CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete		1 Filer ID (Ethics Commis 00088209	sion Filers)	2 Total pages file	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	IRST		MI	OFFICE U	JSE ONLY
NAME	Dr.	Γeresa Τ.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME L	 .AST		SUFFIX	07/15/2024	
		Johnson-Hern	andez	0011170		
4 CANDIDATE /				710 0005	Date Hand-delivered or	: Data Bastmarkad
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S P.O. Box 450568	SUITE#, CIT	Υ,	ZIP CODE	Date Hand-delivered of	Date i ostinarked
MAILING ADDRESS	P.O. BOX 430306				Receipt #	Amount
Change of Address	Laredo, TX 78045				Data Brassad	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI	<u>. </u>	
TREASURER NAME	Mrs. G	Graciela				
IVAIVIE						
	NICKNAME L	AST		SUFFIX		
	N	1artinez-Vela				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	OX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	3709 Sereno Drive					
(Residence or Business)						
(Nesidence of Edsiness)	Laredo, TX 78046					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER	(956) 220-7002	INUINIDER E	INSION			
PHONE	(950) 220-7002					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	
	□ 1×1×45 □	Oth day bafava			appointment (office	
	X July 15	8th day before 6		Exceeded modified reporting limit	Final Report (Atta	cn C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/25/2024	TH	ROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	rimary	Runoff	Other	
	03/05/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	None District 80			State Represent	ative District 80	
	·					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 42

13 C / OH NAME	Johnson-Hernandez,	Teresa T. (Dr.)	14 Filer ID 00088209	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or politi These expenditures may have been m I officeholders are required to report th	nade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUR	RER NAME	
		COMMITTEE CAMPAIGN TREASUR	RER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ((ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
	\$ 500.00			
EXPENDITURE TOTALS		\$ 0.00		
	\$ 56,994.22			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	S OF THE LAST DAY OF THE	\$ 0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	CLOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			under penalty of perjury, that the aco nd includes all information required t ction Code.	
			Dr. Teresa T. Johnson-Hernand	dez
			Signature of Candidate or Officehol	der
AFFIX NC	TARY STAMP / SEAL AB	DVE		
		aid		day
	icer administering	ertify which, witness my hand and seal Printed name of officer administe		r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 42
18 FILI		ME Hernandez, Teresa T. (Dr.)	19 Filer ID 00088209	(Ethics C	Commission Filers)
20 SCI NAI	HEDULI ME OF :	SUI	BTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.	Х	\$	26,000.00		
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	56,994.22
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDU	LE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/42	
2	FILER NAME Johnson-Hernandez, Teresa T. (Dr.)	3 Filer ID (Ethics Commiss 00088209	ion Filers)
4	Date 02/26/2024 5 Full name of contributor out-of-state PAC (ID#: Avis, Amber 6 Contributor address; City; State; Zip Code	_) 7 Amount of Contribution (\$)	\$500.00
_	Laredo, TX 78040		
8	Principal occupation / Job title (See Instructions) Self Employed 9 Employer (See Instructions) Ambitious Manage		

	LOANS							SCHEDULE E	
	The Instructio	n Guide explains ho	w to c	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/42				
2	FILER NAME Johnson-Hernan	ndez, Teresa T. (Dr.)				3		(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS						\$	
5	Date of loan 02/26/2024	7 Name of lender Hernandez, Teresa		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$6,000.00	
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate	
	No	Laredo, TX 78045						11 Maturity Date	
12	Principal occupation Self Employed	on / Job title (See Instruction	ns)		13 Employer (See Instructions Self Employed	s)			
14	Description of Coll X None	ateral			15 Check if personal funds we	ere d	eposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION	GUARANTOR 17 Name of guarantor						19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address;	City;	State;	Zip Code				
20	Principal occupation	on			21 Employer (See Instructions	5)		<u> </u>	
	Date of loan	Name of lender		out-of-state PA	.C (ID#:)	Loan Amount (\$)	
	02/28/2024	Hernandez, Teresa						\$20,000.00	
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	
	No	Laredo, TX 78045						Maturity Date	
	Principal occupation Self Employed	on / Job title (See Instructio	ns)		Employer (See Instructions) Self Employed				
	Description of Coll X None	ateral			Check if personal funds were deposited into political account (See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor			Ш			Amount Guaranteed (\$)	
	X not applicable	Guarantor address;	City;	State;	Zip Code				
	Principal occupation	on			Employer (See Instructions	s)			

