CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00087764		2 Total pages	filed: 82
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Cassandra			Date Received	
						CALLY FILED
						CALLI FILLD
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Hernandez				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER	PO Box 1289					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Addison, TX 75001					
	Addison, 1X 75001				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Ms.	Kay				
	NICKNAME	LAST		SUFFIX		
		Van Wey				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	r; S	TATE; ZIP CODE
TREASURER	14310 Valley Hi Circle					
ADDRESS	,					
(Residence or Business)	Farmers Branch, TX 7523	14				
	Famile's Branch, TX 7525	·4				
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER	(214) 329-1350					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff		campaign treasurer
		= -	=			officeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (A	attach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day		
COVERED	01/01/2025	TH	IROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	l LIP	rimary	Runoff	Other	
		∏G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	 IT (if known)	
	State Representative Dist	rict 115			,	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 82

13 C / OH NAME	14 Filer ID 00087764	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have bee	olitical expenditures made by political or made without the candidate's or officert this information only if they receive n	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTION	IS (OTHER THAN PLEDGES, LOANS,	<u> </u>
TOTALS	OR GUARANTE 2. TOTAL POLITIC	\$ 0.00		
	TEES OF LOANS)	\$ 35,589.86		
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00		
	4. TOTAL POLITIC		\$ 29,446.54	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		D AS OF THE LAST DAY OF THE	\$ 186,220.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ING LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		true and correc	rm, under penalty of perjury, that the act and includes all information required Election Code.	
			The Honorable Cassandra Herna Signature of Candidate or Officeho	
۵۲۲۱۷ ۸۱۵	TADV STAMB / SEAL AD	DVE	Signature of Canadate of Officeric	nuei
	TARY STAMP / SEAL AB			
		aid ertify which, witness my hand and s	, this the	day
01	, 20, to c	nuly which, withess my hand and s	eal of office.	
Signature of office	cer administering	Printed name of officer admin	nistering Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 82
18 FILER NAME	L9 Filer ID	(Ethics Commission Filers)
Hernandez, Cassandra (The Honorable)	00087764	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 34,959.86
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 630.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,160.38	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	_	\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 14,286.16
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ETURNED	\$

	MONET	ARY POLITICAL CON	S		SCHEDUL	E A1	
	The Instru	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/82	
2	FILER NAME Hernandez,	Cassandra (The Honorable)			3	Filer ID (Ethics Commission 00087764	on Filers)
4	Date 06/30/2025	5 Full name of contributor	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5,000.00
		Dallas, TX 75219					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor on the salli, Brenda Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75208					
	Principal occu ONeil Wysoc	pation / Job title (See Instructions)		Employer (See Instructions Attorney)		
Date Full name of contributor out-of-state PAC (ID#:		Automey		Amount of Contribution (\$)			
	06/24/2025	Baron, Lisa Blue Contributor address; City; State; Z				(*)	\$2,000.00
		Dallas, TX 75205					
	Principal occu self	pation / Job title (See Instructions)		Employer (See Instructions Attorney)		
	Date 06/29/2025	Full name of contributor o o Barrera, Richard Contributor address; City; State; Z				Amount of Contribution (\$)	\$500.00
	Principal occu Barrera Law	pation / Job title (See Instructions) Group		Employer (See Instructions Attorney at Law)		
	Date 06/30/2025	Full name of contributor o Barrow, Wade Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Law Office o	I SIEVE LAIIU		Attorney			

	MONET	ARY POLITICAL CO	S	SCHEDULE A1			
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/82	
2	FILER NAME Hernandez,	Cassandra (The Honorable)			3	Filer ID (Ethics Commission 00087764	on Filers)
4	Date 06/27/2025	5 Full name of contributorBerel-Harrop, Sarah6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Farmers Branch, TX 75234 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	TXUUJM			Intern minister			
	Date 06/24/2025	Full name of contributor Blackridge PAC Contributor address; City; State)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor Blake, Hoarce Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$25.00
		Carrollton, TX 75006					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 06/30/2025	Full name of contributor Bohuslav, Monica Contributor address; City; State Irving, TX 75038	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$100.00
	·	pation / Job title (See Instructions) a Bohuslav Law PLLC		Employer (See Instructions Attorney	<u> </u>		
	Date 06/26/2025	Full name of contributor Boston, Grant Contributor address; City; State Dallas, TX 75208	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Hamilton Wir	pation / Job title (See Instructions) ngo LLP		Employer (See Instructions Attorney	i)		
			•				

