CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

	•	ics Commission Filers)	2 Total pages filed:				OFFICE U	SE ONLY
	00088209		40				Date Received	
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Teresa T.			MI	ELECTRONICAI 02/26/2024	LY FILED
		NICKNAME	LAST			SUFFIX		
		Terrie	Johnson-Hernar	ndez			Date Lland delivered or I	Data Deatmarked
4		January 15	Runoff	[Other (sp	pecify)	Date Hand-delivered or I	Date Postmarked
	REPORT TYPE	July 15	Exceeded modified	reporting limi	t		Receipt #	Amount
		30th day before election	15th day after camp appointment (office		er			
		X 8th day before election	Final Report (Attach				Date Processed	
5	ORIGINAL PERIOD	Month Day Year		Month	Day	Year	Date Imaged	
	COVERED	01/26/2024	THROUGH	02/2	24/2024			
6	EXPLANATION OF (CORRECTION						
	Added additional exp	enses that were missing fron	n original report.					
7	AFFIDAVIT							
				ear, or affirn correct.	n, under pe	enalty of perjury	v, that this corrected	report is true
			Che	ck the box r	lext to any	and all applica	ble statements:	
				was made	in good fa	ith and without	affirm that the origin an intent to mislead ned in the report.	
			X	Other rep	orts: Is	wear, or affirm,	that I am filing this c	orrected
				report not that the re	later than t port as orig affirm, that	he 14th busine ginally filed is in any error or on	ss day after the date accurate or incomple nission in the report a	l learned ete. l
					Dr. Ter	esa T. Johns	on-Hernandez	
					Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE			g.ia.u			
	Sworn to and autor	ribad hafara ma butha asid				thic t		day
		ribed before me, by the said , 20, to certif					וכ	day
	01	, 20, to certif	y which, whices my					
	Signature of offic	er administering oath	Printed name of of	ficer admini	stering oat	h -	Title of officer admini	stering oath
								J
		Remember To Atta Need	ach Any Part Of led To Report A				ort Form	

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 Commis 00088209		2 Total pages t	filed: 40
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
OFFICEHOLDER	Dr.	Teresa T.				
NAME					Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
	Terrie	Johnson-Herr	nandez			
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE # CIT	-Y·	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER	P.O. Box 450568	.,,	- ,			
MAILING ADDRESS					Receipt #	Amount
Change of Address	Laredo, TX 78045				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mrs.	Graciela				
	NICKNAME	LAST		SUFFIX		
		Martinez-Vela		0011.00		
6 CAMPAIGN	STREET ADDRESS (NO F			/ SUITE #; CITY;		ATE; ZIP CODE
TREASURER	3709 Sereno Drive	O BOX PLEASE),	AP	1/30ITE#, CITT,	51	ATE, ZIP CODE
ADDRESS	3709 Seleno Drive					
(Residence or Business)						
	Laredo, TX 78046					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER			EXTENSION			
PHONE	(956) 220-7002					
8 REPORT TYPE	January 15	30th day before		Runoff	15th day after c	ampaign treasurer
					appointment (of	
	July 15	X 8th day before	election	Exceeded modified	Final Report (At	tach C/OH-FR)
				reporting limit	-	
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	01/26/2024	TI	HROUGH	02/24/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
				Opeola		
					<i>(</i> 1))	
11 OFFICE	OFFICE HELD (if any)	otriot 00		12 OFFICE SOUGHT		
	State Representative Di	SUICE OU		State Representa		
		GO ⁻	FO PAGE 2			
Forme provided by Ta	was Ethics Commission	1484847 (hice state ty u	2	1/08	sion V3.5.1.9000c47
Forms provided by Te	exas Ethics Commission	www.e	hics.state.tx.u	3	vers	5011 v 5.5.1.9000047

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

Johnson-Hernandez, Teresa T. (Dr.)

13 C / OH NAME

FORM C/OH COVER SHEET PG 2 3 of 40

(Ethics Commission Filers)

14 Filer ID

		0008	8209	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made These expenditures may have been made without the candi d officeholders are required to report this information only if th	date's or officeho	lder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	1. TOTAL UNITEM		r	
16 CONTRIBUTION TOTALS	GES, LOANS, CALLY)	\$ 0.00		
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4,550.00
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 49,851.62
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	OF THE	\$ 30,494.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOF	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE RTING PERIOD	LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty of perju true and correct and includes all informa under Title 15, Election Code.		
		Dr. Teresa T. John	son-Hernandez	,
		Signature of Candida		
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid, this	the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	cer administering	Printed name of officer administering	Title of officer ac	dministering oath
Forms provided by Te	xas Ethics Commissior	n www.ethics.state.tx.us	Ve	ersion V3.5.1.9000c47

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 4 of 40 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Johnson-Hernandez, Teresa T. (Dr.) 00088209 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 4,550.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. X SCHEDULE E: LOANS \$ 61,000.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 49,851.62 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 59.48 TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 5/40 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Johnson-Hernandez, Teresa T. (Dr.) 00088209 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 02/23/2024 Central Laredo Pain & Recovery LLC \$500.00 6 Contributor address; City; State; Zip Code Laredo, TX 78045 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/23/2024 Central Laredo Pain & Recovery LLC \$250.00 Contributor address; City; State; Zip Code Laredo, TX 78045 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/23/2024 Chavarria, Fernando \$250.00 Contributor address; City; State; Zip Code Laredo, TX 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/23/2024 \$250.00 Devally, Harold Contributor address; City; State; Zip Code Laredo, TX 78041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Constable Webb County Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/23/2024 \$250.00 Gonzalez Agency LLC Contributor address; City; State; Zip Code Laredo, TX 78043 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 6/40	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		mandez, Teresa T. (Dr.)			00088209	······,
4	Date	5 Full name of contributor out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	02/23/2024	Gonzalez Druker Law Firm				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Laredo, TX 78040	- I			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor Out-of-state PAC (ID		Г	Amount of Contribution (\$)	
	02/23/2024	Lozano, Sergio	π)			\$250.00
	02/20/2024			•		\$200.00
		כטוונווטענטו מעטופיז, כונץ, סומופ, בוף כטעב				
		Laredo, TX 78040				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Self Employed			
	Date	Full name of contributor 🔲 out-of-state PAC (ID		Amount of Contribution (\$)		
	02/23/2024	Patchen, Jerry				\$1,000.00
		Contributor address; City; State; Zip Code		1		
⊢	Dringing ogg	Houston , TX 77055	Employer (See Instruction			
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
╞				<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	¢200.00
	02/23/2024	Salinas , Tony				\$300.00
		Contributor address; City; State; Zip Code				
		Hebbronville, TX 78361				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Self Employe	ed	Self			
	Date	Full name of contributor 🔲 out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	02/23/2024	Solis, John				\$250.00
		Contributor address; City; State; Zip Code		1		
		Laredo, TX 78040				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Attorney		Law Office Of John R. S		S	
_						
1						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 7/40 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Johnson-Hernandez, Teresa T. (Dr.) 00088209 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 02/23/2024 **Tellez Law Office** \$250.00 6 Contributor address; City; State; Zip Code Laredo, TX 78040 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