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/37 Rpt: 6/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	02/26/2024	7 Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.96	602 N Zapata Hwy
		Laredo, TX 78043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		HQ Snacks
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2024	7 Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.44	602 N Zapata Hwy
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		HQ Snacks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Davisa nama
	02/26/2024	Payee name 7 Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.92	602 N Zapata Hwy
	Ψ0.32	ooz ii zapaia iiwy
		Laredo, TX 78043
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		HQ Snacks
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/37 Rpt: 7/42 Johnson-Hernandez, Teresa T. (Dr.) 00088209 4 Date Payee name 02/26/2024 7 Eleven 6 Amount (\$) Payee address; State; Zip Code \$55.00 602 N Zapata Hwy Laredo, TX 78043 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fuel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/29/2024 7 Eleven Amount (\$) Payee address; City; State; Zip Code \$56.00 602 N Zapata Hwy Laredo, TX 78043 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Canvasser Fuel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/01/2024 7 Eleven Amount (\$) Payee address: City: State; Zip Code \$9.92 602 N Zapata Hwy Laredo, TX 78043 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Volunteer Snacks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:2 FILER NAME3 Filer ID(Ethics Commission IIII)Sch: 3/37 Rpt: 8/42Johnson-Hernandez, Teresa T. (Dr.)00088209	ilers)
4 Date 5 Payee name	
03/04/2024 7 Eleven	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$10.77 602 N Zapata Hwy	
Laredo, TX 78043	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Toyas Complete Schedule Toyas Complete Sche	
EXPENDITURE FOOd/Beverage Expense Limited of Texas. Complete Schedule 1.	
Check if Austin, 1X, officeholder living expense	
Volunteer snacks	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
02/26/2024 7 Eleven	
Amount (\$) Payee address; City; State; Zip Code	
\$22.00 602 N Zapata Hwy	
Laredo, TX 78043	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule Τ.	
EXPENDITURE Expense Check if Austin, TX, officeholder living expense	
Fuel Expense	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Pavee name	
03/11/2024 Ambitious Management	
Amount (\$) Payee address; City; State; Zip Code	
\$7,000.00 1802 Houston St.	
Laredo, TX 78040	
PURPOSE OF (a) Category (See Categories listed at the top of this schedule) OF Consulting Expanse	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF Consulting Expense (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consultant	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consultant Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consultant Complete ONLY if direct Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Codif. Card Baymont

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Co	mmission Filers)
l	Sch: 4/37 Rpt: 9/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209	
4	Date	5 Payee name	
	03/08/2024	Aris, Priscilla	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.00	811 Salmon Circle	
l		Laredo, TX 78041	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	е Т.
		Contract labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	ОН	
F	Date	Payee name	
	02/26/2024	Avis, Amber	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$904.48		
		Laredo, TX 78040	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule	е Т.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Rental Car Expense	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	o	
⊨	Date	Davida nama	
l	04/29/2024	Payee name Chick Fil A	
L	Amount (\$)	Payee address; City; State; Zip Code	
l	\$224.35		
l	Ψ224.00	Total Bas Bullock Loop	
		Laredo, TX 78043	
L	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule	е Т.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Meeting expense	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
L			