	MONET	ARY POLITICAL (S	SCHEDULE A				
	The Instruc	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/82	
2	FILER NAME Hernandez,	Cassandra (The Honorable)				3	Filer ID (Ethics Commission 00087764	on Filers)
4	Date 06/23/2025	5 Full name of contributor Chien, Alice6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00
_	D: : 1	Carrollton, TX 75006	<u>, </u>			<u></u>		
8	N/a	pation / Job title (See Instructions	5)	9	Employer (See Instructions N/a	5)		
	Date 06/30/2025	Full name of contributor Churchwell, Charles Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	District	Dallas, TX 75219	<u> </u>		Frankrije (Cooks trocking)	<u></u>		
	Self	pation / Job title (See Instructions	5)		Employer (See Instructions Podiatrist lawyer	5)		
	Date 06/26/2025	Full name of contributor Cooper, Kevin Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
		Irving, TX 75063						
		pation / Job title (See Instructions ns & Currency	5)		Employer (See Instructions Self Employed	5)		
	Date 06/23/2025	Full name of contributor Creuzot, John Contributor address; City; S Dallas, TX 75218	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu District Attor	pation / Job title (See Instructions ney	5)		Employer (See Instructions Dallas County	5)		
	Date 06/23/2025	Full name of contributor Currier, Barbara Contributor address; City; S Dallas, TX 75244	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not employed	5)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/82	
2	FILER NAME Hernandez, (Cassandra (The Honorable)			3	Filer ID (Ethics Commissio 00087764	n Filers)
4	Date 06/27/2025	 Full name of contributor	-		7	Amount of Contribution (\$)	\$50.00
8	Principal occur	Addison, TX 75001 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
•	Not Employe			Not Employed	,		
	Date 06/24/2025	Full name of contributor out-of-state Problem Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
		Carrollton, TX 75006			Ĺ		
	Not Employe	pation / Job title (See Instructions) rd		Employer (See Instructions Not Employed	5)		
	Date 06/30/2025	Full name of contributor out-of-state Pr Ellis, Al Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 76219					
	Principal occu Sommerman	pation / Job title (See Instructions)		Employer (See Instructions Lawyer	s)		
	Date 06/23/2025	Full name of contributor out-of-state Pr Farmer, Leslie Contributor address; City; State; Zip Code Carrollton, TX 75006	-)		Amount of Contribution (\$)	\$100.00
	Principal occu LFX Consulti	pation / Job title (See Instructions) ing		Employer (See Instructions Consultant	5)		
	Date 06/23/2025	Full name of contributor out-of-state Prince Fishman, Josh Contributor address; City; State; Zip Code Coppell, TX 75019)		Amount of Contribution (\$)	\$250.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/82	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Hernandez,	Cassandra (The Honorable)				00087764	
4	Date 06/30/2025	 5 Full name of contributor Garcia MD, Catalina E 6 Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
•	Principal occu	Dallas, TX 75231 pation / Job title (See Instructions)	ا ا	Employer (See Instructions			
0	Not Employe		3	Not Employed	')		
	Date 06/30/2025	Full name of contributor Giolma, John Contributor address; City; Sta	·)		Amount of Contribution (\$)	\$100.00
	Driverine Leave	Farmers Branch, TX 7523		Franksian (Cas Instructions	_		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed)		
	Date 06/23/2025	Full name of contributor Glassco, Tim Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78704					
	Principal occu Cross Oak G	pation / Job title (See Instructions) Group		Employer (See Instructions Partner)		
	Date 06/24/2025	Full name of contributor Greyhawk Public Affairs, L Contributor address; City; Sta Austin, TX 78749)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor Grinter, Alison Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Atty	5)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/82	
2	FILER NAME Hernandez,	Cassandra (The Honorable)			3	Filer ID (Ethics Commission 00087764	n Filers)
4	Date 06/30/2025	6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Not Employe	Irving, TX 75063 pation / Job title (See Instructionsed) 9	Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 06/30/2025	Full name of contributor Hefner, Amy Contributor address; City; St. Irving, TX 75038				Amount of Contribution (\$)	\$500.00
	Principal occu Self	pation / Job title (See Instructions)	Employer (See Instructions Attorney	<u>l</u> s)		
	Date 06/23/2025	Full name of contributor Hermes, Kathy Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$200.00
		Dallas, TX 75244 pation / Job title (See Instructions))	Employer (See Instructions Attorney	<u> </u> s)		
	Date 06/24/2025	Full name of contributor Hevron, Kenric Contributor address; City; St.	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u>		
	Date 06/24/2025	Full name of contributor Hillis, Jeffery Contributor address; City; St Farmers Branch, TX 7523				Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions ed		Employer (See Instructions Not Employed	5)		
			·				

	MONET	ARY POLITICAL C	S	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/82	
2	FILER NAME Hernandez,	Cassandra (The Honorable)				3	Filer ID (Ethics Commission 00087764	on Filers)
4	Date 06/30/2025	5 Full name of contributor Hoedebeck, Charles6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
_	District	Irving, TX 75039	\		Foundation (On a landous times	<u></u>		
8	Lawyer	pation / Job title (See Instructions) [9		Employer (See Instructions Self	5)		
	Date 06/27/2025	Full name of contributor Irving Professional Fire Fig Contributor address; City; St	-				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Irving, TX 75017 pation / Job title (See Instructions))	ı	Employer (See Instructions	<u> </u> ;)		
	Date 06/23/2025	Full name of contributor Jablonski, Carol Contributor address; City; St. Dallas, TX 75248	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 06/23/2025	Full name of contributor Jones, Andrew Contributor address; City; St	ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Sawicki Law	pation / Job title (See Instructions)		Employer (See Instructions Lawyer	5)		
	Date 06/23/2025	Full name of contributor Kastl, Krisi Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu KASTL LAW	pation / Job title (See Instructions)		Employer (See Instructions Attorney	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/82	
2	FILER NAME Hernandez,	Cassandra (The Honorable)			3	Filer ID (Ethics Commissi 00087764	on Filers)
4	Date 06/30/2025	5 Full name of contributor Kastl, Krisi6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu KASTL LAW	Dallas, TX 75204 pation / Job title (See Instructions	9	9 Employer (See Instructions Attorney	<u> </u> ;)		
	Date 06/23/2025	Full name of contributor Kelso, Rhiannon Contributor address; City; St. Richardson, TX 75081	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Self	pation / Job title (See Instructions		Employer (See Instructions Attorney	<u> </u> 5)		
	Date 06/30/2025	Full name of contributor Kwon, Christopher Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$249.86
	Principal occu Kwon Law P	Pearland, TX 77584 pation / Job title (See Instructions)	Employer (See Instructions Attorney	<u> </u> 5)		
	Date 06/23/2025	Full name of contributor Luckhardt, Lou Contributor address; City; St	out-of-state PAC (ID#:	Attorney		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions r; Dallas CLC		Employer (See Instructions Dallas AFLCIO	s)		
	Date 06/23/2025	Full name of contributor Lyons, Michael Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Lyons & Sim	pation / Job title (See Instructions mons LLP		Employer (See Instructions Attorney	5)		