LOANS					SCHEDULE E		
The Instructio	n Guide explains how	v to complete this	form.		ges Schedule E: 2 Rpt: 8/40		
2 FILER NAME Johnson-Hernan	dez, Teresa T. (Dr.)			3 Filer ID 000882	(Ethics Commission Filers) 209		
⁴ TOTAL OF UN	ITEMIZED LOANS			•	\$		
5 Date of loan 02/05/2024	7 Name of lender Hernandez, Teresa	out-of-state PA	AC (ID#:)	9 Loan Amount (\$) \$9,000.00		
6 Is lender a financial institution?	8 Lender address; (City; State;	Zip Code		10 Interest Rate		
No	Laredo, TX 78045				11 Maturity Date		
12 Principal occupation Self Employed	5)						
14 Description of Colle X None	ateral		15 Check if personal funds we	ere deposited	l into political account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)		
X not applicable	18 Guarantor address; (City; State;	Zip Code				
20 Principal occupatio	n		21 Employer (See Instructions	5)			
Date of loan	Name of lender	out-of-state PA	AC (ID#:	Loan Amount (\$)			
02/07/2024 Is lender a financial	Hernandez, Teresa Lender address;	City; State;	Zip Code		\$9,000.00		
institution? No	Laredo, TX 78045				Maturity Date		
Principal occupation	on / Job title (See Instructions	5)	Employer (See Instructions Self Employed	s)			
Description of Coll	ateral		Check if personal funds we	ere deposited	l into political account (See Instructions)		
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)		
X not applicable	Guarantor address; (City; State;	Zip Code				
Principal occupatio	n		Employer (See Instructions	s)	1		

LOANS					SCHEDULE E
The Instructio	n Guide explains how to	complete this	form.		ges Schedule E: 2 Rpt: 9/40
2 FILER NAME Johnson-Hernar	ndez, Teresa T. (Dr.)			3 Filer ID 000882	(Ethics Commission Filers) 209
⁴ TOTAL OF UN	ITEMIZED LOANS			ł	\$
5 Date of loan 02/15/2024	7 Name of lender Hernandez, Teresa	out-of-state P	AC (ID#:)	9 Loan Amount (\$) \$13,000.00
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
No	Laredo, TX 78045				11 Maturity Date
12 Principal occupation Self Employed	ctions)				
14 Description of Coll	ateral	ds were deposited	l into political account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State;	Zip Code		
20 Principal occupation	bn		21 Employer (See Instruc	ctions)	
Date of loan	Name of lender	out-of-state P	AC (ID#:)	Loan Amount (\$)
02/20/2024	Hernandez, Teresa				\$30,000.00
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 Instructions)		Employer (See Instrue Self Employed	ctions)	
Description of Coll	ateral		Check if personal fund	ds were deposited	l into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
X not applicable	Guarantor address; City;	State;	Zip Code		
Principal occupatio	on		Employer (See Instruc	ctions)	

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 1/30 Rpt: 10/40		Johnson-Hernandez, Teresa T. (Dr.)				00088209			
4	Date	5	Payee name			I				
	02/20/2024		7 Eleven							
6	Amount (\$)	7		Zip Co	de					
	\$7.44		602 N Zapata Hwy							
			Laredo, TX 78043							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					volunteer me					
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							Office held			
	Date		Payee name							
	02/22/2024		7 Eleven							
Amount (\$) Payee address; City; State; Zip Code										
	\$9.92		602 N Zapata Hwy							
			Laredo, TX 78043							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held			
	Date		Payee name							
	02/16/2024		Academy Sports							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$308.50		5720 San Bernardo							
			Laredo, TX 78041							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Parade Supp					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held			

	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 Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/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)					
1	Total pages Schedule F1:	ILER NAME	:	3 Filer ID (Ethics Commission Filers)					
	Sch: 2/30 Rpt: 11/40	ohnson-Hernandez, Teresa T. (Dr.)		00088209					
4	Date 01/29/2024	ayee name cademy Sports							
6	Amount (\$) \$162.34	Payee address; City; State; Zip Code 5720 San Bernardo Laredo, TX 78041							
8	PURPOSE OF EXPENDITURE	OF Event Expense							
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	ayee name							
	01/29/2024 Amazon								
	Amount (\$) \$32.03	Payee address; City; State; Zip Code 03 410 Terry Ave Seattle , WA 98109							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule)		heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ught	Office held					
	Date	ayee name							
	01/30/2024	mazon							
	Amount (\$) \$278.19	ayee address; City; State; Zip C 10 Terry Ave	ode						
		eattle , WA 98109	1						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule)		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ught	Office held					

