# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete t		Filer ID (Ethics Commis 00088209	sion Filers)	2 Total pages f	filed: 17
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIF	RST		MI	OFFICE	USE ONLY
NAME	Dr. Te	eresa T.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME LA	 \ST		SUFFIX	02/05/2024	
		hnson-Herna	andez	331111		
4 CANDIDATE /				710 0005	Date Hand-delivered	or Data Bostmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SU P.O. Box 450568	JITE#; CITY	r;	ZIP CODE	Date Hand-delivered	oi Date Postiliaikeu
MAILING ADDRESS	P.O. BOX 450508				Receipt #	Amount
Change of Address	Laredo, TX 78045					
	Laredo, 17 10040				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		RST		MI		
NAME	Mrs. Gra	aciela				
	NICKNAME LA	 ST		SUFFIX		
		artinez-Vela		301117		
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	X PLEASE);	APT	/ SUITE #; CITY	; ST	ATE; ZIP CODE
TREASURER ADDRESS	3709 Sereno Drive	,.				
(Residence or Business)	Laredo, TX 78046					
7 0440404	ADEA CODE BUONE N	UMADED E	VTENCION			
7 CAMPAIGN TREASURER	AREA CODE PHONE N	IUMBER E	XTENSION			
PHONE	(956) 220-7002					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff		ampaign treasurer
					appointment (off	
	July 15	8th day before e	lection	Exceeded modified reporting limit	Final Report (Att	tach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	THI	ROUGH	01/25/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pri	imary	Runoff	Other	
	03/05/2024	Ge	eneral	Special		
		-		<u> </u>		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	Γ (if known)	
	State Representative District 8	80		State Represen	tative District 80	
		00.7	0.0405.0			
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Johnson-Hernandez,	(Ethics Com	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expendi may have been made withou equired to report this information	t the candidate's or offic	eholder's kn	owledge or
Additional Pages	COMMITTEE TYPE COMMITTEE NAME					
_	GENERAL	001447777	250			
	CDECIEIC	COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRE	ESS		
16 CONTRIBUTION TOTALS	AN PLEDGES, LOANS, ECTRONICALLY)	\$	0.00			
		CAL CONTRIBUTION PLEDGES, LOANS,	<b>NS</b> OR GUARANTEES OF LOAN	IS)	\$	1,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$	0.00		
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	34,988.59
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE	LAST DAY OF THE	\$	14,736.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS A	S OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required		
			D. T	. T. 1ahaana Hamaa	d	
				a T. Johnson-Hernan of Candidate or Officeho		
AFFIX NO	TARV STAMP / SEAL AR	OVE	Ü			
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid	way band and and of office	, this the		day
OI	, ∠U, to c	erury wriich, withess	my hand and seal of office.			
Signature of office	cer administering	Printed name	of officer administering	Title of office	er administeri	ng oath

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

## FORM C/OH COVER SHEET PG 3

					3 of 17
<b>18</b> FILE		ME Hernandez, Teresa T. (Dr.)	<b>19</b> Filer ID 00088209	(Ethi	ics Commission Filers)
<b>20</b> SCH			SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,200.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	35,500.00
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	
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.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	34,988.59
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	116.78

NETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/17
	3 Filer ID (Ethics Commission Filers) 00088209
5 Full name of contributor out-of-state PAC (ID#:) Hernandez, Leonel  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$1,000.00
Laredo, TX 78045	
Self Employed	15)
Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$200.00
	ns)
r	nstruction Guide explains how to complete this form.  NAME on-Hernandez, Teresa T. (Dr.)    5

	LOANS							SCHEDULE E
	The Instructio	n Guide explains ho	orm.	1 Total pages Schedule E: Sch: 1/2 Rpt: 5/17				
2	FILER NAME Johnson-Hernan	ndez, Teresa T. (Dr.)				1	Filer ID 000882	(Ethics Commission Filers)
4	TOTAL OF UN	\$						
5	Date of loan	7 Name of lender		out-of-state PA	C (ID#:		)	9 Loan Amount (\$) \$20,000.00
6	Is lender a financial institution?	nancial						
	No	Laredo, TX 78045						11 Maturity Date
12	Principal occupation	on / Job title (See Instruction	ns)		13 Employer (See Instructions Self Employed	s)		
14	Description of Coll  X None	ateral			15 Check if personal funds we	ere d	eposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor			<u> </u>			19 Amount Guaranteed (\$)
	X not applicable	<b>18</b> Guarantor address;	City;	State;	Zip Code	••••••		
20	Principal occupation	on			21 Employer (See Instructions	s)		<u> </u>
	Date of loan	Name of lender		out-of-state PA	C (ID#:		)	Loan Amount (\$)
	01/16/2024	Hernandez, Teresa						\$10,000.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate
	No	Laredo, TX 78045						Maturity Date
	Principal occupation	on / Job title (See Instruction	ns)		Employer (See Instructions Self Employed	s)		
	Description of Coll	ateral			Check if personal funds we	ere d	eposited	into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor			<u> </u>			Amount Guaranteed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code			
	Principal occupation	on			Employer (See Instructions	s)		

