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	<del>1</del>			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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)
	Sch: 21/24 Rpt: 44/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	08/22/2023	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$214.31	13600 East Freeway
		Houston, TX 77015
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense gifts for seniors
		girts for serilors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/07/2023	Sam's Club
H	Amount (\$)	Payee address; City; State; Zip Code
	\$31.76	13600 East Freeway
	Ψ31.70	13000 Last Heeway
		Heusten TV 7701F
		Houston, TX 77015
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		gifts for seniors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/29/2023	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.18	13600 East Freeway
		Houston, TX 77015
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		gifts for seniors
L	Operated Children	Operation to the Contract of t
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

	Credit Card Payment	The Instruction Guide explains how to compl	lete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers	)
	Sch: 22/24 Rpt: 45/47	Hernandez, Ana E. (The Honorable)			00057411		
4	Date	5 Payee name					
	12/11/2023	Sam's Club					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$105.19	13600 East Freeway					
		Houston, TX 77015					
8	PURPOSE OF	, ,	Description				
	EXPENDITURE	Office Overhead/Rental Expense			side of Texas. Com K, officeholder living		
			office suppli		, omoonoidor iivii (	g oxponed	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/O	1					
	Date	Payee name					
	12/12/2023	Sam's Club					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$11.89	13600 East Freeway					
		Houston, TX 77015					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	EXPENDITURE	Office Overhead/Rental Expense			side of Texas. Com K, officeholder living		
			office suppli		, omoonoidor iivii (	g oxponed	
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/Ol	1					
	Date	Payee name					
	12/26/2023	Sam's Club					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$38.17	13600 East Freeway					
		Houston, TX 77015					
	PURPOSE OF	,	Description				
	EXPENDITURE	Office Overhead/Rental Expense			side of Texas. Com (, officeholder living		
			office suppli		, omoonoidor iivii (	g oxponed	
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld	
	expenditure to benefit C/Ol	1					

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 23/24 Rpt: 46/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
L	12/22/2023	Solomon Ortiz Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 286
		Corpus Christi, TX 78403
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	08/18/2023	U.S. Postmaster
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.20	5901 Market St.
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  postage
		postage
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	10/06/2023	U.S. Postmaster
	Amount (\$)	Payee address; City; State; Zip Code
	\$424.00	5901 Market St.
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		PO Box rental fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officenoider/Politica 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)
	Sch: 24/24 Rpt: 47/47	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	12/07/2023	U.S. Postmaster
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$85.60	5901 Market St.
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  postage
		postage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/24/2023	Undies for Everyone
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3610 Willowbend
	Ψ100.00	3010 Willowseria
		Houston, TX 77054
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made Ry  Contributions/Donations Made Ry
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	11/08/2023	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.00	11107 Market
		Jacinto City, TX 77029
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense gifts for seniors
		girts for serilors
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	