		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/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 3/30 Rpt: 12/40	Johnson-Hernandez, Teresa T. (Dr.)	00088209						
4	Date	Payee name							
	01/31/2024	Amazon							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$177.18	410 Terry Ave							
		Seattle , WA 98109							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		ivel outside of Texas. Complete Schedule T.						
			istin, TX, officeholder living expense						
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date	Payee name							
	01/30/2024	Anypromo.com							
	Amount (\$) Payee address; City; State; Zip Code								
	\$317.53 1511 E Holt Blvd								
		Ontario, CA 91761							
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense al items						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/07/2024	Avis, Amber							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,200.00	1802 Houston St.							
		Laredo, TX 78040							
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor	ivel outside of Texas. Complete Schedule T. istin, TX, officeholder living expense g						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CATEGO	RIES FOR	R BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	payment/Reimbursement verhead/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)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 4/30 Rpt: 13/40		Johnson-Hernandez, Teresa T. (Dr.)				00088209		
4	Date	5	Payee name						
	01/29/2024		Boys and Girls Club of Laredo						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode				
	\$2,500.00		500 Moctezuma St						
			Laredo, TX 78040						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this scl	hedule)	(b) Description				
	EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T.		
					Event	1, 1 A	, officeholder living expense		
					Event				
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held							Office held		
	_	-							
	Date		Payee name						
	02/23/2024 Chick Fil A								
	Amount (\$) Payee address; City; State; Zip Code								
	\$12.98		1916 Bob Bullock Loop						
			Laredo, TX 78043						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	hedule)		1, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	lught		Office held		
	Date		Payee name						
	02/23/2024		Chick Fil A						
	Amount (\$)		Payee address; City; State	; Zip Co	ode				
	\$19.00		1916 Bob Bullock Loop						
			Laredo, TX 78043						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	hedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l ught		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial: nmittee Legal Services The Instruction G	s Expense	Office Over Polling Exp Printing Ex Salaries/W	head/ ense pense ages/(Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expens	e
1	Total pages Cabadula F1	1	· · · · · · · · · · · · · · · · · · ·					2	Filer ID	(Ethios Commission Fi	lore)
1	Total pages Schedule F1: Sch: 5/30 Rpt: 14/40	2	FILER NAME Johnson-Hernandez, Teres	sa T. (Dr.)				3	Filer ID 00088209	(Ethics Commission Fi	iers)
4	Date	5	Payee name					•			
	02/23/2024		Chick Fil A								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le					
	\$24.84 1916 Bob Bullock Loop										
		Laredo, TX 78043									
_											
8	PURPOSE OF	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) 	Description				
	EXPENDITURE		Food/Beverage Expense			ļ			de of Texas. Comp officeholder living		
						ļ	Volunteer me			experied	
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH							Office he	ld		
	Date		Payee name								
	02/23/2024		Chick Fil A								
	Amount (\$)		Payee address; City;	Stata:	; Zip Co	10					
	.,			Sidle,	, zip cot	ie.					
	\$37.02		1916 Bob Bullock Loop								
			Laredo, TX 78043								
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Food/Beverage Expense				Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITORE					I			officeholder living	expense	
						,	Volunteer me	als			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office souç	jht			Office he	ld	
	Date		Payee name								
	02/12/2024		Church's Chicken								
		<u> </u>		Ctoto	; Zip Co	10					
	Amount (\$)		Payee address; City;	State;	; ZIP COC	ie					
	\$98.43		1702 Guadalupe St								
			Laredo, TX 78040								
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	edule)	(b)	Description				
			Food/Beverage Expense	·	,	Ι	Check if travel	outsi	de of Texas. Comp	lete Schedule T.	
	EXPENDITURE		. .			I			officeholder living	expense	
						,	Volunteer Me	eals			
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	ht			Office he	ld	
	expenditure to benefit C/OI	Н									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/ Gift/Av nmittee Legal	Expense Beverage Expense wards/Memorials Expens Services Instruction Guide ex	se	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/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 F1:	2	FILER NAME				-	3	Filer ID (Et	thics Commission Filers)	
	Sch: 6/30 Rpt: 15/40		Johnson-Hernar	ndez, Teresa T. ((Dr.)				00088209		
4	Date	5	Payee name								
	02/20/2024		Commpose Con	nmunications Str	ategists	S					
6	Amount (\$)	7	Payee address;	City;	State;	Zip Coc	e				
	\$3,850.00 2620 Juarez Ave										
			Laredo, TX 7804	10							
8	PURPOSE	(a)					b) Description				
ľ	OF	(4)	Category (See Cate Advertising Expe		of this sched	dule)	•	outsi	ide of Texas. Complete	Schedule T.	
	EXPENDITURE								, officeholder living expe		
							Social Media	Ma	anager		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	der name	Of	ffice soug	ht		Office held		
⊨	Date		Payee name								
	01/29/2024		Dannys								
_			-	City "	Ctoto	Zin Coo	0				
	Amount (\$)		Payee address;	City;	State;	Zip Coc	e				
	\$162.67		4450 S Zapata H	HWY							
			Laredo, TX 7804	46							
	PURPOSE	(a)	Category (See Cate	egories listed at the top o	of this sched	dule)	b) Description				
	OF EXPENDITURE		Food/Beverage	Expense					ide of Texas. Complete		
									, officeholder living expe	ense	
							Volunteer me	ais)		
_	Complete ONLV if direct		Candidate/Officeho	dor nomo	Of	ffing cours	ht		Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Oniceno	luer name	U	ffice soug	n		Office held		
	Date		Payee name								
	02/01/2024		Dillards								
⊢	Amount (\$)	-	Payee address;	City;	State [.]	Zip Coc	e				
	\$120.70		5300 San Dario	-		000	-				
	¢120110			,							
			Laredo, TX 7804	41							
	PURPOSE	(a)	Category (See Cate	egories listed at the top o	of this sched	dule)	b) Description				
	OF EXPENDITURE		Event Expense						ide of Texas. Complete		
									, officeholder living expe	ense	
							Event Expen	ઝ્ટ			
	0								0.00		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	der name	Of	ffice soug	nt		Office held		

		EXPEN	DITURE CATEGOR	RIES FOR B	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	hittee Legal Service	ge Expense Iemorials Expense	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	ר ר ר	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	ILER NAME				3 F	-iler ID	(Ethics Commission Filers)
	Sch: 7/30 Rpt: 16/40	ohnson-Hernandez,	Teresa T. (Dr.)			(00088209	
4	Date	ayee name						
	02/01/2024	Dillards						
6	Amount (\$)	ayee address; Cit	y; State;	Zip Code				
	\$706.87	300 San Dario Ave						
		aredo, TX 78041						
8	PURPOSE OF	ategory (See Categories	listed at the top of this sch	edule) (b)	Description			
	EXPENDITURE	vent Expense					e of Texas. Comp fficeholder living	olete Schedule T.
					Event	i, i A, U	incentitier innig	copense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder n	ame C	Dffice sought			Office he	ld
	Date	ayee name						
	01/26/2024	ollar General						
	Amount (\$)	ayee address; Cit	y; State;	Zip Code				
	\$12.45	353 Clark						
		aredo, TX 78043						
	PURPOSE OF EXPENDITURE	ategory _{(See Categories} Office Overhead/Ren		_{edule)} (b)			e of Texas. Comp fficeholder living	olete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder n	ame C	Office sought			Office he	łd
	Date	ayee name						
	02/21/2024	ollar Tree						
	Amount (\$)	ayee address; Cit	v: State:	Zip Code				
	\$20.30	502 Clark Blvd	, ,					
		aredo, TX 78043						
	PURPOSE OF	ategory (See Categories		edule) (b)	Description	outeide	of Texas	plete Schedule T.
	EXPENDITURE)ffice Overhead/Ren	tal Expense				fficeholder living	
	Complete ONLY if direct	ndidate/Officeholder n	ame C	Dffice sought			Office he	ld
	expenditure to benefit C/OI			0				

