

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088209		2 Total pages filed: 40		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Teresa T.	MI MI	Date Received ELECTRONICALLY FILED 02/26/2024	
	NICKNAME Terrie	LAST Johnson-Hernandez	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/26/2024	THROUGH	Month Day Year 02/24/2024		

6 EXPLANATION OF CORRECTION
Added additional expenses that were missing from original report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

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

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

Dr. Teresa T. Johnson-Hernandez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088209	2 Total pages filed: 40												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR Dr.</td> <td style="width: 25%;">FIRST Teresa T.</td> <td style="width: 25%;">MI MI</td> </tr> </table>		MS / MRS / MR Dr.	FIRST Teresa T.	MI MI	OFFICE USE ONLY									
	MS / MRS / MR Dr.	FIRST Teresa T.	MI MI												
<table style="width: 100%;"> <tr> <td style="width: 25%;">NICKNAME Terrie</td> <td style="width: 25%;">LAST Johnson-Hernandez</td> <td style="width: 25%;">SUFFIX</td> </tr> </table>		NICKNAME Terrie	LAST Johnson-Hernandez	SUFFIX											
NICKNAME Terrie	LAST Johnson-Hernandez	SUFFIX													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 450568 Laredo, TX 78045		Date Received ELECTRONICALLY FILED 02/26/2024												
			Date Hand-delivered or Date Postmarked												
			<table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table>	Receipt #	Amount										
	Receipt #	Amount													
		Date Processed Date Imaged													
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 25%;">MS / MRS / MR Mrs.</td> <td style="width: 25%;">FIRST Graciela</td> <td style="width: 25%;">MI MI</td> </tr> </table>			MS / MRS / MR Mrs.	FIRST Graciela	MI MI									
	MS / MRS / MR Mrs.	FIRST Graciela	MI MI												
<table style="width: 100%;"> <tr> <td style="width: 25%;">NICKNAME</td> <td style="width: 25%;">LAST Martinez-Vela</td> <td style="width: 25%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST Martinez-Vela	SUFFIX										
NICKNAME	LAST Martinez-Vela	SUFFIX													
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3709 Sereno Drive Laredo, TX 78046														
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 220-7002														
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)				
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)												
<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)												
9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Year</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Year</td> </tr> <tr> <td></td> <td>01/26/2024</td> <td></td> <td>THROUGH</td> <td>02/24/2024</td> <td></td> </tr> </table>			Month	Day	Year	Month	Day	Year		01/26/2024		THROUGH	02/24/2024	
Month	Day	Year	Month	Day	Year										
	01/26/2024		THROUGH	02/24/2024											
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special												
11 OFFICE	OFFICE HELD (if any) State Representative District 80		12 OFFICE SOUGHT (if known) State Representative District 80												

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Johnson-Hernandez, Teresa T. (Dr.)	14 Filer ID	(Ethics Commission Filers)
		00088209	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	49,851.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	30,494.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dr. Teresa T. Johnson-Hernandez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/40
2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)		3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez Druker Law Firm <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78040	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Sergio <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patchen, Jerry <hr/> Contributor address; City; State; Zip Code Houston , TX 77055	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas , Tony <hr/> Contributor address; City; State; Zip Code Hebbronville, TX 78361	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, John <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office Of John R. Solis