	MONET	ARY POLITICAL CONTRIBUT	1OI	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/82	
2	FILER NAME Hernandez,	Cassandra (The Honorable)			3	Filer ID (Ethics Commission 00087764	n Filers)
4	Date 06/24/2025	5 Full name of contributor out-of-state PAC (II MOAK CASEY PAC 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (II Martin, Colleen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Dallas, TX 75248			Ĺ		
	•	pation / Job title (See Instructions) ty Democratic Party		Employer (See Instructions Administrative Director	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (II McKay, Brian Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$100.00
		Coppell, TX 75019					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (II McLaughlin, Amanda Contributor address; City; State; Zip Code Garland, TX 75040)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (II McPheeters, Morgan Contributor address; City; State; Zip Code Dallas, TX 75205	D#:			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) s McPheeters LLP		Employer (See Instructions Lawyer	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/82	
2	FILER NAME Hernandez,	Cassandra (The Honorable)			3	Filer ID (Ethics Commission 00087764	on Filers)
4	Date 06/23/2025	5 Full name of contributor Merrill, Richard6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Coppell, TX 75019 pation / Job title (See Instructions)	Employer (See Instructions)			
	Retired	,		Retired	,		
	Date 06/30/2025	Full name of contributor Miller, Clay Contributor address; City; State)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Dallas, TX 75243 pation / Job title (See Instructions)		Employer (See Instructions)		
	Miller Weisb			Attorney	,		
	Date 06/30/2025	Full name of contributor Moreno, Kaitlyn Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$25.00
		Carrollton, TX 75007					
	Principal occu The Button L	pation / Job title (See Instructions) .aw Firm		Employer (See Instructions Attorney)		
	Date 06/28/2025	Full name of contributor Phariss, Mark Contributor address; City; State PLANO, TX 75093-7991				Amount of Contribution (\$)	\$250.00
	Principal occu Tenet health	pation / Job title (See Instructions) care		Employer (See Instructions Attorney)		
	Date 06/23/2025	Full name of contributor Poer, Donald Contributor address; City; State Denton, TX 76209	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	DuraServ Co	"P		Cost Accountant			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/15 Rpt: 14/82	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Cassandra (The Honorable)	_			00087764	
4	Date 06/23/2025	5 Full name of contributor Puente, Eric 6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Duncanville, TX 75137 pation / Job title (See Instructions)	Employer (See Instructions				
0	Puente Law		ľ	Lawyer)		
	Date 06/23/2025	Full name of contributor Puente, Eric Contributor address; City; Sta			Amount of Contribution (\$)	\$500.00	
	Deinsinalassa	Garland, TX 75043			$\overline{\Gamma}$		
	Self	pation / Job title (See Instructions)		Employer (See Instructions Lawyer	5)		
	Date 06/30/2025	Full name of contributor Reed, Mary Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00
		Addison, TX 75001					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
	Date 06/23/2025	Full name of contributor Sally Montegomery Campa Contributor address; City; Sta Dallas, TX 75244)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor Schmaker, Ronna Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 12/15 Rpt: 15/82	
2	FILER NAME	Cassandra (The Honorable)			3	Filer ID (Ethics Commission 00087764	n Filers)
_			_		Ļ		
4	Date 06/30/2025	5 Full name of contributorSlamen, Sarah6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	 	Amount of Contribution (\$)	\$40.00
8	Principal occu	Farmers Branch, TX 75234 pation / Job title (See Instructions)		Employer (See Instructions	(s)		
•		Represenstatives	ľ	District Director	,		
	Date 06/23/2025	Full name of contributor Stevenson, Mary Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00
	D: : 1	Dallas, TX 75234		- · · · · · · · · · · · · · · · · · · ·	Ĺ		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date	Full name of contributor	7	,	Г	Amount of Contribution (\$)	
	06/23/2025	Stough, Aaron Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Continuation (4)	\$25.00
		Plano, TX 75074					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	City of Plano	1		Health Inspector			
	Date 06/23/2025	Full name of contributor Taylor, Ben Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Ted B. Lyon	& Associates P.C.		attorney			
	Date 05/20/2025	Full name of contributor Terri Leo Wilson Campaigr Contributor address; City; Sta Galveston, TX 77554)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/82	
2	FILER NAME Hernandez,	Cassandra (The Honorable)		3	Filer ID (Ethics Commission 00087764	on Filers)
4	Date 06/24/2025	Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
_	<u> </u>	Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Townsend, Howard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Carrollton, TX 75007-5103 pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	ed	Not Employed			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Underwood, Pauline Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Addison, TX 75001				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Van De Putte, Leticia Contributor address; City; State; Zip Code CastleHills, TX 78213			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Vashisht, Bhavna Contributor address; City; State; Zip Code Farmers Branch, TX 75234)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to c	omplete this forn	1.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/82	
2	FILER NAME Hernandez,	Cassandra (The Honorable)			3	Filer ID (Ethics Commission 00087764	on Filers)
4	Date 06/25/2025	Venkatraman, Venky	rt-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$100.00
_	Deire sin al access	Coppell, TX 75019	England (Carlotte til				
8	Principal occupation / Job title (See Instructions) 9 Employer (See Inst Zenith Legal Services LLC Patent Attorney						
	Date 06/26/2025	Full name of contributor ou Villafranca, Elizabeth Contributor address; City; State; Zi)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Restaurateu			Cuquitas			
	Date 06/23/2025	Full name of contributor ou Washington, Ashley Contributor address; City; State; Zi	rt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$50.00
		Irving, TX 75039					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed)		
	Date 06/23/2025	Full name of contributor ou White, Robert Contributor address; City; State; Zij Austin Tx, TX 78735	it-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Braker White	pation / Job title (See Instructions)		Employer (See Instructions Lawyer)		
	Date 06/24/2025	Full name of contributor ou Wholesale Beer Distributor of To Contributor address; City; State; Zij Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONT		SCHEDULE A1			
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 15/15 Rpt: 18/82	
2	FILER NAME Hernandez,	Cassandra (The Honorable)			3	on Filers)	
4	Date 06/30/2025	 5 Full name of contributor out-of-ZATYKO, STEVEN 6 Contributor address; City; State; Zip C)	7	Amount of Contribution (\$)	\$100.00
_	Deignigal	COPPELL, TX 75019	lo.	Francisco (Con Instructions			
8	Self	pation / Job title (See Instructions)		Employer (See Instructions IT Consultant)		
	Date 06/23/2025	Full name of contributor out-of-Zaman, Nadeem Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Frisco, TX 75035 pation / Job title (See Instructions)		Employer (See Instructions)		
	Not employe			Not employed	,		
	Date 06/23/2025	Full name of contributor out-of-Zeller, Laura Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75234					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed)		
	Date 06/30/2025	clark, barrett	state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu IBM	pation / Job title (See Instructions)		Employer (See Instructions Engineering Manager)		
	Date 06/30/2025	hernandez, juan	estate PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu hernandez la	pation / Job title (See Instructions) w group		Employer (See Instructions lawyer)		
			1				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/82 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hernandez, Cassandra (The Honorable) 00087764 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/24/2025 Blackridge PAC \$630.00 Event cost at Austin Club 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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 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)