			EXPEN	IDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Service	ge Expense ⁄Iemorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 8/30 Rpt: 17/40		Johnson-Hernandez,	Teresa T. (Dr.)				00088209
4	Date 02/21/2024		Payee name Dr. Ikes					
6	Amount (\$)			vi Stata:	Zip Co	10		
0	\$1.97		Payee address; Cit 4200 I-35 Laredo, TX 78041	y, Siale,	Ζιρ Ου	IE		
•	DUDDOCE							
8	PURPOSE OF EXPENDITURE		Category (See Categories Office Overhead/Rer		edule)		ı, TX,	side of Texas. Complete Schedule T. K, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder n	ame C	Office sou	ht		Office held
	Date		Payee name					
	02/13/2024		Ed's Trophies					
	Amount (\$)		Payee address; Cit	y; State;	Zip Co	le		
	\$196.00		219 Sanchez St Laredo, TX 78040					
	PURPOSE OF EXPENDITURE		Category (See Categories Event Expense	listed at the top of this sche	edule)		n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense IMENT
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder n	ame C	Office sou	ht		Office held
	Date		Payee name					
	02/20/2024		Entravision					
	Amount (\$) \$10,880.00		Payee address; Cit 222 Bob Bullock Loo		Zip Co	le		
			Laredo , TX 78043					
	PURPOSE OF EXPENDITURE		Category (See Categories Advertising Expense	listed at the top of this sche	edule)			side of Texas. Complete Schedule T. <, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder n	ame C	Office sou	ht		Office held

			EXPE	NDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Servic	ge Expense Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	2
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission File	ers)
	Sch: 9/30 Rpt: 18/40		Johnson-Hernandez	, Teresa T. (Dr.)				00088209	
4	Date	5	Payee name						
	02/23/2024		Entravision						
6	Amount (\$)	7	Payee address; Cit	ty; State;	Zip Co	le			
	\$3,500.00		222 Bob Bullock Loo	р					
			Laredo , TX 78043						
8	PURPOSE OF	(a)	Category (See Categories		edule)	(b) Description			
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense	
						TV Advertisir		underholder inning expense	
							5		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder r	name C	Dffice soug	ht		Office held	
	Date		Payee name						
	02/20/2024		Family Dollar						
	Amount (\$)		Payee address; Cit	ty; State;	Zip Co	le			
	\$18.24		1400 Guadalupe St						
			Laredo, TX 78040						
	PURPOSE OF	(a)	Category (See Categories	listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Office Overhead/Rer	ntal Expense				de of Texas. Complete Schedule T. officeholder living expense	
						HQ supplies	I, IA,	Unicertoider living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder r	name C	Dffice soug	ht		Office held	
	Date		Payee name						
	02/20/2024		Family Dollar						
	Amount (\$)		Payee address; Cit	ty; State;	Zip Coo	le			
	\$33.56		1400 Guadalupe St						
			Laredo, TX 78040						
	PURPOSE	(a)	Category (See Categories	listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rer	ntal Expense				de of Texas. Complete Schedule T.	
							ι, TΧ,	officeholder living expense	
						HQ Supplies			
	Complete ONUM Station	L	andidate (Office - Is - Is'			b 4			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder r	iame C	Office souç	m		Office held	

			EXPENDITUR	RE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expen Git/Awards/Memorials Inmittee Legal Services The Instruction G	s Expense	Office Over Polling Expe Printing Exp Salaries/Wa	ense ges/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 F1:	2	FILER NAME			-	3	Filer ID (Ethics Commission Filers)
	Sch: 10/30 Rpt: 19/40		Johnson-Hernandez, Teres	sa T. (Dr.)				00088209
4	Date	5	Payee name				1	
	02/20/2024		Family Dollar					
6	Amount (\$)	I	Payee address; City;	State;	; Zip Cod	e		
	\$38.75		1400 Guadalupe St					
			Laredo, TX 78040					
8	PURPOSE OF		Category (See Categories listed at t		nedule)	b) Description		
	EXPENDITURE		Office Overhead/Rental Ex	pense				ide of Texas. Complete Schedule T. , officeholder living expense
						HQ Supplies		
						-		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held
	Date	\square	Payee name					
	02/20/2024		Family Dollar					
	Amount (\$)	┢	Payee address; City;	State;	; Zip Cod	е		
	\$122.13		1400 Guadalupe St					
			Laredo, TX 78040					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at t Office Overhead/Rental Ex		iedule) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held
	Date	Γ	Payee name					
	01/29/2024		Guerra Communications					
	Amount (\$)	┢	Payee address; City;	State;	; Zip Cod	е		
	\$3,705.00		6402 N Bartlett					
			Laredo, TX 78041					
	PURPOSE OF		Category (See Categories listed at t	the top of this sch	nedule) (b) Description	outoi	ide of Touron, Complete Schedule T
	EXPENDITURE		Advertising Expense				n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense 10
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	C	Office soug	ht		Office held

			EXPEND	ITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Services	Expense morials Expense ion Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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 F1:	2					3	Filer ID (Ethics Commission Filers)
-	Sch: 11/30 Rpt: 20/40		Johnson-Hernandez, 1	eresa T. (Dr.)				00088209
4	Date	5	Payee name					
	02/12/2024		HEB					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de		
	\$46.13		1301 Guadalupe					
			Laredo, TX 78040					
8	PURPOSE	<u> </u>				(b) Description		
ľ	OF		Category _{(See Categories lis} Food/Beverage Expen		edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Food/Deverage Experi	30				, officeholder living expense
						HQ Supplies		
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder na	ne C	Dffice sou	ght		Office held
	Date		Payee name					
	02/20/2024		HEB					
_	Amount (\$)		Payee address; City;	State:	Zip Co			
	\$68.56			State,	Zip Cu			
	Φ00.50		1301 Guadalupe					
			Laredo, TX 78040					
	PURPOSE OF EXPENDITURE		Category (See Categories lis Office Overhead/Renta		edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ne C	Dffice sou	ght		Office held
	Date		Payee name					
	02/20/2024		HEB					
	Amount (\$)		Payee address; City;	State:	Zip Co	he		
	\$84.31		1301 Guadalupe	State,	210 00			
	ψ04.51		1301 Guadalupe					
			Laredo, TX 78040					
	PURPOSE		Category (See Categories lis		edule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Renta	al Expense			n, TX	ide of Texas. Complete Schedule T. , officeholder living expense
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder na	ne C	Office sou	tht		Office held
	expenditure to benefit C/OF		analuater entremolael fidi			gint		
_								