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	·	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/37 Rpt: 10/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	02/28/2024	Chick Fil A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.82	1916 Bob Bullock Loop
		Laredo, TX 78043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Volunteer meals
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beliefft C/Oi	
	Date	Payee name
	02/26/2024	Dairy Queen
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.71	1701 Guadalupe
		Laredo, TX 78043
_	PURPOSE	In .
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Volunteer Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/28/2024	Dannys
	Amount (\$)	Payee address; City; State; Zip Code
	\$279.83	4450 S Zapata Hwy
		Laredo, TX 78046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Volunteer meals
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/37 Rpt: 11/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	02/29/2024	Dominos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.13	3919 Jaime Zapata Hwy
		Laredo, TX 78043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Volunteer Meals
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date	Payee name
	02/29/2024	Dominos
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.13	3919 Jaime Zapata Hwy
		Laredo, TX 78043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Volunteer meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/26/2024	Dr. Ikes
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.84	4200 I-35
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Sign expenses
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			egal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed a	above)
	Credit Card r dyment		-	The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FI	ILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 7/37 Rpt: 12/42	Jo	ohnson-Her	nandez, Teres	a T. (Dr.)					00088209		
4	Date	5 Pa	ayee name									
	02/26/2024	ı	amily Dolla	r								
6	Amount (\$)	7 P	ayee address	s; City;	State;	Zip Co	de					
	\$33.56	1.	400 Guadal									
				•								
			aredo, TX 7	'8040								
Ļ	PURPOSE						/h\	5 12				
8	OF	ı		Categories listed at t		dule)	(a)	Description Check if travel (nutei	de of Tevas Com	nplete Schedule T.	
	EXPENDITURE	'	niice Overn	ead/Rental Ex	pense			=		officeholder living		
								HQ Supplies				
9	Complete ONLY if direct	Cai	ndidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
H	Date	P	ayee name									
	02/27/2024	l	amily Dolla	r								
	Amount (\$)		ayee addres:		State:	Zip Co	de					
	\$5.63		400 Guadal		,	_,,						
	40.00	-		apo ot								
		.	aredo, TX 7	2010								
	DUDDOCE	<u> </u>				T	/b\	5				
	PURPOSE OF	l .		Categories listed at t	he top of this sched	dule)	(D)	Description Check if travel (nutsi	de of Texas, Com	nplete Schedule T.	
	EXPENDITURE	-	oou/Bevera	ge Expense				=		officeholder living		
								Volunteer Sna	ack	(S		
	Complete ONLY if direct		ndidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date	Pi	ayee name									
	02/27/2024	F	amily Dolla	r								
	Amount (\$)	Pi	ayee address	s; City;	State;	Zip Co	de					
	\$101.48	1.	400 Guada	lupe St								
		L	aredo, TX 7	'8040								
	PURPOSE	(a) C	ategory (See	Categories listed at t	he ton of this scher	dula)	(b)	Description				
	OF			ead/Rental Ex		uuic)	` '		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			'	•				, TX,	officeholder living	g expense	
								HQ Supplies				
	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
	experiencie to beliefft C/Of	1										