	Credit Card Payment	The Instruction Guide explains how to cor	mple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/16 Rpt: 20/82	Hernandez, Cassandra (The Honorable)		00087764
4	Date	5 Payee name		
	06/30/2025	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$868.48	366 Summer Street		
		Somerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Donation Processing Fees
				Donation 1 rocessing 1 ces
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held
9	expenditure to benefit C/OI		gnı	Office field
	Date	Payee name		
	06/09/2025	Alphagraphics		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$1,784.86	7801 Mesquite Bend Drive, Suite 106		
		Irving, TX 75063		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign magnets, table cloth and tent
				Campaign magnets, table dott and tent
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giit	Cince field
_	Data			
	Date	Payee name		
	06/27/2025	Anwar, Fawaz		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$12.48	4057 Legacy Trl		
		Carrollton, TX 75010		
	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.
				Check if Austin, TX, officeholder living expense
				Reimbursement for supplies
	0 1: 0.11.7.7.1.			05.111
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç H	gnt	Office held
		•		

SCHEDULE F1

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

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

	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: 2/16 Rpt: 21/82	Hernandez, Cassandra (The Honorable) 00087764
4	Date	5 Payee name
	04/15/2025	Avalon Transportation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,880.78	4701 Weidemar Lane
		Austin, TX 78745
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
		Dus for interns
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	Para a same
	Date	Payee name
	04/17/2025	CFBISD Educational Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1445 N Perry Rd
		Carrollton, TX 75006
	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 Donation for Teacher Event
		Donation for reacher Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/16/2025	Payee name Charnavand Coffee
		Cherrywood Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.94	1400 E 38th 1/2 St
		Austin, TX 78722
	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 Food for office staff
		1 ood for office stall
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total manage Cabadula F1.		
1	Total pages Schedule F1:		
	Sch: 3/16 Rpt: 22/82	Hernandez, Cassandra (The Honorable) 00087764	
4	Date	5 Payee name	
	05/09/2025	Clayton Spangler Photographic Design	
6	Amount (ft)		
0	Amount (\$)		
	\$649.00	235 Point Lick Dr	
		Charleston, WV 25306	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
Ū	OF		
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Panoramic photograph of membership	
_	Compulate ONII V if diseast	Constitute / Office helder reason	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	oxportantaro to portone o/ o.		
	Date	Payee name	
	02/12/2025	Dallas Morning News	
	Amount (\$)	Payee address; City; State; Zip Code	—
	` '		
	\$0.27	1954 Commerce St.	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Subscription fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	05/14/2025	Dallas Morning News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.61	1954 Commerce St.	
		D. II TV 75004	
		Dallas, TX 75201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Account subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
_			

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 Credit Card Payment		ttee I	-ood/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:								3	Filer ID	(Ethics Commission Filers)
	Sch: 4/16 Rpt: 23/82	H€	ernandez,	Cassandra (The I	Honorable	!)				00087764	
4	Date	5 Pa	yee name								
	06/12/2025	Da	allas Morni	ng News							
6	Amount (\$)	7 Pa	yee addres	s; City;	State;	Zip Co	ode				
	\$21.61	19	54 Comm	erce St.							
		Da	allas, TX 7	5201							
8	PURPOSE	(a) Ca	ategory (Sei	e Categories listed at the t	on of this sche	dule)	(b)	Description			
	OF EXPENDITURE		ees	o dategories iisted at the t	op or triis some	duicj			outsio	de of Texas. Com	plete Schedule T.
	EXPENDITORE							—		officeholder living	g expense
								Subscription f	ree		
_	Complete ONE V. C.		aliala t - 10 m	abalder		££; o -	اس			O#: :	al d
9	Complete ONLY if direct expenditure to benefit C/Oh		ididate/Offic	eholder name	0	ffice sou	ıght			Office he	eld
	Date	Pa	yee name					_			
	01/24/2025	De	elta Airline:	S							
	Amount (\$)	Pa	yee addres	s; City;	State;	Zip Co	ode				
	\$35.00	10)30 Delta E	Boulevard							
		At	lanta, GA	30354							
	PURPOSE	(a) Ca	ategory (See	e Categories listed at the t	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		avel Out o			,					plete Schedule T.
	EXI ENDITORE							ш		officeholder living	
								Baggage fee	101	RGV Legis	lative rour
	Complete ONI V if direct		ndidata/Off: -	oholder name		ffice ca:	lap+			Office	old
	Complete ONLY if direct expenditure to benefit C/OH		iuiuale/OITIC	eholder name	Ü	ffice sou	ıgııı			Office h	eiu
_											
	Date		yee name	<u> </u>							
	01/27/2025		elta Airline:								
	Amount (\$)		yee addres		State;	Zip Co	ode				
	\$35.00	10)30 Delta E	soulevard							
		At	lanta, GA	30354							
	PURPOSE	(a) Ca	ategory (See	e Categories listed at the t	on of this sche	dule)	(b)	Description			
	OF EXPENDITURE		avel Out o		.cp or and 30HC	adio)	<u> </u>	Check if travel of			plete Schedule T.
	EXPENDITURE							_		officeholder living	
								Baggage fee	tor	RGV Legis	lative Tour
	0 1. 0		P. I			•••	<u> </u>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ididate/Offic	eholder name	O	ffice sou	ught			Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica 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