		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/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:		3 Filer ID (Ethics Commission Filers)
-	Sch: 12/30 Rpt: 21/40	Johnson-Hernandez, Teresa T. (Dr.)	00088209
4	Date 01/26/2024	Payee name HEB	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$72.00	1301 Guadalupe	
		Laredo, TX 78040	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District	utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/20/2024	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.55	2450 Monarch Dr Laredo, TX 78045	
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) (b) Description Event Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense ions
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
⊨	Date	Payee name	
	01/29/2024	Hobby Lobby	
	Amount (\$) \$7.77	Payee address; City; State; Zip Code 2450 Monarch Dr	
	φ1.11	Laredo, TX 78045	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER N	AME				3	Filer ID	(Ethics Commission Filers)
	Sch: 13/30 Rpt: 22/40		n-Hernandez, Teresa	T. (Dr.)				00088209	
4	Date 01/31/2024	Payee na Internati	ame ional Bank of Comme	erce					
6	Amount (\$) \$32.58		ddress; City; an Bernardo TX 78040	State;	; Zip Coo	le			
8	PURPOSE OF EXPENDITURE		' (See Categories listed at the ing/Banking	e top of this sch	edule)			de of Texas. Com officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	C	Office sou	Jht		Office he	eld
	Date	Payee na	ame						
	02/02/2024	Jett Bov	vl						
	Amount (\$) \$169.95	Payee ad 5823 Mi	ldress; City; cPherson Rd	State;	; Zip Coo	le			
		Laredo,	TX 78041						
	PURPOSE OF EXPENDITURE		' (See Categories listed at the everage Expense	e top of this sch	edule)		n, TX,	de of Texas. Com , officeholder living nent meals	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	C	Office sou	Jht		Office he	eld
	Date	Payee na	ame						
	02/02/2024	La Casi	ta Nueva						
	Amount (\$) \$900.00	Payee ac 2119 Sa	ldress; City; an Bernado	State;	; Zip Coo	le			
			TX 78040		i				
	PURPOSE OF EXPENDITURE	a) Category Event E	' (See Categories listed at the XPENSE	e top of this sch	edule)			de of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	0	Office sou	Jht		Office he	eld

			EXPENDITURE CATEGO	ORIES FOR	R BC	DX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Corr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain:	Office Ove Polling Ex Printing E Salaries/V	erhead pense xpens Vages	e /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 F1:	2	· · · ·		•		3	Filer ID (Ethics Commission Filers)
-	Sch: 14/30 Rpt: 23/40		Johnson-Hernandez, Teresa T. (Dr.)				J	00088209
4	Date	5	Payee name					
	02/20/2024		La Casita Nueva					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$192.62		2119 San Bernado					
			Laredo, TX 78040					
8	PURPOSE	<u> </u>	Category (See Categories listed at the top of this so	abadula)	(b)	Description		
-	OF		Food/Beverage Expense	chequie)	()	<u> </u>	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, тх,	, officeholder living expense
						volunteer me	als	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	02/22/2024		Little Cesars					
_	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode			
	\$105.38		1503 Guadalupe St	-, _,,				
	+200.00							
			Laredo, TX 78043					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Food/Beverage Expense	chedule)	(b)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	l Ight			Office held
	Date		Payee name					
	01/26/2024		Los Pasteles Bakery					
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode			
	\$45.70		3302 Cuatro Vientos Dr	· •				
			Laredo, TX 78046		ī			
	PURPOSE OF		Category (See Categories listed at the top of this so	chedule)	(b)	Description		
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.
						Volunteer Me		, officeholder living expense
_	Complete ONLV if direct		andidata/Officabaldar nama	Office con				Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ignt			Onice neid

			EXPENDITURE CATEGOR	RIES FOF	R BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	xpense Vages/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 F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 15/30 Rpt: 24/40		Johnson-Hernandez, Teresa T. (Dr.)				00088209
4	Date 02/20/2024	5	Payee name Mata, Jesslynn				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$1,150.00		3234 Saint Kathryn Loop				
			Laredo, TX 78046				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.
					Social Media		, officeholder living expense
						i Au	iverusing
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	02/23/2024		McDonalds				
-	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$11.55		2301 Guadalupe				
	\$11.00						
			Laredo, TX 78043				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	ght		Office held
	Date		Payee name				
	02/20/2024		Murphy USA				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$29.00		4419 S Zapata Hwy				
			Laredo, TX 78046				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Towar, Complete Selection T
	EXPENDITURE		Travel In District				ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held

		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/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	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:		3 Filer ID (Ethics Commission Filers)
-	Sch: 16/30 Rpt: 25/40	Johnson-Hernandez, Teresa T. (Dr.)	00088209
4	Date 01/29/2024	Payee name Office Depot	
6	Amount (\$) \$148.44	Payee address; City; State; Zip Code 5718 San Bernardo Laredo, TX 78041	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/26/2024	Patria Office Supply	
	Amount (\$) \$28.53	Payee address;City;State;Zip Code301 E Calton	
		Laredo, TX 78041	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/20/2024	Pla-Mor	
	Amount (\$) \$59.56	Payee address;City;State;Zip Code2819 Bob Bullock Loop	
		Laredo, TX 78045	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE C	ATEGO	RIES FOR	8 BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of District	uipment & Related Expense
1	Total pages Schedule F1:	2		onprairie -			2	Filer ID	(Ethics Commission Filers)
1	Sch: 17/30 Rpt: 26/40	2	Johnson-Hernandez, Teresa T	. (Dr.)			J	00088209	
4	Date 02/20/2024	5	Payee name Pla-Mor						
6	Amount (\$)	7	Payee address; City;	State:	; Zip Co	de			
•	\$104.54		2819 Bob Bullock Loop	o tato,	, <u></u> p ee				
	\$10 HO I								
			Larada TV 70045						
			Laredo, TX 78045						
8	PURPOSE OF	(a)	Category (See Categories listed at the top	p of this sch	edule)	(b) Description			
	EXPENDITURE		Event Expense					ide of Texas. Compl	
						Bowling Tour		, officeholder living e	expense
						Bowing Tour	nai	ment	
_	Osmalata ONII X if dina at							0#100	-1
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Ĺ	Office sou	Jur		Office hel	d
	Date		Payee name						
	02/20/2024		Pla-Mor						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$197.21		2819 Bob Bullock Loop	olulo,	, zip 00				
	ψ197.21								
			Laredo, TX 78045						
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Description			
	OF EXPENDITURE		Event Expense					ide of Texas. Comp	
								, officeholder living e	expense
						Bowling Tour	mai	ment	
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office hel	d
	expenditure to benefit C/OI	-							
	Date		Payee name						
	02/20/2024		Pla-Mor						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de			
	\$214.02		2819 Bob Bullock Loop						
			Laredo, TX 78045						
	PURPOSE	(a)	Category (See Categories listed at the to	n of this sob	edule)	(b) Description			
	OF	Ľ	Event Expense		iculic)		outsi	ide of Texas. Comp	lete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	, officeholder living e	expense
						Bowling Tour	mai	ment	
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office hel	d
	expenditure to benefit C/OI	H							