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/2 Rpt: 8/40	
2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)		3 Filer ID (Ethics Commission Filers) 00088209	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 02/05/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Teresa		9 Loan Amount (\$) \$9,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Laredo, TX 78045		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Self Employed		13 Employer (See Instructions) Self Employed	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 02/07/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Teresa		Loan Amount (\$) \$9,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Laredo, TX 78045		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/2 Rpt: 9/40	
2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)		3 Filer ID (Ethics Commission Filers) 00088209	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 02/15/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Teresa		9 Loan Amount (\$) \$13,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Laredo, TX 78045		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Self Employed		13 Employer (See Instructions) Self Employed	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 02/20/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Teresa		Loan Amount (\$) \$30,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Laredo, TX 78045		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/30 Rpt: 10/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name 7 Eleven	
6 Amount (\$) \$7.44	7 Payee address; City; State; Zip Code 602 N Zapata Hwy Laredo, TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense volunteer meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/22/2024	Candidate/Officeholder name Payee name 7 Eleven	
Amount (\$) \$9.92	Payee address; City; State; Zip Code 602 N Zapata Hwy Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/16/2024	Candidate/Officeholder name Payee name Academy Sports	
Amount (\$) \$308.50	Payee address; City; State; Zip Code 5720 San Bernardo Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/30 Rpt: 11/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 01/29/2024	5 Payee name Academy Sports	
6 Amount (\$) \$162.34	7 Payee address; City; State; Zip Code 5720 San Bernardo Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/29/2024	Candidate/Officeholder name Payee name Amazon	Office sought Office held
Amount (\$) \$32.03	Payee address; City; State; Zip Code 410 Terry Ave Seattle , WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/30/2024	Candidate/Officeholder name Payee name Amazon	Office sought Office held
Amount (\$) \$278.19	Payee address; City; State; Zip Code 410 Terry Ave Seattle , WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/30 Rpt: 12/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 01/31/2024	5 Payee name Amazon	
6 Amount (\$) \$177.18	7 Payee address; City; State; Zip Code 410 Terry Ave Seattle , WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Anypromo.com	
Amount (\$) \$317.53	Payee address; City; State; Zip Code 1511 E Holt Blvd Ontario, CA 91761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Promotional items
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name Avis, Amber	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 1802 Houston St. Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/30 Rpt: 13/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 01/29/2024	5 Payee name Boys and Girls Club of Laredo	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 500 Moctezuma St Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2024	Candidate/Officeholder name Office sought Office held	
Payee name Chick Fil A		
Amount (\$) \$12.98	Payee address; City; State; Zip Code 1916 Bob Bullock Loop Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2024	Candidate/Officeholder name Office sought Office held	
Payee name Chick Fil A		
Amount (\$) \$19.00	Payee address; City; State; Zip Code 1916 Bob Bullock Loop Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/30 Rpt: 14/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/23/2024	5 Payee name Chick Fil A	
6 Amount (\$) \$24.84	7 Payee address; City; State; Zip Code 1916 Bob Bullock Loop Laredo, TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2024	Candidate/Officeholder name	Office sought
Payee name Chick Fil A	Office held	
Amount (\$) \$37.02	Payee address; City; State; Zip Code 1916 Bob Bullock Loop Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/12/2024	Candidate/Officeholder name	Office sought
Payee name Church's Chicken	Office held	
Amount (\$) \$98.43	Payee address; City; State; Zip Code 1702 Guadalupe St Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/30 Rpt: 15/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name Commopose Communications Strategists	
6 Amount (\$) \$3,850.00	7 Payee address; City; State; Zip Code 2620 Juarez Ave Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Manager
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name Dannys	
Amount (\$) \$162.67	Payee address; City; State; Zip Code 4450 S Zapata Hwy Laredo, TX 78046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name Dillards	
Amount (\$) \$120.70	Payee address; City; State; Zip Code 5300 San Dario Ave Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/30 Rpt: 16/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/01/2024	5 Payee name Dillards	
6 Amount (\$) \$706.87	7 Payee address; City; State; Zip Code 5300 San Dario Ave Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2024	Payee name Dollar General	
Amount (\$) \$12.45	Payee address; City; State; Zip Code 3353 Clark Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2024	Payee name Dollar Tree	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 3502 Clark Blvd Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/30 Rpt: 17/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/21/2024	5 Payee name Dr. Ikes	
6 Amount (\$) \$1.97	7 Payee address; City; State; Zip Code 4200 I-35 Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name Ed's Trophies	
Amount (\$) \$196.00	Payee address; City; State; Zip Code 219 Sanchez St Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling Tournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Entravision	
Amount (\$) \$10,880.00	Payee address; City; State; Zip Code 222 Bob Bullock Loop Laredo , TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/30 Rpt: 18/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/23/2024	5 Payee name Entravision	
6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code 222 Bob Bullock Loop Laredo , TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Family Dollar	
Amount (\$) \$18.24	Payee address; City; State; Zip Code 1400 Guadalupe St Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Family Dollar	