			SCHEDULE E
on Guide explains how to complete this	1	ages Schedule E: /2 Rpt: 6/17	
andez, Teresa T. (Dr.)			(Ethics Commission Filers)
NITEMIZED LOANS			\$
7 Name of lender	AC (ID#:		9 Loan Amount (\$) \$5,500.00
8 Lender address; City; State;	Zip Code		10 Interest Rate
Laredo, TX 78045			11 Maturity Date
tion / Job title (See Instructions)	13 Employer (See Instructions Self Employed	6)	•
ollateral	15 Check if personal funds we	ere deposite	d into political account (See Instructions)
17 Name of guarantor			19 Amount Guaranteed (\$)
18 Guarantor address; City; State;	Zip Code		
lion	21 Employer (See Instructions	5)	
1	ndez, Teresa T. (Dr.)  NITEMIZED LOANS  7 Name of lender	NITEMIZED LOANS  7 Name of lender	Sch: 2    Sch: 2

### SCHEDULE G

#### **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			Gift/Awards/Memorials Legal Services The Instruction Gu	·		/ages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 7/17			rnandez, Teresa	a T. (Dr.)				00088209
4	Date	5	Payee name						
	01/19/2024		ABC Fire Ex	tinguisher					
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de		
	\$50.00		401 Okane						
	Reimbursement from political contributions intended		Laredo, TX	78040					
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sch	edule)	(b) Description	Cl	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Exper	nse				CI	neck if Austin, TX, officeholder living expense
	EXPENDITORE						Menudo Bowl		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeh	older name			Office sought		Office held
	Date		Payee name						
	01/16/2024		Academy Sp	oorts					
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de		
	\$411.32		5720 San B	ernardo					
	Reimbursement from political contributions intended		Laredo, TX	78041					
	PURPOSE		Category (Se	e Categories listed at th	ne top of this sch	edule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Exper	nse				Cl	heck if Austin, TX, officeholder living expense
							Menudo Bowl		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeh	older name			Office sought		Office held
	Date		Payee name						
	01/16/2024		Amazon						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de		
	\$106.88		410 Terry Av	ve N					
	Reimbursement from political contributions intended		Seattle, WA	98109					
	PURPOSE		Category (Se	e Categories listed at th	ne top of this sch	edule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Exper	nse				CI	neck if Austin, TX, officeholder living expense
							Menudo Bowl		
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Car	ndidate/Officeh	older name			Office sought		Office held

#### SCHEDULE G

#### **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				ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 2/10 Rpt: 8/17		Johnson-Hernandez, Teresa T. (Dr.)			00088209
4	Date	5	Payee name			
	01/18/2024		Amazon			
6			Payee address; City; State; Zip	p Coc	<u></u> de	
	\$75.69	l	410 Terry Ave			
	Reimbursement from political contributions intended		Seattle , WA 98109			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	) T	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	l	Event Expense		[	Check if Austin, TX, officeholder living expense
					Menudo Bowl	
_						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
f	Date	_	Payee name			
	01/11/2024		Ambitious Management	_		
_	Amount (\$)		Payee address; City; State; Zip	р Сос	de	
	\$10,000.00	ļ	1802 Houston St.			
	Reimbursement from political contributions intended		Laredo, TX 78040			
	PURPOSE		Category (See Categories listed at the top of this schedule)	)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	l	Consulting Expense		Ì	Check if Austin, TX, officeholder living expense
	LA LIBITORE				Consulting	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	01/17/2024	l	Commpose Communications Strategists			
	Amount (\$)		Payee address; City; State; Zip	р Сос	e	
	\$1,000.00	ļ	2620 Juarez Ave			
	Reimbursement from political contributions intended		Laredo, TX 78040			
	PURPOSE		Category (See Categories listed at the top of this schedule)	)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	l	Advertising Expense			Check if Austin, TX, officeholder living expense
				,	Advertising	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
_						