			EXPENDITURE	CATEGOR	RIES FOR	во	X 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Imittee Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	head ense pense ages/	e '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 F1:	2						3	Filer ID (Ethics Commission Filers)	_
1	Sch: 18/30 Rpt: 27/40		Johnson-Hernandez, Teresa	T. (Dr.)				3	00088209	
4	Date	5	Payee name							
	02/20/2024		Pla-Mor							
6	Amount (\$) \$236.85		Payee address; City; 2819 Bob Bullock Loop	State;	; Zip Coo	de				
			Laredo, TX 78045							
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Event Expense						ide of Texas. Complete Schedule T.	
									, officeholder living expense	
		B					Bowling Tour	nar	ment	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office held	
	Date		Payee name							
	02/20/2024		Pla-Mor							
	Amount (\$)		Payee address; City;	State:	; Zip Coo	1e				
	\$301.54		2819 Bob Bullock Loop	Oluie,	, 20 000					
	4001.04		2019 DOD Dullock Loop							
			Laredo, TX 78045							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Event Expense						ide of Texas. Complete Schedule T.	
									, officeholder living expense	
							Bowling tourr	nam	nent	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office held	
	Date		Payee name							
	02/20/2024		Pla-Mor							
-	Amount (\$)		Payee address; City;	State	; Zip Co	le				
	\$792.45		2819 Bob Bullock Loop	Juic,	, ביף כטנ					
	Ψι 32.45									
			Laredo, TX 78045							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Event Expense						ide of Texas. Complete Schedule T.	
									, officeholder living expense	
							Bowling tourr	nam	nent	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	ght			Office held	
-										\neg

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Ex Salaries/W	pense ages/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 F1:	5		l Guide suprime		inpiero tino recim	3	Filer ID (Ethics Commission Filers)	\neg
1	Sch: 19/30 Rpt: 28/40	2	Johnson-Hernandez, Te	resa T. (Dr.)				00088209	
4	Date	5	Payee name						
	02/21/2024		Pollo Feliz						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de			_
	\$32.04		3619 San Dario Ave						
			Laredo, TX 78041						
8	PURPOSE	(a)				(b) Description			_
Ũ	OF	(,	Category (See Categories lister Food/Beverage Expense		edule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Tood/Develage Expense			Check if Austin	n, TX	, officeholder living expense	
						Volunteer me	eals	5	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	e C	Office souç	ght		Office held	
	Date		Payee name						
	02/05/2024		Promega						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
	\$2,440.28		1615 Jacaman Road	,					
	+=,								
			Laredo, TX 78041						
	PURPOSE	(a)	Category (See Categories lister	l at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Printing Expense					side of Texas. Complete Schedule T.	
						Signs & bum		, officeholder living expense	
						Signs & buin	ihei	SICKEIS	
	Complete ONLY if direct		Candidate/Officeholder name	<u> </u>	Office soug	abt		Office held	_
	expenditure to benefit C/OI					grit		Onice field	
_	Data								_
	Date 02/20/2024		Payee name						
			Quickie Bakery						
	Amount (\$)		Payee address; City;	State;	Zip Coo	de			
	\$73.13		2019 Corpus Christi St						
			Laredo, TX 78043						
	PURPOSE	(a)	Category (See Categories lister	I at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Expense	è				ide of Texas. Complete Schedule T.	
								a, officeholder living expense	
						Volunteer me	eals	5	
									_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	e C	Office soug	ght		Office held	
	superioration to benefit 0/01	•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loar Offic Polli Print Sala	n Repay ce Overl ing Expe ting Exp aries/Wa	ment/Reimbursement nead/Rental Expense ense ges/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 20/30 Rpt: 29/40		Johnson-Hernandez, Teresa T. (E	Dr.)				00088209			
4	Date	5	Payee name								
	02/20/2024		Saenz, Estella								
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	e					
	\$5,000.00		17 Hillside Dr								
			Crystal City , TX 78834								
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b) Description					
	OF EXPENDITURE		Consulting Expense	,			outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE						ι, TΧ,	, officeholder living expense			
						Consulting					
_			Sandidata (Office helder name	Office							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office	e soug	nt		Office held			
	Date		Payee name								
	02/02/2024		Sams Club								
	Amount (\$)		Payee address; City;	State; Zip	o Cod	e					
	\$293.73		4810 San Bernado								
			Laredo, TX 78041								
	PURPOSE	(a)				b) Description					
	OF	(4)	Category (See Categories listed at the top of Event Expense	this schedule)	ľ		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living expense			
						Community (Coo	bkout			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	ht		Office held			
	Date		Payee name								
	01/29/2024		Sams Club								
	Amount (\$)		Payee address; City;	State; Zip	o Cod	e					
	\$91.60		4810 San Bernado								
			Laredo, TX 78041								
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)		b) Description					
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
						Parade	I, IA,				
-	Complete ONLY if direct		Candidate/Officeholder name	Office	soua	ht		Office held			
	expenditure to benefit C/OI										
-											