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: Sch: 8/37 Rpt: 13/42	ers)
Sch: 8/37 Rpt: 13/42 Johnson-Hernandez, Teresa T. (Dr.) 00088209 4 Date 5 Payee name	
- ayee mane	
03/06/2024 Family Dollar	
1 33.33.22	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$7.14 1400 Guadalupe St	
Laredo, TX 78040	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF	
Office Overhead/Rental Expense EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Cleaning supplies	
Glocal ling dappined	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Data Da	
Date Payee name	
03/06/2024 Family Dollar	
Amount (\$) Payee address; City; State; Zip Code	
\$42.11 1400 Guadalupe St	
Laredo, TX 78040	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
Cleaning supplies	
Complete ONLY if direct Condidate/Officeholder norms Office pourly	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
· · · · · · · · · · · · · · · · · · ·	
Date Payee name	
02/26/2024 Flores, Megan	
Amount (\$) Payee address; City; State; Zip Code	
\$40.00 1301 Cashew Ave	
Laredo, TX 78046	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1x, officeholder living expense	
Canvasser	
Operation ONLY if direct Operation (Office health	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)
	Sch: 9/37 Rpt: 14/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209	
4	Date	5 Payee name	
	02/26/2024	Flower's Food Bakery	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$44.51	2901 N Arkansas	
		Laredo, TX 78043	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Sweet bread	
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	03/05/2024	Garcia, Arturo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$79.43	515 W hillside Rd	
		Laredo, TX 78041	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Construction Labor	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/05/2024	Garcia, Arturo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.00	515 W hillside Rd	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Contract Labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	DH	
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 10/37 Rpt: 15/42	Johnson-Hernandez, Teresa T. (Dr.)				
4 Date	5 Payee name	-			
02/26/2024	HEB				
6 Amount (\$)	7 Payee address; City; State; Zip C	Code			
\$18.80	1301 Guadalupe				
	Laredo, TX 78040				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.			
LAFENDITORE		Check if Austin, TX, officeholder living expense			
		HQ Supplies			
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ought Office field			
Data	T _				
Date	Payee name				
02/26/2024	HEB				
Amount (\$)	Payee address; City; State; Zip C	Code			
\$150.00	1301 Guadalupe				
	Laredo, TX 78040				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Expense	Fuel			
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held			
expenditure to benefit C/O	Н				
Date	Payee name				
02/26/2024	HEB				
Amount (\$)	Payee address; City; State; Zip C	 Code			
\$1,600.00	1301 Guadalupe				
. ,	· ·				
	Laredo, TX 78040				
PURPOSE		(h) Description			
OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related	(b) Description Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense			
		Fuel Cards			
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held			
expenditure to benefit C/O	п 				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/37 Rpt: 16/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	02/28/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.46	1301 Guadalupe
		Laredo, TX 78040
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		HQ Supplies
		The Cappinos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	03/01/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.68	1301 Guadalupe
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.68	1301 Guadalupe
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		HQ Supplies
	Operation Of the Control of the Cont	Open distribute (Office health an arrange and office an
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	, , ,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer II) (Ethics Commission Filers)
	Sch: 12/37 Rpt: 17/42	Johnson-Hernandez, Teresa T. (Dr.)	3209
4	Date	5 Payee name	
	03/04/2024	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$80.72	1301 Guadalupe	
		Laredo, TX 78040	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texact Check if Austin, TX, officehol	
		Election Day Supplies	3 - 1
9	Complete ONLY if direct		ffice held
	expenditure to benefit C/OI	JH	
	Date	Payee name	
	03/04/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	1301 Guadalupe	
		Laredo, TX 78040	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texact Check if Check if Austin, TX, officehold	
		Election Day Supplies	
Г	Complete ONLY if direct	•	ffice held
	expenditure to benefit C/OI	חע	
	Date	Payee name	
	03/05/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.01	1301 Guadalupe	
		Laredo, TX 78040	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District Check if travel outside of Tex	ras Complete Schedule T
	EXPENDITURE	Travel In District Check if travel outside of Texact Check if Austin, TX, officehol	·
		Fuel	
L			
	Complete ONLY if direct		ffice held
L	expenditure to benefit C/OI	201	
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 13/37 Rpt: 18/42	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.) 3 Filer ID (Ethics Commission Filers) 00088209
4	Date 03/05/2024	5 Payee name HEB
6	Amount (\$) \$42.43	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/05/2024	Payee name HEB
	Amount (\$) \$72.34	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) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense election night
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/06/2024	Payee name HEB
	Amount (\$) \$109.92	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hq supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/37 Rpt: 19/42	Johnson-Hernandez, Teresa T. (Dr.)	00088209
4 Date	5 Payee name	<u>'</u>
03/12/2024	HEB	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$52.00	1301 Guadalupe	
	Laredo, TX 78040	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel expense
		i dei experise
9 Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/O		Stagin Cinica nota
Date	Payee name	
05/29/2024	HERNANDEZ, TERESA	
Amount (\$)	Payee address; City; State; Zip	Code
\$1,600.00	4001 AIDIN ST	
	LAREDO, TX 78045	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Repayment of loan
Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/O		once ned
Date	Payee name	
06/21/2024	HERNANDEZ, TERESA	
Amount (\$)	Payee address; City; State; Zip	Code
\$204.14	4001 AIDIN ST	
	LAREDO, TX 78045	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		To close account
Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/O		Office ficial

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form	n.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 15/37 Rpt: 20/42	Johnson-Hernandez, Teresa T. (Dr.)			00088209	
4	Date	5 Payee name				
	02/26/2024	Hinjosa, Jerry				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$886.48	1802 Houston St.				
		Laredo, TX 78040				
8	PURPOSE) Descriptio	ın		
ľ	OF	Transportation Equipment And Related			de of Texas. Com	plete Schedule T.
	EXPENDITURE	Expense	Check if	Austin, TX,	officeholder living	g expense
			Rental C	ar		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t		Office h	eld
	experientare to benefit G/OI	'				
	Date	Payee name				
	03/05/2024	Home Depot				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$81.88	5710 San Bernardo				
		Laredo, TX 78041				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Descriptio	n		
	OF EXPENDITURE	Event Expense				plete Schedule T.
	EX. ENDITORE		_		officeholder living	g expense
			Election I	MIGHT		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	old
	expenditure to benefit C/OI	•	ı		Office fit	ciu
_	Data	D				
	Date 02/29/2024	Payee name International Bank of Commerce				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$79.66	1200 San Bernardo				
		Laredo, TX 78040				
	PURPOSE OF	,) Descriptio			
	EXPENDITURE	Accounting/Banking	<u> </u>		officeholder living	nplete Schedule T. De expense
			Bank Fee		omoonoidoi nviit	g oxponed
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/OI	1				
I						