Amount (\$) \$33.56	Payee address; City; State; Zip Code 1400 Guadalupe St Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/30 Rpt: 19/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name Family Dollar	
6 Amount (\$) \$38.75	7 Payee address; City; State; Zip Code 1400 Guadalupe St Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name Family Dollar	Office sought Office held
Amount (\$) \$122.13	Payee address; City; State; Zip Code 1400 Guadalupe St Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/29/2024	Candidate/Officeholder name Guerra Communications	Office sought Office held
Amount (\$) \$3,705.00	Payee address; City; State; Zip Code 6402 N Bartlett Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/30 Rpt: 20/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/12/2024	5 Payee name HEB	
6 Amount (\$) \$46.13	7 Payee address; City; State; Zip Code 1301 Guadalupe Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$68.56	Payee name HEB Payee address; City; State; Zip Code 1301 Guadalupe Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$84.31	Payee name HEB Payee address; City; State; Zip Code 1301 Guadalupe Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/30 Rpt: 21/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 01/26/2024	5 Payee name HEB	
6 Amount (\$) \$72.00	7 Payee address; City; State; Zip Code 1301 Guadalupe Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Hobby Lobby	
Amount (\$) \$54.55	Payee address; City; State; Zip Code 2450 Monarch Dr Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event decorations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name Hobby Lobby	
Amount (\$) \$7.77	Payee address; City; State; Zip Code 2450 Monarch Dr Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/30 Rpt: 22/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 01/31/2024	5 Payee name International Bank of Commerce	
6 Amount (\$) \$32.58	7 Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2024	Payee name Jett Bowl	
Amount (\$) \$169.95	Payee address; City; State; Zip Code 5823 McPherson Rd Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling tournament meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2024	Payee name La Casita Nueva	
Amount (\$) \$900.00	Payee address; City; State; Zip Code 2119 San Bernardo Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/30 Rpt: 23/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name La Casita Nueva	
6 Amount (\$) \$192.62	7 Payee address; City; State; Zip Code 2119 San Bernado Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense volunteer meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/22/2024	Candidate/Officeholder name Payee name Little Cesars	Office sought Office held
Amount (\$) \$105.38	Payee address; City; State; Zip Code 1503 Guadalupe St Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/26/2024	Candidate/Officeholder name Payee name Los Pasteles Bakery	Office sought Office held
Amount (\$) \$45.70	Payee address; City; State; Zip Code 3302 Cuatro Vientos Dr Laredo, TX 78046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/30 Rpt: 24/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name Mata, Jesslynn	
6 Amount (\$) \$1,150.00	7 Payee address; City; State; Zip Code 3234 Saint Kathryn Loop Laredo, TX 78046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2024	Payee name McDonalds	
Amount (\$) \$11.55	Payee address; City; State; Zip Code 2301 Guadalupe Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Murphy USA	
Amount (\$) \$29.00	Payee address; City; State; Zip Code 4419 S Zapata Hwy Laredo, TX 78046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/30 Rpt: 25/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 01/29/2024	5 Payee name Office Depot	
6 Amount (\$) \$148.44	7 Payee address; City; State; Zip Code 5718 San Bernardo Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flyers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2024	Payee name Patria Office Supply	
Amount (\$) \$28.53	Payee address; City; State; Zip Code 301 E Calton Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hq supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Pla-Mor	
Amount (\$) \$59.56	Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/30 Rpt: 26/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name Pla-Mor	
6 Amount (\$) \$104.54	7 Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling Tournament
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$197.21	Payee name Pla-Mor	
	Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling Tournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$214.02	Payee name Pla-Mor	
	Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling Tournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$214.02	Payee name Pla-Mor	
	Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling Tournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/30 Rpt: 27/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name Pla-Mor	
6 Amount (\$) \$236.85	7 Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling Tournament
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$301.54	Payee name Pla-Mor	
	Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling tournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$792.45	Payee name Pla-Mor	
	Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling tournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$792.45	Payee name Pla-Mor	
	Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling tournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/30 Rpt: 28/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/21/2024	5 Payee name Pollo Feliz	
6 Amount (\$) \$32.04	7 Payee address; City; State; Zip Code 3619 San Dario Ave Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name Promega	
Amount (\$) \$2,440.28	Payee address; City; State; Zip Code 1615 Jacaman Road Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs & bumperstickers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Quickie Bakery	
Amount (\$) \$73.13	Payee address; City; State; Zip Code 2019 Corpus Christi St Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/30 Rpt: 29/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name Saenz, Estella	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 17 Hillside Dr Crystal City , TX 78834	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2024	Payee name Sams Club	
Amount (\$) \$293.73	Payee address; City; State; Zip Code 4810 San Bernado Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Community Cookout
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name Sams Club	
Amount (\$) \$91.60	Payee address; City; State; Zip Code 4810 San Bernado Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/30 Rpt: 30/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 01/31/2024	5 Payee name Sams Club	