	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/Reimb Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contrac The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 21/30 Rpt: 30/40	Johnson-Hernandez, Teresa T. (Dr.)	00088209								
4	Date 01/31/2024	Payee name Sams Club									
6	Amount (\$) \$68.18	Payee address; City; State; Zip Code 4810 San Bernado Laredo, TX 78041									
8	PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense t expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/29/2024	South Texas Waste System									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$114.00	428 Hilltop Rd Laredo, TX 78045									
	PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense al for event								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/16/2024	TJ Maxx									
	Amount (\$) \$52.98	Payee address; City; State; Zip Code 2444 Monarch Dr									
		Laredo, TX 78045									
	PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense ing Tournament Prizes								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	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/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 22/30 Rpt: 31/40	Johnson-Hernandez, Teresa T. (Dr.)	00088209								
4	Date 02/16/2024	Payee name TJ Maxx									
6	Amount (\$) \$59.48	Payee address; City; State; Zip Code 2444 Monarch Dr Laredo, TX 78045									
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ament prizes								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/12/2024	Taco Palenque									
	Amount (\$) \$1,238.04	Payee address;City;State;Zip Code4515 San Bernado Ave									
		Laredo, TX 78041									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense A IS								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/23/2024	Taco Palenque									
	Amount (\$) \$9.73	Payee address;City;State;ZipCode4515 San Bernado Ave									
		Laredo, TX 78041									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense als								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Nages	se s/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 F1:	2			•		3	Filer ID (Ethics Commission Filers)		
-	Sch: 23/30 Rpt: 32/40		Johnson-Hernandez, Teresa T. (Dr.)				ľ	00088209		
4	Date	5	Payee name							
	02/21/2024		Uvalde Leader News							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode					
	\$3,282.76		110 N East Street							
			Uvalde , TX 78801							
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.		
							, TX,	, officeholder living expense		
						Advertising				
_				~ ///	<u> </u>					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	02/20/2024		Valero							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$44.00		2519 Jacaman Road							
			Laredo, TX 78041							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this s Travel In District	chedule)	(b)			ide of Texas. Complete Schedule T. , officeholder living expense		
						Fuel				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	02/20/2024		Valero							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$45.00		2519 Jacaman Road							
			Laredo, TX 78041							
	PURPOSE OF		Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense		
						Fuel	, 17,	, uncertoider inving expense		
					1					
-	Complete ONLY if direct	<u></u>	andidate/Officeholder name	Office sou	l Jaht			Office held		
	expenditure to benefit C/OI				5					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex mittee Legal Services The Instruction Guid		Office Ove Polling Ex Printing Ex Salaries/M	pense /ages/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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 24/30 Rpt: 33/40		Johnson-Hernandez, Teresa	T. (Dr.)				00088209		
4	Date 02/20/2024		⊃ayee name √alero							
6	Amount (\$) \$74.00		Payee address; City; 2519 Jacaman Road Laredo, TX 78041	State	; Zip Co	de				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Travel In District	op of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held		
	Date		^D ayee name							
	02/23/2024	· ا	Valero							
	Amount (\$) \$39.79		Payee address; City; 2519 Jacaman Road _aredo, TX 78041	State	; Zip Co	de				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the t Travel In District	op of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held		
	Date		Payee name							
	02/23/2024	· ۱	Valero							
	Amount (\$) \$53.42		Payee address; City; 2519 Jacaman Road	State	; Zip Co	de				
			Laredo, TX 78041							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Travel In District	op of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held		

				EXPEN	IDITURE C	ATEGOF	RIES FOF	BC	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee	Legal Service	ge Expense Memorials Exper Is		Office Ove Polling Exp Printing Ex Salaries/W	rhead bense pens ages			Travel in District Travel Out of Dis	Equipn t strict	g Expense nent & Related Expense jory not listed above)	
1	Total pages Schedule F1:	ے دا	ILER NAME			CAPIUITO .	11000 10 00.	IIpic		3	Filer ID	/Et	hics Commission Filers)	_
Ţ	Sch: 25/30 Rpt: 34/40		ohnson-He		Teresa T.	. (Dr.)				3	00088209	(∟.		
4	Date	5 P	ayee name											
	02/20/2024		/ariety Meat	ts										
6	Amount (\$)	7 P	ayee addres	s; City	y;	State;	; Zip Co	de						
	\$257.71	3	301 Lomas	Del Sur										
		L	aredo, TX 7	78046										
8	PURPOSE	(a) (Category (Se	e Categories	listed at the ton	of this sch	edule)	(b)	Description					_
			Food/Bevera			7 01 1113 301	icuaic)	.,		outsi	de of Texas. Com	plete	Schedule T.	
	EXPENDITURE										officeholder living	g expe	ense	
									Food for ever	nt				
_				<u> </u>										_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder n	ame	ر 	Office sou	ght			Office he	eld		
	Date	P	ayee name											
	02/06/2024	v	/elazco, Ro	sa										
	Amount (\$)	P	ayee addres	s; City	y;	State;	; Zip Co	de						
	\$850.00	3	017 Buena	Vista										
		L	aredo, TX 7	78043										
	PURPOSE OF EXPENDITURE		Category _{(Se} Office Overh				edule)	(b)			de of Texas. Com officeholder living			
									Rent			-		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder n	ame	C	Dffice sou	ght			Office he	eld		
	Date	P	ayee name											
	02/20/2024		Valmart											
	Amount (\$)	Р	ayee addres	s; City	v;	State;	; Zip Co	de						
	\$2.10		401 Hwy 83	-	, .		· .							
		L	aredo, TX 7	78046										
	PURPOSE OF		Category (Se				edule)	(b)	Description					
	EXPENDITURE	C	Office Overh	iead/Ren	tal Expens	se					de of Texas. Com officeholder living	•		
	Complete ONLY if direct	L Ca	andidate/Offic	eholder n	ame	C	Dffice sou	ght			Office he	eld		
	expenditure to benefit C/OF							,						
-														_

				EXPENI	DITURE CATE	GORIES FO	OR BO	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	e Expense emorials Expense	Office C Polling Printing Salaries	Verhea Expense Expense (Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Relate	
1	Total pages Schedule F1:	12					- 4110		2	Filer ID	(Ethics Comm	viscion Eilers)
1	Sch: 26/30 Rpt: 35/40				Teresa T. (D	r.)			3	00088209		
4	Date	5	Payee name									
	02/20/2024		Walmart									
6	Amount (\$)		Payee addres		; 5	State; Zip C	Code					
	\$75.58		4401 Hwy 8	3 S								
			Laredo, TX	78046								
8	PURPOSE	(a)	Category (Se	e Categories li	sted at the top of th	nis schedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rent	al Expense					de of Texas. Com		
								HQ Supplies	, IX,	officeholder living	expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offi	ceholder na	me	Office so	bught			Office he	eld	
	Date		Payee name									
	02/20/2024		Walmart									
	Amount (\$)	-	Payee addres	ss; City	: 5	State; Zip C	Code					
	\$157.12		4401 Hwy 8	-	,							
	\$101.1L			00								
			Laredo, TX	78046								
	PURPOSE OF EXPENDITURE		Category (Se Office Over		sted at the top of th al Expense	nis schedule)	(b)			de of Texas. Comp officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder na	me	Office so	bught			Office he	eld	
	Date		Payee name									
	02/21/2024		Walmart									
	Amount (\$)		Payee addres	ss; City	; 5	State; Zip C	Code					
	\$178.08		4401 Hwy 8		-	·····, [·						
			,									
			Laredo, TX	78046			i					
	PURPOSE OF				sted at the top of th	nis schedule)	(b)	Description				
	EXPENDITURE		Event Expe	nse						de of Texas. Comp officeholder living		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder na	me	Office so	bught			Office he	eld	