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Citt/Awards/Memorials Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed ab	ove)
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 16/37 Rpt: 21/42		Johnson-He	rnandez, Teres	sa T. (Dr.)					00088209		
4	Date	5	Payee name									
	03/31/2024			l Bank of Comn	nerce							
6	Amount (\$)	7	Payee addres	ss; City;	State.	Zip Co	de					
ľ	\$32.26	ľ	1200 San Be	•	State,	Zip 00	uc					
	402.20		1200 04.1 5	omarao								
			Lavada TV	70040								
			Laredo, TX									
8	PURPOSE OF	(a)		e Categories listed at t	the top of this sched	dule)	(b)	Description				
	EXPENDITURE		Accounting/	Banking				브		de of Texas. Com officeholder living	plete Schedule T.	
								Bank Fee	,,		, скропес	
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Of	ffice sou	aht			Office he	eld	
	expenditure to benefit C/OI	Н										
\vdash	Date	Ι	Payee name									
	05/31/2024		-	l Bank of Comn	nerce							
_	Amount (\$)	┝	Payee addres			Zip Co	de					
	\$19.94		1200 San B	•	State,	Zip 00	uc					
	Ψ10.04		1200 0411 0	cinarao								
			Laredo, TX	70040								
_	DUDDOOF	(-)				<u> </u>	<i>(</i> 1-)					
	PURPOSE OF	(a)		e Categories listed at t	the top of this sched	dule)	(a)	Description Check if travel (outei	de of Teyes Com	plete Schedule T.	
	EXPENDITURE		Accounting/	Banking				-		officeholder living		
								Bank Fees				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/30/2024		Internationa	l Bank of Comn	nerce							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$20.57		1200 San B	ernardo								
			Laredo, TX	78040								
	PURPOSE	(a)	Category (Se	e Categories listed at t	the ton of this scher	dule)	(b)	Description				
	OF	` `	Accounting/			au.o,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			_					, TX,	officeholder living	g expense	
								Bank Fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
		•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 17/37 Rpt: 22/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
l	03/05/2024	Juan Delagadillo
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$150.00	515 Matamoro
l		
		Laredo, TX 78040
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Canvasser
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiantire to benefit G/OI	<u> </u>
Г	Date	Payee name
	03/05/2024	KGNS
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$4,000.00	222 Bob Bullock Loop
		Laredo, TX 78043
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		TV Advertising
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
l	Date 03/05/2024	Payee name La Fronteriza Meat Market
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$7.29	14587 Us Hwy 59
l		
		Laredo, TX 78040
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Election Night
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 18/37 Rpt: 23/42	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.) 3 Filer ID (Ethics Commission Filers) 00088209	_
4	Date 02/28/2024	5 Payee name Laredo International Fair	
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 1770 Laredo, TX 78044	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Life Fair 2024	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 02/29/2024	Payee name Laredo International Fair	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 1770	
	PURPOSE OF EXPENDITURE	Laredo, TX 78044 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Life Fair 2024	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date 03/01/2024	Payee name Little Cesars	
	Amount (\$) \$44.33	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer meals	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 19/37 Rpt: 24/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	05/23/2024	Martinez, Isidro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	5418 Campos Dr.
		Laredo, TX 78043
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Trailer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Power name
		Payee name McDonaldo
	02/29/2024	McDonalds
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.62	2301 Guadalupe
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Volunteer Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/05/2024	McDonalds
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.84	2301 Guadalupe
		Laredo, TX 78043
_	PURPOSE	
	OF	/ _ '
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		volunteer meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 20/37 Rpt: 25/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
l	03/05/2024	Mendoza, Beatriz
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$500.00	2620 Juarez
l		
		Laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Social Media
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	'	
l	Date	Payee name
	02/26/2024	Milera, Roberto
l	Amount (\$)	Payee address; City; State; Zip Code
	\$114.62	1901 Zamora Loop
		Laredo, TX 78046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
l		Expense Check if Austin, TX, officeholder living expense Transportation Reimbursement
		The superior of the superior o
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/26/2024	Milera, Roberto
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$90.43	1901 Zamora Loop
l		·
		Laredo, TX 78046
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		HQ Supplies
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The state of the second st	