	Candidate/Officeholder/Politica Credit Card Payment			egal Services	s Expense	Salaries/V		/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		Т	he Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FIL	ER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 5/16 Rpt: 24/82	He	rnandez, C	Cassandra (Th	ne Honorabl	le)				00087764		
4	Date	5 Pay	yee name									
	05/16/2025	Ets	sy									
6	Amount (\$)	7 Pay	yee address	; City;	State	; Zip Co	de					
_	\$248.54		7 Adams S			, _, _						
	42 10.0 1											
		No.	w Vork NI	/ 11201								
			w York, N`									
8	PURPOSE OF			Categories listed at		nedule)	(b)	Description				
	EXPENDITURE	Gif	t/Awards/N	lemorials Exp	ense			=		de of Texas. Com officeholder living	plete Schedule T.	
								Appreciation				
								1-1-	J -			
9	Complete ONLY if direct	Cano	didate/Office	eholder name		Office sou	aht			Office he	2ld	
•	expenditure to benefit C/OI		aractor o mot	molaer mame	·	O.11100 000	giit			Omoo m	Siu -	
_	Data											
	Date 06/27/2025	1 1	yee name	n (oro								
			entos Gue									
	Amount (\$)	l ´	yee address			; Zip Co	de					
	\$750.00	114	445 Emera	ıld St, Ste 120	A,							
		Da	llas, TX 75	249								
	PURPOSE	(a) Cat	tegory (See	Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	Foo	od/Bevera	ge Expense				=			plete Schedule T.	
								Food for kick		officeholder living	g expense	
								FUUU IUI KICKI	OII (eveni		
	Complete ONL V if direct	Conc	didata/Office	holder neme		Office cou	abt			Office he	ald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		uldate/Office	eholder name	(Office sou	gnı			Office fi	eiu	
	Date	1 1	yee name	_								
	01/02/2025	Fro	pemming, I	Maria								
	Amount (\$)	Pay	yee address	; City;	State	; Zip Co	de					
	\$140.00	972	2 Parker D	r								
		Co	ppell, TX 7	'5019								
	PURPOSE	(a) Cat	tegory (See	Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			es/Contract L		ŕ		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE									officeholder living	g expense	
								Campaign se	rvic	ces		
	Complete ONLY if direct		didate/Office	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	-										
_									_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit Event Expense 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			Gift/Awards/Memorials Legal Services The Instruction Gu	·		ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	2	FII FR NAME						3	Filer ID	(Ethics Commission Filers)	_
-	Sch: 6/16 Rpt: 25/82			Cassandra (The	e Honorable	e)			ľ	00087764	(Lunes commission i ners)	
4	Date	5	Payee name						•			
	03/17/2025		Froemming,	Maria								
6	Amount (\$) \$76.71	7	Payee address 972 Parker Coppell, TX	Or	State;	Zip Co	de					
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ment/Reimburs				Check if travel		de of Texas. Con officeholder livin	nplete Schedule T. g expense	
								Reimburseme	ent	for drinks a	nd food for town hall	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	06/24/2025		Froemming,	Maria								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$225.98		972 Parker	Or								
			Coppell, TX									
	PURPOSE OF	(a)		e Categories listed at th		edule)	(b)	Description	outoi	do of Toyon Com	nplete Schedule T.	
	EXPENDITURE		Loan Repay	ment/Reimburs	ement			ш		officeholder living		
											nd town hall supplies	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	03/18/2025		H-E-B									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$49.84		2902 Medic	al Arts St								
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (2-	e Categories listed at th	o top of this a-b-	adula)	(b)	Description				_
	OF	`_,		e Categories listed at tr age Expense	ie roh oi mis scue	euule)	·~ <i>,</i>		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			- 1				ш		officeholder living	g expense	
								Snacks/food	tor	office		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	CAPETIGITUTE TO DETICITE C/OI											