#### SCHEDULE G

#### **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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Expense /Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed above)
-	Total pages Cabadula Ci	1			2 Filer ID (Ethico Commission Filers)
	, -		FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 9/17		Johnson-Hernandez, Teresa T. (Dr.)		00088209
4	Date	5	Payee name		
	01/22/2024		Family Dollar		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$12.17		1400 Guadalupe St		
	Reimbursement from				
	political contributions intended		Laredo, TX 78040		
Ļ		(-)		(h) Description F	Chack if traval autoida of Tayan Complete Cabadda T
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE		Event Expense	Monudo Boud	
				Menudo Bowl	
Ļ	Operation ON VIVE	$\overline{\Gamma}$	alidate 10ff a la lalar y a con-		Office I. I.
9	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought	Office held
	C/OH				
H	Date	Γ	Payee name		
	01/18/2024		GoDaddy		
_		$\vdash$	<u> </u>	\ada	
	Amount (\$)		Payee address; City; State; Zip C	oue	
	\$142.63		2155 E. GoDaddy Way		
	Reimbursement from political contributions				
	intended		Tempe, AZ 85284		
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense		Check if Austin, TX, officeholder living expense
				Website	
L					
		Car	ndidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH				
L		_			
	Date		Payee name		
L	01/03/2024		Graphix Signs		
	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$350.00		10962 Room For Way Wy Suite 2		
	Reimbursement from				
	political contributions intended		Laredo, TX 78045		
$\vdash$	PURPOSE	$\vdash$	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Advertising Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE			Banner	
	Complete ONLY if direct	<u>L</u> Car	ndidate/Officeholder name	Office sought	Office held
	expenditure to benefit	امد د		20 <b>ug</b> t	
	C/OH				

### SCHEDULE G

#### **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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER N				3 Filer ID (Ethics Commission Filers)
	Sch: 4/10 Rpt: 10/17	Johnso	n-Hernandez, Teresa T. (Dr.)			00088209
4	Date	<b>5</b> Payee r				
L	01/03/2024	Hernar	dez, Ricardo			
6	Amount (\$)	7 Payee a		e; Zip C	ode	
	\$20.00	112 De	vonshire			
	Reimbursement from political contributions intended	Laredo	, TX 78041			
8	PURPOSE	(a) Categor	y (See Categories listed at the top of this so	chedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/B	everage Expense		L L	Check if Austin, TX, officeholder living expense
					Victor -sweet bre	ead
_	Complete ONLY if alias -t	Condidata (C	office holder name		Office assemble	Office hald
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/C	ifficeholder name		Office sought	Office held
	Date	Payee r	ame			
	01/05/2024	Hernar	dez, Teresa			
	Amount (\$)	Payee a	ddress; City; State	e; Zip C	ode	
	\$600.00	PO Box	¢ 450568			
	Reimbursement from political contributions intended	Laredo	, TX 78045			
	PURPOSE OF	Categor	y (See Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salarie	s/Wages/Contract Labor		L	Check if Austin, TX, officeholder living expense
					Canvassers	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/C	fficeholder name		Office sought	Office held
H	Date	Dayon r	ama			
	01/18/2024	Payee r Hobby				
	Amount (\$)	Payee a	ddress; City; State	e; Zip C	ode	
	\$301.35	2450 N	Ionarch Dr			
	Reimbursement from political contributions intended	Laredo	, TX 78045			
	PURPOSE	Categor	y (See Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event E	Expense			Check if Austin, TX, officeholder living expense
					Menudo Bowl	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/C	fficeholder name		Office sought	Office held

#### SCHEDULE **G**

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explain:	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 11/17		Johnson-Hernandez, Teresa T. (Dr.)			00088209
4	Date	5	Payee name			
	01/18/2024		Home Depot			
6	Amount (\$)	7	Payee address; City; State	e; Zip C	ode	
	\$195.20		5710 San Bernardo			
	Reimbursement from political contributions intended		Laredo, TX 78041			
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	:hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	``	Event Expense	,		Check if Austin, TX, officeholder living expense
	EXPENDITURE		Event Expense		Menudo Bowl	_
9	Complete ONLY if direct		ndidate/Officeholder name		Office sought	Office held
9	expenditure to benefit	Cai	ididate/Oniceriolder flame		Office Sought	Office field
	Date		Payee name			
	01/19/2024		Laredo Crime Stoppers			
	Amount (\$)		Payee address; City; State	e; Zip C	ode	
	\$440.00		320 E Ryan			
	Reimbursement from political contributions intended		Laredo, TX 78041			
	PURPOSE		Category (See Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expense			Check if Austin, TX, officeholder living expense
	LAI LINDITORL				Menudo Bowl	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	01/11/2024		Laredo Crime Stoppers			
	Amount (\$)		Payee address; City; State	e; Zip C	ode	
	\$1,000.00		320 E Ryan St.			
	Reimbursement from political contributions intended		Laredo, TX 78041			
$\vdash$	PURPOSE	$\vdash$		ala a di di - V	Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Category (See Categories listed at the top of this so	riedule)	Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Event Expense		Menudo Bowl	_
					I Wellado Dowl	
-	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH	Jul				Cince nois