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/37 Rpt: 26/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	02/26/2024	Murphy USA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.73	4419 S Zapata Hwy
		Laredo, TX 78046
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
	Date	Payee name
	03/11/2024	Ortegon, Aldo
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	2501 E Elm
		Laredo, TX 78043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consultant
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/26/2024	PROMEGA
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,120.39	4001 AIDIN ST
		LAREDO, TX 78045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Signs
		Campaign Signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
_		The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 22/37 Rpt: 27/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209	
4	Date	5 Payee name	
	02/28/2024	Panda Express	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.61	2324 Bob Bullock Loop	
		Laredo, TX 78043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	ZA ZADITORZ	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	
	experience to belieff C/Of		_
	Date	Payee name	
	03/04/2024	Panda Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.38	2324 Bob Bullock Loop	
		Laredo, TX 78043	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Volunteer meals	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\neg
	expenditure to benefit C/OI	Н	
	Date	Payee name	_
	03/04/2024	Panda Express	
-	Amount (\$)	Payee address; City; State; Zip Code	_
	\$31.83	2324 Bob Bullock Loop	
	Ψ31.03	2024 Bob Buildon Loop	
		Lorodo TV 70042	
		Laredo, TX 78043	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Volunteer meals	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 23/37 Rpt: 28/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	03/04/2024	Promega
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$784.54	1615 Jacaman Road
		Laredo, TX 78041
8	PURPOSE	
ľ	OF	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Banner, stand, etc.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Pouso namo
		Payee name
	02/26/2024	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.93	4810 San Bernado
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		HQ Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2024	Sams Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$196.09	4810 San Bernado
	,	
		Laredo, TX 78041
		<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		HQ Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/37 Rpt: 29/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	03/05/2024	Sams Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.79	4810 San Bernado
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		HQ supplies
		The cappings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/05/2024	Sams Club
H	Amount (\$)	Payee address; City; State; Zip Code
	\$217.95	4810 San Bernado
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Election Day
		Licoton Bay
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/05/2024	Sams Club
H	Amount (\$)	Payee address; City; State; Zip Code
	\$587.24	4810 San Bernado
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Election Night
		Liection right
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

Candidate/Officeholder name

Candidate/Officeholder name

Payee name

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Office held

Office held

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/37 Rpt: 30/42 Johnson-Hernandez, Teresa T. (Dr.) 00088209 4 Date Payee name 02/26/2024 Sanchez, Fernando 6 Amount (\$) Payee address; State; Zip Code \$78.25 2110 Lomas Del Sur Laredo, TX 78046 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense **Fuel Reimbursement** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2024 Solis Stop & Shop Amount (\$) Payee address; City; State; Zip Code \$50.00 1820 Bayard St Laredo, TX 78046 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Use of Dumpster

03/08/2024	South Texas Waste System
Amount (\$) \$57.13	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense election night

