CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00087764		2 Total pages	s filed: 13
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	Mrs.	Cassandra				
NAME	NICKNAME	LAST Hernandez		SUFFIX	Date Received ELECTRONI 02/05/2024	CALLY FILED
		Heimanuez				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; AP PO Box 1289	T / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivere	d or Date Postmarked Amount
Change of Address	Addison, TX 75001				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Ms.	Кау				
	NICKNAME	LAST Van Wey		SUFFIX		
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER ADDRESS	14310 Valley Hi Circle					
(Residence or Business)	Farmers Branch, TX 752	34				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHC (214) 329-1350	ONE NUMBER	EXTENSION			
8 REPORT TYPE	January 15	X 30th day before 8th day before		Runoff Exceeded modified reporting limit	appointment (c	campaign treasurer officeholder only) Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2024		HROUGH	Month Day 01/25/202	Year 4	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		Primary General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT State Representa		15
		GO T	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	Ve	rsion V3.5.1.9000c471

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 2 of 13

13 C / OH NAME	Hernandez, Cassand	ra (Mrs.)	14 Filer ID (E 00087764	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political ex These expenditures may have been made w officeholders are required to report this info	without the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER N	JAME	
		COMMITTEE CAMPAIGN TREASURER A	DDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHE ES OF LOANS, OR CONTRIBUTIONS MAD		\$ 0.00
		AL CONTRIBUTIONS 'LEDGES, LOANS, OR GUARANTEES OF	LOANS)	\$ 18,917.77
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
		\$ 11,905.40		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 92,226.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOA TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
			r penalty of perjury, that the acco ludes all information required to Code.	
		N	Mrs. Cassandra Hernandez	
		Sign	ature of Candidate or Officehold	ler
AFFIX NOT	TARY STAMP / SEAL ABO	DVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal of off		
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Tex	as Ethics Commission	www.ethics.state.tx.us	,	Version V3.5.1.9000c47f

S	UBT	OTALS - C/OH	C		DRM C/OH HEET PG 3 3 of 13
	ER NAM rnande	ME Iz, Cassandra (Mrs.)	19 Filer ID 00087764	(Ethics Con	nmission Filers)
		E SUBTOTALS SCHEDULE		SUBT	OTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	18,917.77
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	\$	11,879.40
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.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	26.00
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	\$	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/13	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	Cassandra (Mrs.)		00087764	,
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
01/25/2024	Accident Centers of Texas			\$2,500.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75354			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/24/2024	Aulsbrook Law Firm			\$1,007.77
	Contributor address; City; State; Zip Code			
	Arlington, TX 76011			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
	,		,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/24/2024	BOATRIGHT, DALIA			\$25.00
	Contributor address; City; State; Zip Code			
Principal occu	CARROLLTON, TX 75006 Ipation / Job title (See Instructions)	Employer (See Instructions)	A	
Not Employe		Not Employed)	
Date)	Amount of Contribution (\$)	
01/10/2024	Blackridge)		\$1,000.00
01/10/101	Contributor address; City; State; Zip Code			Ψ <u>1</u> ,000.01
	Austin, TX 78701			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
	<u> </u>			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	ቀ1 በባብ በበ
01/23/2024	Crain Brogden LLC			\$1,000.00
	Contributor address; City; State; Zip Code			
	Dallas, TX 75206			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	.)	

	The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/13
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Hernandez,	Cassandra (Mrs.)		00087764
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	01/25/2024	Estrada, Olegario		\$500.00
		6 Contributor address; City; State; Zip Code		
		Dallas, TX 75211		
8	Principal occu Lawyer	pation / Job title (See Instructions)	9 Employer (See Instructions Law office of Olegario E	
╘	-			1
	Date		ID#:)	Amount of Contribution (\$)
	01/21/2024			\$15.00
		Contributor address; City; State; Zip Code		
		Carrollton, TX 75006		
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	(s)
	Teacher		Department	
╞				·
	Date 01/22/2024		ID#:)	Amount of Contribution (\$) \$100.00
	01/22/2024	Greco, Shelly		\$100.00
		Contributor address; City; State; Zip Code		
		Plano, TX 75075		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
	Attorney		Self	- /
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/11/2024	Hash, Bryan		\$10.00
		Contributor address; City; State; Zip Code		
		Carrollton, TX 75006		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Emergency	Medical Technician	UT Southwestern	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/23/2024	Iconiq Spine & Orthopaedic Center PLLC		\$10,000.00
		Contributor address; City; State; Zip Code		
		Irving, TX 75062		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
L				
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The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/13
2 FILER NAME	_		3 Filer ID (Ethics Commission Filers)
Hernandez,	Cassandra (Mrs.)		00087764
4 Date	5 Full name of contributor 🔲 out-of-state PAC ((ID#:)	7 Amount of Contribution (\$)
01/25/2024	Kearney, Kathleen	\$100.00	
	6 Contributor address; City; State; Zip Code		1
	Dallas, TX 75219		
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Attorney		Kearney Law Firm	
Date	— —	(ID#:)	Amount of Contribution (\$)
01/25/2024	Kwon, Chris		\$100.00
	Contributor address; City; State; Zip Code]
	Deerland TV 77E04		
Dringinal occu	Pearland, TX 77584 pation / Job title (See Instructions)	Employer (See Instructions	~\
Attorney		Kwon Law PLLc	\$)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)
01/23/2024	LaCava, Adrienne		\$10.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75287-3967		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Writer	•	Self	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)
01/14/2024	Lewis, Michael		\$50.00
	Contributor address; City; State; Zip Code		1
	Lockhart, TX 78644		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Account Exe	cutive	WalkMe	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)
01/14/2024	Mata, Eric		\$10.00
	Contributor address; City; State; Zip Code		1
	Dallas, TX 75204		
	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Not employe	:d	Not employed	