6 Amount (\$) \$68.18	7 Payee address; City; State; Zip Code 4810 San Bernado Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/29/2024	Candidate/Officeholder name Office sought Office held	
Payee name South Texas Waste System		
Amount (\$) \$114.00	Payee address; City; State; Zip Code 428 Hilltop Rd Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/16/2024	Candidate/Officeholder name Office sought Office held	
Payee name TJ Maxx		
Amount (\$) \$52.98	Payee address; City; State; Zip Code 2444 Monarch Dr Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling Tournament Prizes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/30 Rpt: 31/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/16/2024	5 Payee name TJ Maxx	
6 Amount (\$) \$59.48	7 Payee address; City; State; Zip Code 2444 Monarch Dr Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bowling tournament prizes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/12/2024	Candidate/Officeholder name Taco Palenque	
Amount (\$) \$1,238.04	Office sought Office held	
Date 02/12/2024	Payee name Taco Palenque	
Amount (\$) \$1,238.04	Payee address; City; State; Zip Code 4515 San Bernado Ave Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2024	Candidate/Officeholder name Taco Palenque	
Amount (\$) \$9.73	Office sought Office held	
Date 02/23/2024	Payee name Taco Palenque	
Amount (\$) \$9.73	Payee address; City; State; Zip Code 4515 San Bernado Ave Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/30 Rpt: 32/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/21/2024	5 Payee name Uvalde Leader News	
6 Amount (\$) \$3,282.76	7 Payee address; City; State; Zip Code 110 N East Street Uvalde , TX 78801	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name Valero	Office sought Office held
Amount (\$) \$44.00	Payee address; City; State; Zip Code 2519 Jacaman Road Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name Valero	Office sought Office held
Amount (\$) \$45.00	Payee address; City; State; Zip Code 2519 Jacaman Road Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/30 Rpt: 33/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name Valero	
6 Amount (\$) \$74.00	7 Payee address; City; State; Zip Code 2519 Jacaman Road Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2024	Candidate/Officeholder name	Office sought
Payee name Valero	Office held	
Amount (\$) \$39.79	Payee address; City; State; Zip Code 2519 Jacaman Road Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2024	Candidate/Officeholder name	Office sought
Payee name Valero	Office held	
Amount (\$) \$53.42	Payee address; City; State; Zip Code 2519 Jacaman Road Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2024	Candidate/Officeholder name	Office sought
Payee name Valero	Office held	
Amount (\$) \$53.42	Payee address; City; State; Zip Code 2519 Jacaman Road Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/30 Rpt: 34/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name Variety Meats	
6 Amount (\$) \$257.71	7 Payee address; City; State; Zip Code 3301 Lomas Del Sur Laredo, TX 78046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2024	Payee name Velazco, Rosa	
Amount (\$) \$850.00	Payee address; City; State; Zip Code 3017 Buena Vista Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Walmart	
Amount (\$) \$2.10	Payee address; City; State; Zip Code 4401 Hwy 83 S Laredo, TX 78046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/30 Rpt: 35/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name Walmart	
6 Amount (\$) \$75.58	7 Payee address; City; State; Zip Code 4401 Hwy 83 S Laredo, TX 78046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$157.12	Payee name Walmart	
	Payee address; City; State; Zip Code 4401 Hwy 83 S Laredo, TX 78046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/21/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$178.08	Payee name Walmart	
	Payee address; City; State; Zip Code 4401 Hwy 83 S Laredo, TX 78046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/30 Rpt: 36/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/23/2024	5 Payee name Walmart	
6 Amount (\$) \$103.10	7 Payee address; City; State; Zip Code 4401 Hwy 83 S Laredo, TX 78046	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name Walmart		
Amount (\$) \$41.90	Payee address; City; State; Zip Code 4401 Hwy 83 S Laredo, TX 78046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/29/2024	Candidate/Officeholder name Office sought Office held	
Payee name Walmart		
Amount (\$) \$193.74	Payee address; City; State; Zip Code 4401 Hwy 83 S Laredo, TX 78046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/30 Rpt: 37/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/02/2024	5 Payee name Whacha Designs	
6 Amount (\$) \$1,017.55	7 Payee address; City; State; Zip Code 402 Hillside Rd Suite 3 Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T Shirts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name Whataburger	Office sought Office held
Amount (\$) \$10.54	Payee address; City; State; Zip Code 4416 TX 359 Laredo , TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name Whataburger	Office sought Office held
Amount (\$) \$24.43	Payee address; City; State; Zip Code 4416 TX 359 Laredo , TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/30 Rpt: 38/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/20/2024	5 Payee name Whataburger	
6 Amount (\$) \$31.44	7 Payee address; City; State; Zip Code 4416 TX 359 Laredo , TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$53.91	Payee name Whataburger	
	Payee address; City; State; Zip Code 4416 TX 359 Laredo , TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$110.45	Payee name Whataburger	
	Payee address; City; State; Zip Code 4416 TX 359 Laredo , TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$110.45	Payee name Whataburger	
	Payee address; City; State; Zip Code 4416 TX 359 Laredo , TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/30 Rpt: 39/40	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commission Filers) 00088209
4 Date 02/22/2024	5 Payee name Whataburger	
6 Amount (\$) \$18.54	7 Payee address; City; State; Zip Code 4416 TX 359 Laredo , TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/22/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$84.85	Payee name Whataburger	
	Payee address; City; State; Zip Code 4416 TX 359 Laredo , TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$21.14	Payee name Yumm	
	Payee address; City; State; Zip Code 9101 McPherson Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 40/40

2 FILER NAME

Johnson-Hernandez, Teresa T. (Dr.)

3 Filer ID (Ethics Commission Filers)
00088209

4 Date

02/20/2024

5 Name of person from whom amount is received

TJ Maxx

8 Amount (\$)

\$59.48

6 Address of person from whom amount is received; City; State; Zip Code

Laredo, TX 78045

7 Purpose for which amount is received

59.48

☐ Check if political contribution returned to filer