Office sought

Office sought

Complete ONLY if direct

Complete ONLY if direct

expenditure to benefit C/OH

Date

expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/37 Rpt: 31/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	03/12/2024	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.29	1313 W Calton Rd
		Laredo , TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Internet expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/12/2024	Summer Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.22	5847 San Felipe St. #3700
		Houston , TX 77057
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Electricity Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 02/27/2024	Payee name Taco Palenque
		·
	Amount (\$) \$14.82	Payee address; City; State; Zip Code 4515 San Bernado Ave
	Ψ14.02	4313 Sail Delliado Ave
		Laredo, TX 78041
	DUDDOCE	Tu.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Volunteer meals
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/37 Rpt: 32/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	02/27/2024	Taco Palenque
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.76	4515 San Bernado Ave
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Volunteer Meals
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	03/01/2024	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.67	4515 San Bernado Ave
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Volunteer Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/01/2024	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.21	4515 San Bernado Ave
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Volunteer Meals
	Operation ONE VICE	On didn't lotter had a many
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/37 Rpt: 33/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	03/04/2024	Taco Palenque
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.06	4515 San Bernado Ave
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Volunteer meals
		Volunteer medis
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	
	Date	Payee name
	03/04/2024	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.50	4515 San Bernado Ave
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Volunteer Meals
		Volunteer Medis
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/11/2024	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.44	4515 San Bernado Ave
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meeting expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Onanara to bonom O/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 29/37 Rpt: 34/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209	
4	Date	5 Payee name	_
	02/26/2024	Valero	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$102.91	2519 Jacaman Road	
l			
		Laredo, TX 78041	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Canvasser Fuel	
		Ganvasser raci	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
F	Date	Payee name	=
	02/29/2024	Valero	
H	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$97.23	2519 Jacaman Road	
	Ψ31.20	2010 dadaman Noda	
		Laredo, TX 78041	
L	DUDDOCE		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Canvasser Fuel	
L			
l	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L	experialiture to benefit C/O	'	
l	Date	Payee name	
	03/04/2024	Valero	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$21.36	2519 Jacaman Road	
l		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
l		Expense Canvasser Fuel	
		Guilvasser i dei	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
\vdash			_

SCHEDULE F1

Fees

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
L	Sch: 30/37 Rpt: 35/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209	
4		5 Payee name	
L	03/04/2024	Valero	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$69.70	2519 Jacaman Road	
L		Laredo, TX 78041	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Fuel Expense	
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
l	03/04/2024	Valero	
H	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$72.40	2519 Jacaman Road	
l			
		Laredo, TX 78041	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Transportation Equipment And Related	
l	LXI LINDITORE	Expense Check if Austin, TX, officeholder living expense	
		election day fuel expense	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payee name	=
l	03/08/2024	Valero	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$25.86	2519 Jacaman Road	
l	Ψ20.00	2010 Gadaman Noad	
l		Laredo, TX 78041	
⊢	PURPOSE		_
l	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Fuel expense	
ldash			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
\vdash			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/37 Rpt: 36/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	03/08/2024	Valero
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.00	2519 Jacaman Road
		Laredo, TX 78041
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Lack if Austin, TX, officeholder living expense Fuel expense
		T del expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	Power name
	03/08/2024	Payee name Valero
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.00	2519 Jacaman Road
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Fuel expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	03/05/2024	Variety Meats
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.96	3301 Lomas Del Sur
		Laredo, TX 78046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		election night
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/37 Rpt: 37/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	03/05/2024	Variety Meats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$461.34	3301 Lomas Del Sur
		Laredo, TX 78046
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Election Night
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/26/2024	Vela, Graciela
	Amount (\$)	Payee address; City; State; Zip Code
	\$20,000.00	3709 Sereno Dr.
		Laredo, TX 78046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Contract Labor
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 03/05/2024	Payee name
		Velazco, Rosa
	Amount (\$)	Payee address; City; State; Zip Code
	\$850.00	3017 Buena Vista
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense March Rent
		Wilder North
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	-	Services Instruction Guide ex			/Contract Labor ete this form.	OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	B Filer ID	(Ethics Commission Filers)
	Sch: 33/37 Rpt: 38/42	Johnson-Herna	ndez, Teresa T. (I	Dr.)			00088209	
4	Date	5 Payee name				-		
	02/26/2024	Walmart						
6	Amount (\$) \$148.93	7 Payee address; 4401 Hwy 83 S Laredo, TX 780	City;	State; Zip Co	de			
8	PURPOSE	(a) Category (See Cat	annries listed at the ton of	this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage		ans schedule)		Check if travel ou	ıtside of Texas. Com TX, officeholder livinç	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeho	lder name	Office sou	ght		Office he	eld
	Date	Payee name						
	02/27/2024	Walmart						
	Amount (\$)	Payee address;	City;	State; Zip Co	de			
	\$20.44	4401 Hwy 83 S						
		Laredo, TX 780	46					
	PURPOSE OF	(a) Category (See Cat			(b)	Description		
	EXPENDITURE	Office Overhead	I/Rental Expense			—	itside of Texas. Com TX, officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeho	lder name	Office sou	ght		Office he	eld
	Date	Payee name						
	02/27/2024	Walmart						
	Amount (\$)	Payee address;	City;	State; Zip Co	de			
	\$22.91	4401 Hwy 83 S						
		Laredo, TX 780	46					
	PURPOSE OF	(a) Category (See Cat	egories listed at the top of I/Rental Expense	′ 1	(b)	Description Check if travel ou	itside of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Overfication	nremai Expense			=	TX, officeholder living	
	0 1. 0	0 111 100					- m ·	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeho	laer name	Office sou	ght		Office he	eid