				EXPEND	TURE CATEGO	RIES FOR	BC	DX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage I Gift/Awards/Men Legal Services The Instructi		Office Ove Polling Exp Printing Ex Salaries/W	rhead bense pens ages	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & I	Related Expense
1	Total pages Schedule F1:	12		The monave	on Guide explaine	5 11047 to 50.	IIPIC		5	Filer ID	/Ethics (commission Filers)
T	Sch: 27/30 Rpt: 36/40			rnandez, T	eresa T. (Dr.)				3	00088209		
4	Date	5	Payee name						•			
	02/23/2024		Walmart									
6	Amount (\$)		Payee addres		State	e; Zip Co	de					
	\$103.10		4401 Hwy 8	3 S								
			Laredo, TX	78046								
8	PURPOSE						(h)	Description				
	OF		Office Overh		ed at the top of this sc I Exnense	chedule)	()		outsid	de of Texas. Com	plete Schedu	ule T.
	EXPENDITURE			ioaa, i tointa	Гедропоо			Check if Austin	, TX,	officeholder living	expense	
								HQ Supplies				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder nan	ıe	Office sou	ght			Office he	eld	
	Date		Payee name									
	01/26/2024		Walmart									
	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de					
	\$41.90		4401 Hwy 8	-								
			-) -									
			Laredo, TX	78046								
	PURPOSE OF EXPENDITURE		Category _{(Se} Office Overh		ed at the top of this sc I Expense	chedule)	(b)			de of Texas. Com officeholder living		ule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder nan	ne	Office sou	ght			Office he	ld	
-	Date		Payee name									
	01/29/2024		Walmart									
-	Amount (\$)		Payee addres	s; City;	State	e; Zip Co	de					
	\$193.74		4401 Hwy 8		Sialt	c, zip cu	uc					
	Ψ130.74											
			Laredo, TX	78046								
	PURPOSE	(a)	Category (Se	e Categories list	ed at the top of this sc	chedule)	(b)	Description				
	OF EXPENDITURE		Event Exper	ise						de of Texas. Com		ule T.
								Supplies	, ΓX,	officeholder living	expense	
								Supplies				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	eholder nan	16	Office sou	ght			Office he	eld	

	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:		3 Filer ID (Ethics Commission Filers)								
-	Sch: 28/30 Rpt: 37/40	Johnson-Hernandez, Teresa T. (Dr.)	00088209								
4	Date 02/02/2024	5 Payee name Whacha Designs									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$1,017.55	402 Hillside Rd Suite 3									
		Laredo, TX 78041									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Printing Expense	ıtside of Texas. Complete Schedule T. ГX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/20/2024	Whataburger									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$10.54	4416 TX 359									
		Laredo , TX 78043									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense IS								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/20/2024	Whataburger									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$24.43	4416 TX 359									
		Laredo , TX 78043									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IIS								
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								

			EXPENDITURE	CATEGOF	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
_			The Instruction Guid	ie explains i	now to com	plete this form.	1_		
1	Total pages Schedule F1:							Filer ID	(Ethics Commission Filers)
	Sch: 29/30 Rpt: 38/40		n-Hernandez, Teresa	T. (Dr.)				00088209	
4	Date 02/20/2024	Payee r Whatak							
6	Amount (\$) \$31.44	Payee a4416 TLaredo		State;	Zip Cod	e			
8	PURPOSE OF EXPENDITURE		Y (See Categories listed at the everage Expense	top of this sche	edule) (n, TX, d	le of Texas. Comp officeholder living (
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office soug	nt		Office hel	ld
	Date	Payee r	ame						
	02/20/2024	Whatak	burger						
	Amount (\$) \$53.91	Payee a 4416 T		State;	Zip Cod	e			
			, TX 78043						
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the everage Expense	top of this sche	edule) (n, TX, d	le of Texas. Comp officeholder living (
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office soug	nt		Office hel	d
	Date	Payee r	ame						
	02/20/2024	Whatak	ourger						
	Amount (\$) \$110.45	Payee a 4416 T		State;	Zip Cod	e			
		Laredo	, TX 78043						
	PURPOSE OF EXPENDITURE		Y (See Categories listed at the everage Expense	top of this sche	edule) (n, TX, d	le of Texas. Comp officeholder living (
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office soug	nt		Office hel	ld

			EXPENDITU	JRE CATEGOF	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Imittee Legal Services The Instruction	als Expense	Office Over Polling Exp Printing Ex Salaries/W	head/Renta ense bense ages/Contra	act Labor		Travel in District Travel Out of Dis	quipment & Related Expense	9
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission File	ers)
1	Sch: 30/30 Rpt: 39/40		Johnson-Hernandez, Ter	esa T. (Dr.)					00088209		613)
4	Date	5	Payee name								
	02/22/2024		Whataburger								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le					
	\$18.54		4416 TX 359								
			Laredo , TX 78043								
8	PURPOSE	<u> </u>				(b) Des	orintion				
ľ	OF		Category (See Categories listed a Food/Beverage Expense	at the top of this sche	edule)	_		outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE								officeholder living		
						Volu	unteer me	als			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ht			Office he	ld	
	Date		Payee name								
	02/22/2024		Whataburger								
	Amount (\$)	-	Payee address; City;	State [.]	Zip Co	le					
	\$84.85		4416 TX 359	Olalo,	, 20						
	φ04.00		4410 17 000								
			Laredo , TX 78043								
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Food/Beverage Expense	at the top of this scho	edule)		Check if travel o	, TX,	de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice soug	ht			Office he	eld	
	Date		Payee name								
	02/23/2024		Yumm								
	Amount (\$)		Payee address; City;	State	Zip Coo	P					
	\$21.14		9101 McPherson	Olulo,	, 20 000						
	ΨΖ1.14										
			Laredo, TX 78041								
	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule)	(b) Des	cription				
	OF EXPENDITURE		Food/Beverage Expense						de of Texas. Com		
									officeholder living	expense	
						Volu	unteer me	als			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office souç	ht			Office he	eld	

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

SCHEDULE K

The Instruction Guide explains how to complete this form					Total pages Schedule K: Sch: 1/1 Rpt: 40/40	
2	2 FILER NAME 3				Filer ID (Ethics Commission Filers)	
	Johnson-Hernandez, Teresa T. (Dr.)				00088	209
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	02/20/2024		TJ Maxx			\$59.48
		6	Address of person from whom amount is received; City; State; Zip Code			
			Laredo, TX 78045			
		7		eck if nolit	ical conti	l ibution returned to filer
		ľ	59.48			
⊢						