	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/13	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Hernandez,	Cassandra (Mrs.)				00087764	
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	01/25/2024						\$100.00
	I	6 Contributor address; City; State; Zip Code					
	I						
	I						
		Colleyville, TX 76034					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Attorney			Montes Law PLC			
	Date	Full name of contributor Dut-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	01/25/2024	Montes, Rachel					\$1,000.00
	I	Contributor address; City; State; Zip Code					
	I						
	I	17 inc TV 75069					
_	Dringing occu	Irving, TX 75063	Employer (See Instructions	<u> </u>			
	Principal occupation / Job title (See Instructions)Employer (See InstructionLawyerSelf						
	_		<u> </u>		1		
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	ቀር 00
	01/25/2024						\$5.00
	l	Contributor address; City; State; Zip Code					
	l						
	l	Carrollton, TX 75006					
⊢	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions	I;)		
	Not Employe	bed		Not Employed			
╞	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	01/25/2024	Ramos James, Laura					\$100.00
	l	Contributor address; City; State; Zip Code					
	I						
	I						
		Austin, TX 78746	r				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			Ramos James Law			
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	01/25/2024	Segovia, Fabiola					\$250.00
	Contributor address; City; State; Zip Code						
	I	Manafield TV 76062					
	Drizoinal agou	Mansfield, TX 76063		Employer (Cap Instructions			
	Attorney	ipation / Job title (See Instructions)		Employer (See Instructions Segovia Law Group	5)		
	Allomey			Seyuvia Law Group			

The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/13	
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
Hernandez	, Cassandra (Mrs.)		00087764
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/12/2024	—		\$10.00
	6 Contributor address; City; State; Zip Code	1	
	Carrollton, TX 75006		
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	5)
Not Employ	ved	Not Employed	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/04/2024)	\$25.00
01/04/2024			
	Contributor address; City; State; Zip Code		
	Carrollton, TX 75006		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	
PR		State Farm & Self-empl	
		-	
Date)	Amount of Contribution (\$)
01/24/2024			\$1,000.00
	Contributor address; City; State; Zip Code		
	Formore Bronch TV 75224		
Dringinglass	Farmers Branch, TX 75234		
	cupation / Job title (See Instructions)	Employer (See Instructions Self	5)
Attorney		Sell	

				EXPENDITU	RE CATEGOI	RIES FOR	BOX 8(a)		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nmittee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction C	s Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)									
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)						
	Sch: 1/4 Rpt: 9/13			Cassandra (N	rs.)				00087764							
4	Date 01/25/2024	5	Payee name ActBlue													
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Coo	de									
-	\$134.74		366 Summer Street Somerville, MA 02144													
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	odule)	(b) Description									
	OF EXPENDITURE	OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T.														
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	(Office souç	ght		Office hel	d						
	Date		Payee name													
	01/08/2024		Anwar, Faw	az												
-	Amount (\$)	┢	Payee addres	s; City;	State	; Zip Coo	de									
	\$259.80		4057 Legacy Carrollton, T	y Trl												
	DUDDOCE	<u> </u>					/->									
	PURPOSE OF EXPENDITURE			e Categories listed at ment/Reimbur		nedule)	Check if Austin	n, TX,	de of Texas. Comp officeholder living o to staff mem							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	(Office soug	ght		Office hel	d						
	Date	Γ	Payee name													
	01/18/2024		Anwar, Faw	az												
-	Amount (\$)	┢	Payee addres	s; City;	State	; Zip Coo	de									
	\$5,000.00		4057 Legacy													
			Carrollton, T	X 75010												
	PURPOSE OF EXPENDITURE			e Categories listed at ges/Contract I		nedule)	Check if Austin	n, TX,	de of Texas. Comp , officeholder living (agement serv	expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	ceholder name	(Office soug	ght		Office hel	d						