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memor Legal Services	ials Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of D OTHER (enter	District a category not listed at	oove)
L		_		The Instruction	Guide explains	how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 7/16 Rpt: 26/82		Hernandez,	Cassandra (The Honorab	le)				00087764		
4	Date	5	Payee name									
	02/03/2025	L	Hill Country	Springs								
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$75.82		P.O Box 22	20								
			Manchaca,	TX 78652								
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense	!			ш			mplete Schedule T.	
	-							Water for office		, officeholder livir	ng expense	
								vvalci iui uiii	CC			
_	Complete ONLY if direct	Ц	Candidata/Off:	coholdor non-		Office corr	ah+			Office	nold	
9	Complete ONLY if direct expenditure to benefit C/O		Januluate/Offi	ceholder name		Office sou	gnt			Office h	leid	
L		_										
	Date		Payee name									
	03/03/2025		Hill Country	Springs								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$24.82		P.O Box 22	20								
		L	Manchaca,	TX 78652								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense	!			=			mplete Schedule T.	
								Water for office		, officeholder livir	іў ехрепѕе	
								vvator for Offi				
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	, ,	Office sou	aht			Office h	neld	
	expenditure to benefit C/O		Januala On	contider name		Cinco 30u	9.11			Onice i	ioid	
 	Data	_										
	Date		Payee name	Caricas								
	04/01/2025		Hill Country									
	Amount (\$)		Payee addre		State	e; Zip Co	de					
	\$45.82		P.O Box 22	20								
			Manchaca,	TX 78652								
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense	!						mplete Schedule T.	
								Water for office		, officeholder livir	ng expense	
								vvalci iui uiii	CE			
	Complete ONLY if direct	Ц	Candidata/Offi	ceholder name		Office corr	abt			Office h	nold	
	Complete ONLY if direct expenditure to benefit C/OH		Janunuate/OM	cenoidei naine		Office sou	yrıl			Onice i	ıcıu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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: 8/16 Rpt: 27/82	Hernandez, Cassandra (The Honorable) 00087764
4	Date	5 Payee name
	05/01/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.81	P.O Box 2220
		Manchaca, TX 78652
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 Water for office
		water for office
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	06/02/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.82	P.O Box 2220
		Manchaca, TX 78652
	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 Water for office
		valer for office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	06/30/2025	Holden
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,107.13	PO Box 671147
		Dallas, TX 75267
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Custom hand fans
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 9/16 Rpt: 28/82	Hernandez, Cassandra (The Honorable)	00087764
4	Date	5 Payee name	
	02/06/2025	House Democratic Caucus	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 12453	
	Ψ300.00	1 0 50% 12433	
		Austin, TX 78711	
8	PURPOSE		Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Office field
-	Date	Payee name	
	03/20/2025	Huff, Robert	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	7702 Meadowview Ln	
	,		
		Austin, TX 78752	
	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 T.
			Capitol seal for office
			Suprior Sear for Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	03/10/2025	IT Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	100 W. 11th St	
		Austin, TX 78704	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Membership dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/Ol	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 10/16 Rpt: 29/82	Hernandez, Cassandra (The Honorable)
4	Date	5 Payee name
-	06/27/2025	John Lujan for Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	PO Box 14479
		San Antonio, TX 78214
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cost share of appreciation gift for Chairman Walle
		Cost shall of approximation givens. Chairman mane
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
L		
	Date	Payee name
	06/13/2025	King Ranch Saddle Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.76	1333 S Congress Ave., Suite 160
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Chairman appreciation gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/27/2025	Legislative Study Group
-	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 12943
	Ψ1,000.00	1 0 50/ 123-0
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership dues
_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITATE TO DELIETT C/OI	1
l		

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 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: 11/16 Rpt: 30/82	Hernandez, Cassandra (The Honorable) 00087764
4	Date	5 Payee name
	06/24/2025	MSCAS Promotional Products
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$930.95	217 N Interstate 35 E
		DeSoto, TX 75115
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign tee shirts
		Campaigh 60 chile
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	01/02/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.79	405 N. Angier Ave NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Mailchimp account fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/03/2025	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.79	405 N. Angier Ave NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Mailchimp monthly account fee
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	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

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

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (extense a cottonom not listed above)

	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: 12/16 Rpt: 31/82	Hernandez, Cassandra (The Honorable) 00087764
4	Date	5 Payee name
	03/03/2025	Mailchimp
6	Amount (\$) \$20.79	7 Payee address; City; State; Zip Code 405 N. Angier Ave NE Atlanta, GA 30308
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly account subscription fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Mailchimp
	Amount (\$) \$20.79	Payee address; City; State; Zip Code 405 N. Angier Ave NE Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly subscription fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2025	Mailchimp
	Amount (\$) \$20.79	Payee address; City; State; Zip Code 405 N. Angier Ave NE
		Atlanta, GA 30308
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly subscription fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		opense /ages/Contract Labor	Travel in District Travel Out of Distri OTHER (enter a ca	ct ttegory not listed above)
1	Total pages Schedule F1:						(Ethics Commission Filers)
	Sch: 13/16 Rpt: 32/82	Hernandez,	Cassandra (The Honorab	ole)		00087764	
4	Date	5 Payee name					
L	06/02/2025	Mailchimp					
6	Amount (\$)	7 Payee addres	ss; City; State	e; Zip Co	de		
	\$20.79	405 N. Angi	er Ave NE				
		Atlanta, GA	30308				
8	PURPOSE OF	1	ee Categories listed at the top of this so	chedule)	(b) Description		
	EXPENDITURE	Fees				outside of Texas. Comple , TX, officeholder living ex	
					_	ount subscription	
9	Complete ONLY if direct		ceholder name	Office sou	ght	Office held	j
L	expenditure to benefit C/OI	-					
	Date	Payee name					
	02/10/2025	Newman, P	atricia				
	Amount (\$)	Payee addres	ss; City; State	e; Zip Co	de		
	\$68.09	1300 Colora	ado St				
		Austin, TX 7	78701				
	PURPOSE	(a) Category (Se	ee Categories listed at the top of this so	chedule)	(b) Description		
	OF EXPENDITURE	Office Overl	head/Rental Expense		<u> </u>	outside of Texas. Comple , TX, officeholder living ex	
					ш	ent for office sup	
						 	,
	Complete ONLY if direct		ceholder name	Office sou	ght	Office held	i
	expenditure to benefit C/OI	H					
	Date	Payee name					
	03/17/2025	Newman, P	atricia				
	Amount (\$)	Payee addres	ss; City; State	e; Zip Co	de		
	\$83.39	1300 Colora	ado St				
		Austin, TX 7	78701				
	PURPOSE	(a) Category (Se	ee Categories listed at the top of this so	chedule)	(b) Description		
	OF EXPENDITURE	Loan Repay	/ment/Reimbursement			outside of Texas. Comple , TX, officeholder living ex	
						ent for office sup	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ght	Office held	i
	expenditure to benefit C/OI	Η					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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	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: 14/16 Rpt: 33/82	Hernandez, Cassandra (The Honorable) 00087764	
4	Date	5 Payee name	
	06/25/2025	Odd Muse Brewing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$1,558.80	4488 Spring Valley Rd	
		Farmers Branch, TX 75244	
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 Beverages for campaign kickoff	
		Beverages for earnpaigh McMon	
Ļ	Compulate ONII V if diseast	Condidate/Office holds	_
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
L	·		=
	Date	Payee name	
	04/07/2025	Redbubble	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$397.73	111 Sutter St	
		17th Floor	
		San Francisco, CA 94104	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Custom bags for interns	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit 6/6		_
	Date	Payee name	
	06/24/2025	Reilly Echols Printing	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$622.44	1710 S Harwood St	
		Dallas, TX 75215	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Palm card printing	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/Ol	y	
<u> </u>			_
L			