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By - Gift/AM

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/37 Rpt: 39/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209
4	Date	5 Payee name
	02/29/2024	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$246.84	4401 Hwy 83 S
		Laredo, TX 78046
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Early Voting Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
_	Date	Payee name
	03/04/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.70	4401 Hwy 83 S
	,	, 55 5
		Laredo, TX 78046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Election day supplies
		Licotion day supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Davida nama
	03/01/2024	Payee name Wendy's
		·
	Amount (\$) \$14.86	Payee address; City; State; Zip Code 2330 Bob Bullock Loop
	Φ14.00	2330 BOD BUIIOCK LOOP
		Laredo, TX 78043
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Volunteer meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 35/37 Rpt: 40/42	Johnson-Hernandez, Teresa T. (Dr.) 00088209					
4	4 Date 5 Payee name						
	02/26/2024	Whataburger					
6	Amount (\$) \$25.74	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer Meals					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/27/2024	Whataburger					
	Amount (\$) \$10.92	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer Meals					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/29/2024	Whataburger					
	Amount (\$) \$18.80	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer meals					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee				egal Services						ove)		
	Credit Card Payment		The	e Instruction G	uide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILE	R NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 36/37 Rpt: 41/42	Joh	nson-Herna	andez, Teres	a T. (Dr.)					00088209		
4	Date	5 Paye	ee name									
	03/05/2024	l	ataburger									
6	Amount (\$)		ee address;	City;	State:	Zip Co	de					
ľ	\$104.10	1	6 TX 359	Oity,	Otato,	Z.p 00	uo					
	42020											
		Lor	odo TV 70	042								
L			edo , TX 78			ı						
8	PURPOSE OF			ategories listed at t	he top of this sch	edule)	(b)	Description		df.T O	andata Cabadada T	
	EXPENDITURE	Food/Beverage Expense						Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
								volunteer me			3 - 1	
9	Complete ONLY if direct	<u> </u>	idate/Officeh	older name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
H	Date	Pave	ee name									
	03/05/2024	l .	ataburger									
	Amount (\$)		ee address;	City;	State:	Zip Co	de					
	\$104.10	1	6 TX 359	J.,	o tato,	p 00						
	Ψ104.10		0 170 000									
		Lare	edo , TX 78	042								
_	DUDDOOF						/I- \					
	PURPOSE OF	l		ategories listed at t	he top of this sche	edule)	(a)	Description	outei	de of Teyes Cor	nplete Schedule T.	
	EXPENDITURE	F00	d/Beverage	e ⊨xpense				_		officeholder livin		
								volunteer me	als			
	Complete ONLY if direct		idate/Officeh	older name	О	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date	Paye	ee name									
	03/05/2024	Wha	ataburger									
	Amount (\$)	Paye	ee address;	City;	State;	Zip Co	de					
	\$104.10	441	6 TX 359									
		Lare	edo , TX 78	043								
	PURPOSE	(a) Cate	egory (See C	ategories listed at t	he ton of this sche	edule)	(b)	Description				
	OF		d/Beverage			ouu.o,			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			•						officeholder livin	g expense	
								volunteer me	als			
	Complete ONLY if direct expenditure to benefit C/OI		idate/Officeh	older name	C	Office sou	ght			Office h	eld	
		-										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense by - Gift/Awards/Memorials Expense al Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains I	how to complete this form.	
1 Total pages Schedule F1: Sch: 37/37 Rpt: 42/42	2 FILER NAME Johnson-Hernandez, Teresa T. (Dr.)		3 Filer ID (Ethics Commission Filers) 00088209
4 Date	5 Payee name	l	
03/06/2024	Whataburger		
6 Amount (\$) \$22.93	7 Payee address; City; State; 4416 TX 359 Laredo , TX 78043	; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school/Beverage Expense	Check if travel or	outside of Texas. Complete Schedule T. TX, officeholder living expense als
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name C	Office sought	Office held