				EXPEN	IDITURE CATE	EGORIES F	OR B	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Con	nmittee	Event Expens Fees Food/Beverag Gift/Awards/M Legal Service	se ge Expense ⁄Iemorials Expense	Loan F Office Polling Printing Salarie	epayme Dverhea Expens J Expen s/Wage	ent/Reimbursement ad/Rental Expense se ise is/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/4 Rpt: 10/13		Hernandez	, Cassand	lra (Mrs.)					00087764	
4	Date	5	Payee name	9							
	01/10/2024		BERLIN R	OSEN LLC	;						
6	Amount (\$)	7	Payee addre	ess; Cit	y; S	State; Zip	Code				
	\$2,321.95	95 15 Maiden Lane Suite 1600									
			New York,	NY 10038							
8	PURPOSE	(a)	Category (Soo Catogorios	listed at the top of th	nis schodulo)	(b)	Description			
			Consulting			iis schedule)			outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		0	·						, officeholder living	g expense
								Photo shoot	pro	duction	
							<u> </u>				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder n	ame	Office s	ought			Office he	eld
	Date		Payee name	è							
	01/23/2024		Edwards &	Patterson	Signs						
	Amount (\$)		Payee addre	ess; Cit	y; S	State; Zip	Code				
	\$338.28		203 S Belt	Line Rd							
			Irving, TX	75060							
_	PURPOSE	(a)	Category (See Categories	listed at the top of th	his schedule)	(b)	Description			
	OF EXPENDITURE		Printing Ex					·	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITORE		-	-						, officeholder living	g expense
								Printing of lar	rge	yard signs	
			De un ell'elle tre (Of	6 I I-I		0.0				0.4%	- 1-1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficenoider n	ame	Office s	ougnt			Office he	ela
		1									
	Date 01/17/2024		Payee name Froemming								
		<u> </u>		-		<u></u>					
	Amount (\$)		Payee addre		y; S	State; Zip	Code				
	\$2,000.00		972 Parke	Dr							
			Coppell, T	X 75019							
	PURPOSE	(a)	Category (See Categories	listed at the top of th	his schedule)	(b)	Description			
	OF EXPENDITURE		Salaries/W	'ages/Cont	ract Labor						iplete Schedule T.
								Campaign se		, officeholder living	j expense
								Sampaign St			
-	Complete ONLY if direct		Candidate/Of	ficeholder n	ame	Office s	l Duaht			Office he	eld
	expenditure to benefit C/Oł					01100 3	sagin				
-											

		EXPENDITURE CATEGORIES FOR BOX 8(a)	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 3/4 Rpt: 11/13	Hernandez, Cassandra (Mrs.)	00087764							
4	Date 01/25/2024	5 Payee name PhoneBurner								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$317.67	1968 S. Coast Hwy, Suite 1800 Laguna Beach, CA 92651								
8	PURPOSE	-								
0	OF	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense Software							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/19/2024	Reilly Echols Printing								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$740.44	1710 S Harwood St Dallas, TX 75215								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense st cards and business cards							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/16/2024	Starbucks								
	Amount (\$) \$43.30	Payee address; City; State; Zip Code 15099 Midway Road								
		Addison, TX 75001								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense npaign meet and greet							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	Advertising Expense		EXPENDITURE CA Event Expense			OX 8(a) ent/Reimbursement		Solicitation/Fund	Iraising Expense
	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	-	Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Office Pollir se Printi	e Overhe ng Expensing Expension	ad/Rental Expense se		Transportation E Travel in District Travel Out of Dis	Equipment & Related Expense
	Credit Card Payment		The Instruction Guide e						
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/4 Rpt: 12/13	Hernandez,	Cassandra (Mrs.)					00087764	
4	Date	5 Payee name					<u> </u>		
	01/16/2024	Taco Caban	a						
6	Amount (\$)	7 Payee addres	s; City;	State; Zip	Code				
	\$43.28	15120 Mars	h Lane						
		Addison, TX	75001						
8	PURPOSE	(a) Category (Se	e Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		age Expense					ide of Texas. Com	
								, officeholder living	n meet and greet
						שובמגומטו ומנ	.03	ior campaig	in meet and greet
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office	sought			Office he	eld
-	expenditure to benefit C/OI								
	Date	Payee name							
	01/25/2024	The Order D	Desk						
	Amount (\$)	Payee addres	s; City;	State; Zip	Code				
	\$679.94	9840 Monro	e Dr #104						
		Dallas, TX 7	5220						
	PURPOSE	(a) Category (Se	e Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense					ide of Texas. Com , officeholder living	
						Postage and			
						r ostage and	pre	Joessing for	
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office	sought			Office he	eld
	expenditure to benefit C/OI	4			U				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement verhead/Rental Expense Expense 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)
1	Total pages Schedule G: Sch: 1/1 Rpt: 13/13	2 FILER NAME Hernandez, Cassandra (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087764
4	Date 01/02/2024	5 Payee name Dallas County Democratic Party		
6	Amount (\$) \$26.00	7 Payee address; City; State; Zip Code 1414 N Washington Ave		
	Reimbursement from political contributions intended	Dallas, TX 75204		
8	PURPOSE OF EXPENDITURE	(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 ng membership
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held