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			Committee Legal Services Salaries/Wages/Contract Labor					Travel Out of District OTHER (enter a category not listed above)					
		_		The In	struction Gu	ıide explains	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 15/16 Rpt: 34/82		Hernandez	, Cass	andra (Th	e Honorab	ole)				00087764		
4	Date	5	Payee name	9									
	03/28/2025		Statesman	Cap10)k								
6	Amount (\$)	7	Payee addre	ess;	City;	State	e; Zip Co	de					
	\$82.88		409 Colora		•		•						
	+01.00		.00 00.0.0										
			A	70704									
_	DUDDOCE	(6)	Austin, TX					(h)	B 1.0				
8	PURPOSE OF	(a,	Category (S	See Catego	ories listed at th	ne top of this so	chedule)	(a)	Description Check if travel	outoi	ide of Toyon Com	unlota Cahadula T	
	EXPENDITURE		Fees						_		, officeholder living	plete Schedule T.	
									Statesmen 1			y experies	
0	Complete ONLY if direct	<u> </u>	Candidate/Off	ficabald	or nama		Office sou	abt			Office he	ald	
9	expenditure to benefit C/OI		Calluluate/Oli	ncenolu	er name		Office Suc	igrit			Office fit	eiu .	
	Date		Payee name)									
	03/10/2025		Texas Hou	se LGE	3TQ Cauc	us							
	Amount (\$)		Payee addre	ess;	City;	State	e; Zip Co	de					
	\$400.00		P.O. Box 2	960									
			Austin, TX	78769									
	PURPOSE	(a)	Category (S	See Catego	ories listed at th	ne top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Fees						Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXI ENDITORE								ш.		, officeholder living	g expense	
									Caucus dues	5			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficehold	er name		Office sou	ght			Office he	eld	
	experience to benefit of or												
	Date		Payee name	9									
	05/22/2025		Tiff's Treats	S									
	Amount (\$)	H	Payee addre	ess;	City;	State	e; Zip Co	ode					
	\$39.00		1235 E 51s				, ,						
	400.00												
			Austin TV	70700									
			Austin, TX	18123									
	PURPOSE OF	(a)	Category (S	See Catego	ories listed at th	ne top of this so	chedule)	(b)	Description				
	EXPENDITURE		Food/Beve	rage E	xpense							plete Schedule T.	
											, officeholder living		
									Appreciation	IUI	Scriate Stal	ı	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	ficehold	er name		Office sou	ght			Office h	eld	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
		<u> </u>	_
1	Total pages Schedule F1:		
	Sch: 16/16 Rpt: 35/82	Hernandez, Cassandra (The Honorable) 00087764	
4	Date	5 Payee name	
	04/17/2025	USPS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$134.00	4900 Airport Pkwy	
		Addison, TX 75001	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		PO Box rental renewal	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	06/26/2025	WalMart 5092	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$44.70	190 East Round Grove Road	
		Lewisville, TX 75067	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Supplies for Coppell Party in the Park	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	n	
	Date	Payee name	
	04/21/2025	Walmart 2105	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.58	4122 L B J Fwy	
		Dallas, TX 75244	
	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	
		Snacks/Food for office	
			_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transportation Equipment & Relate Travel in District Travel Out of District OTHER (enter a category not listed	
	·		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commis	sion Filers)
	Sch: 1/47 Rpt: 36/82	Hernandez,	, Cassandra (The Honorabl	e)		(00087764	
4	Date	5 Payee name						
	06/05/2025	24 Seven M	l art					
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode			
	\$69.93	13010 Abra	ıms Rd					
	Reimbursement from							
	X political contributions intended	Dallas, TX	75243					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Che	eck if travel outside of Texas. Com	plete Schedule T.
	OF EXPENDITURE	Travel Out	of District			Che	eck if Austin, TX, officeholder living	expense
	EXPENDITORE				Gas to Austin/Da	allas		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held	
	Date	Payee name						
	01/13/2025	Aba						
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode			
	\$423.39	1011 S Cor	ngress Ave					
	Reimbursement from							
	X political contributions intended	Austin, TX	78704					
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Com	plete Schedule T.
	OF	' '	age Expense	.044.0)		_	eck if Austin, TX, officeholder living	
	EXPENDITURE	1 000,2010.	ago Expondo		Staff Dinner			
_	Complete ONLY if direct	<u>l</u> Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit				eee eeug		C	
	C/OH							
	Date	Payee name						
	01/01/2025	Amazon						
_	Amount (\$)	Payee addre	ss; City; State	; Zip Co	nde			
	\$53.98	410 Terry A		,p oc	,			
		410 Telly 7	WC IV					
	X Reimbursement from political contributions intended	Seattle, WA	A 98109					
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	_	eck if travel outside of Texas. Com	
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	eck if Austin, TX, officeholder living	expense
					Items for Austin (Con	do	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held	