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Poll y - Gift/Awards/Memorials Expense Prin al Committee Legal Services Sala	ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how	to complete this form.	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/10 Rpt: 12/17	Johnson-Hernandez, Teresa T. (Dr.)		00088209
4	Date	5 Payee name		
	01/03/2024	Liquid Studio Group		
6	Amount (\$) \$3,491.06	7 Payee address; City; State; Zip 6010 McPherson Rd #300	Code	
	Reimbursement from	COLO MOI NOIGON I LA MOGO		
	political contributions intended	Laredo, TX 78041		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE		Media	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	01/04/2024	PROMEGA		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$405.94	4001 AIDIN ST		
	Reimbursement from			
	political contributions intended	LAREDO, TX 78045		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE		Literature	
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
		<u> </u>		
	Date	Payee name		
	01/03/2024	Promega		
	Amount (\$)	Payee address; City; State; Ziţ	Code	
	\$2,036.10	1615 Jacaman Road		
	Reimbursement from			
	political contributions intended	Laredo, TX 78041		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
			Signs	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
$\vdash$				

#### SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Coi	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P Legal Services S		payment/Reimbursement erhead/Rental Expense xpense expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
ᆫ			The Instruction Guide explains how to complete this form.							
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers	s)		
Sch: 7/10 Rpt: 13/17			Johnson-Hernandez, Teresa T. (Dr.)				00088209			
4	Date	5	Payee name							
	01/16/2024		Sams Club							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode					
	\$324.01		4810 San Bernardo							
	Reimbursement from political contributions intended		Laredo, TX 78041							
8	PURPOSE		Category (See Categories listed at the top of this sche	dule)	(b) Description	С	Check if travel outside of Texas. Complete Schedu	ıle T.		
	OF EXPENDITURE		Event Expense			С	Check if Austin, TX, officeholder living expense			
	EXI ENDITORE				Menudo Bowl	vl				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			
H	Date		Payee name							
	01/22/2024		Sams Club							
H	Amount (\$) Payee address; City; State; Zip Code									
	\$180.32		4810 San Bernado							
	Reimbursement from									
	political contributions intended									
┝							Check if travel outside of Texas. Complete Schedu	ıle T.		
OF EVDENDITUDE			Event Expense	,			Check if Austin, TX, officeholder living expense			
EXPENDITURE			Menudo Bowl							
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			
	Date		Payee name							
	01/03/2024		Trevino, Priscilla							
Г	Amount (\$) Payee address; City; State; Zip Code									
	\$7,500.00 919 Corpus Christi Apt 5									
	Reimbursement from									
	political contributions intended		Laredo, TX 78040							
$\vdash$	PURPOSE	$\vdash$	Category (See Categories listed at the top of this sche	dule)	Description	C	Check if travel outside of Texas. Complete Schedu	ıle T.		
	OF EXPENDITURE		Advertising Expense			j c	Check if Austin, TX, officeholder living expense			
	EXPENDITORE				Advertising					
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held			

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Po y - Gift/Awards/Memorials Expense Pri al Committee Legal Services Sa	fice Overhead/Rental Expense Iling Expense nting Expense Iaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 8/10 Rpt: 14/17	Johnson-Hernandez, Teresa T. (Dr.)		00088209					
4	Date	5 Payee name		L					
	01/22/2024	Variety Meats							
6		·							
٥	Amount (\$) \$389.45	7 Payee address; City; State; Zip Code							
		3301 Lomas Del Sur							
	Reimbursement from political contributions								
	intended	Laredo, TX 78046							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense					
			Menudo Bowl						
9		Candidate/Officeholder name	Office sought	Office held					
	expenditure to benefit C/OH								
L									
	Date	Payee name							
	01/17/2024	Variety Meats							
	Amount (\$) Payee address; City; State; Zip Code								
	\$3,000.00	\$3,000.00 3301 Lomas Del Sur							
	Reimbursement from								
	political contributions intended	political contributions							
			Description F	Charly if traval autaids of Taylor Complete Cabadyla T					
	PURPOSE OF	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
EXPENDITURE		Event Expense	Menudo Bowl						
			INICITION DOWN						
_	Complete ONLY if direct		Office severely	Office hold					
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name Office sought Office held							
	C/OH								
	Date	Payee name							
	01/17/2024	Velazco, Rosa							
		, , , , , , , , , , , , , , , , , , ,	in Onda						
	Amount (\$) Payee address; City; State; Zip Code								
	\$800.00	3017 Buena Vista							
	Reimbursement from political contributions								
	intended	Laredo, TX 78043							
	PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense					
			Rent						
		Candidate/Officeholder name	Office sought	Office held					
	expenditure to benefit C/OH								
L	СОП								

### SCHEDULE G

#### **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 B Candidate/Officeholder/Politic Credit Card Payment			ee Legal Se	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Travel Out of District OTHER (enter a category not listed above)	
_	Tatal a ana Calcadal C	<b>6</b> Eu 1		Struction Guide Expla	ins now to co	inpicte this form.	٦,	Film ID (Ething Commission Films)
1	Total pages Schedule G:	l	ER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 15/17	Jon	inson-Hernand	lez, Teresa T. (Dr.	)			00088209
4	Date	<b>5</b> Pay	ree name					
	01/03/2024	Villa	arreal, Mike					
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,407.25	400	1 Aidin St					
	Reimbursement from							
	political contributions intended	Lan	edo, TX 78045	5				
Ļ						(h) December	<u> </u>	heal if travel outside of Toyles Complete Cabadula T
8	PURPOSE OF	l` ′		ories listed at the top of this	schedule)	(b) Description	=	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
	EXPENDITURE	Aav	ertising Exper	ise		Ciano	J ˇ	
						Signs		
Ļ	2 1 2 2 3 3 3 4 5 5							25.
9	Complete ONLY if direct expenditure to benefit C/OH	Candida	te/Officeholder	name		Office sought		Office held
	Date	Pav	ee name					
	01/16/2024	1	lmart					
_								
	Amount (\$) Payee address; City; State; Zip Code \$7.55 4401 Hwy 83 S							
		440	71 HWy 03 3					
	Reimbursement from political contributions intended	Lar	edo, TX 78046	6				
	PURPOSE	Cate	egory (See Categ	ories listed at the top of this	schedule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Eve	ent Expense				С	heck if Austin, TX, officeholder living expense
						Menudo Bowl		
	•	Candida	te/Officeholder	name		Office sought		Office held
	expenditure to benefit C/OH							
	0/011							
	Date	Pay	ee name					
	01/22/2024	Wa	lmart					
	Amount (\$)	Pay	ee address;	City; Sta	ate; Zip Co	de		
	\$123.81	440	1 Hwy 83 S					
	Reimbursement from							
	political contributions intended	Lar	edo, TX 78046	6				
	PURPOSE			ories listed at the top of this	schedule)	Description	<b>1</b> c	heck if travel outside of Texas. Complete Schedule T.
	OF	l	ent Expense	ones used at the top of this	Jonedaic)	Becompain	_	heck if Austin, TX, officeholder living expense
	EXPENDITURE		Expondo			Menudo Bowl		
						<del></del>		
	Complete ONLY if direct	l Candida	nte/Officeholder :	name		Office sought		Office held
	expenditure to benefit C/OH	Janara	as, omostioidel			Since sought		Cinco nota

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 10/10 Rpt: 16/17 Johnson-Hernandez, Teresa T. (Dr.) 00088209 Date Payee name 01/22/2024 Walmart Amount (\$) Payee address; City; State; Zip Code \$167.86 4401 Hwy 83 S Reimbursement from political contributions intended Laredo, TX 78046 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Menudo Bowl Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/08/2024 Webb County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$450.00 1802 Houston St.

8 Reimbursement from political contributions Laredo, TX 78040 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE Bowling Tournament** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/17 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Johnson-Hernandez, Teresa T. (Dr.) 00088209 5 Name of person from whom amount is received 8 Amount (\$) Date 01/19/2024 \$116.78 GoDaddy 6 Address of person from whom amount is received; City; State; Zip Code Tempe, TX 85284 Purpose for which amount is received Check if political contribution returned to filer Website refund