SCHEDULE G

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

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Expense Wages/Contract Labor		Travel In District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)				
	Sch: 2/47 Rpt: 37/82	Hernandez	, Cassandra (The Honorab	le)			00087764				
4	Date	5 Payee name		•							
	01/03/2025	Amazon									
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip C	ode						
	\$41.10	410 Terry	Ave N	ave N							
	Reimbursement from political contributions intended	Seattle, W	A 98109								
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sci	hedule)	(b) Description	_	eck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Ove	rhead/Rental Expense		L	_	eck if Austin, TX, officeholder living expense				
					Items for Austin (Con	do				
					<u> </u>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held				
	Date	Payee name	e								
	01/05/2025	Amazon									
	Amount (\$)	Payee addre	ess; City; State	; Zip C	ode						
	\$16.23	410 Terry	Ave N								
	Reimbursement from political contributions intended	Seattle, W	A 98109								
	PURPOSE	Category (See Categories listed at the top of this sci	hedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Ove	rhead/Rental Expense		L	_	eck if Austin, TX, officeholder living expense				
					Items for Austin (Con	do				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held				
	Date	Payee name	<u> </u>								
	01/09/2025	Amazon									
	Amount (\$)	Payee addre	ess; City; State	; Zip C	ode						
	\$205.65	410 Terry	Ave N								
	Reimbursement from political contributions intended	Seattle, W	A 98109								
	PURPOSE	Category (See Categories listed at the top of this sci	hedule)	Description	Che	eck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Che	eck if Austin, TX, officeholder living expense				
					Items for Austin (Con	do				
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought		Office held				

SCHEDULE **G**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			ent Expense es od/Beverage Expense t/Awards/Memorials Expense gal Services he Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Suicitation/Furnitarianily expense Transportation Equipment & Related E Travel in District Travel Out of District OTHER (enter a category not listed ab	
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission	n Filers)
	Sch: 3/47 Rpt: 38/82		Hernandez, C	assandra (The Honora	ble)		00087764	
4	Date	5	Payee name				I	
	01/10/2025		Amazon					
6	Amount (\$)	7	Payee address;	City; Stat	te; Zip C	ode		
	\$32.46		410 Terry Ave		, ,			
	Reimbursement from political contributions intended		Seattle, WA 9					
8	PURPOSE	(a)	Category (See C	Categories listed at the top of this s	chedule)	(b) Description	Check if travel outside of Texas. Comple	te Schedule T.
ľ	OF	```		ad/Rental Expense	cricudic)		Check if Austin, TX, officeholder living exp	
	EXPENDITURE		Onice Overne	aameniai Expense		Items for Austin	_ Condo	
9	Complete ONLY if direct	Car	ndidate/Officehol	der name		Office sought	Office held	
9	expenditure to benefit	Cai	ndidate/Officerior	uei name		Office Sought	Office field	
	Date		Payee name					
	01/10/2025		Amazon					
	Amount (\$)		Payee address;	City; Stat	te; Zip C	ode		
	\$27.84		410 Terry Ave	· N				
	Reimbursement from political contributions intended		Seattle, WA 9	8109				
	PURPOSE	┢	Category (See C	Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Comple	te Schedule T.
	OF			ad/Rental Expense	onoudio,		Check if Austin, TX, officeholder living exp	
	EXPENDITURE		Onice Overne	dantendi Expense		Items for Austin	 Condo	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officehol	der name		Office sought	Office held	
	Date	Г	Payee name					
	01/11/2025		Amazon					
	Amount (\$)	H	Payee address;	City; Stat	te; Zip C	ode		
	\$70.39		410 Terry Ave		•			
	Reimbursement from		, -					
	x political contributions intended		Seattle, WA 9	8109		1		
	PURPOSE OF		3 , .	Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Complete	
	EXPENDITURE		Office Overhe	ad/Rental Expense		L	Check if Austin, TX, officeholder living exp	pense
						Items for Austin	Condo	
_	Complete ONLY if direct	C2:	ndidate/Officehol	dor namo		Office sought	Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	cal	iuiuale/Officenol	uei name		Office sought	Office field	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 4/47 Rpt: 39/82		Hernandez, Cassandra (The Honorable	·)			00087764
4	Date	5	Payee name				
	01/12/2025		Amazon				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$18.40		410 Terry Ave N				
	Reimbursement from political contributions intended		Seattle, WA 98109				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Cr	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Cł	neck if Austin, TX, officeholder living expense
	LAFEINDITORE				Items for Austin 0	Con	do
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	01/13/2025		Amazon				
	Amount (\$)	H	Payee address; City; State;	Zip Co	de		
	\$24.66		410 Terry Ave N				
	Reimbursement from political contributions intended		Seattle, WA 98109				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Cr	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Cł	neck if Austin, TX, officeholder living expense
	LXI LINDITORL				Items for Austin 0	Con	ido
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	02/24/2025		Amazon				
	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	de		
	\$36.25		410 Terry Ave N				
	Reimbursement from		•				
	political contributions intended		Seattle, WA 98109				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	_	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Ch	neck if Austin, TX, officeholder living expense
					Items for Austin (Con	do
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

SCHEDULE **G**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explair	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 5/47 Rpt: 40/82		Hernandez,	Cassandra (The Honora	ble)		00087764
4	Date	5	Payee name				<u> </u>
	03/01/2025		Amazon				
6	Amount (\$)	7	Payee addres	ss; City; Sta	te; Zip C	ode	
	\$25.00		410 Terry A	•			
	Reimbursement from political contributions intended		Seattle, WA				
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this s	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	<u> `</u>		head/Rental Expense			Check if Austin, TX, officeholder living expense
	EXPENDITURE					Items for Austin	Condo
9	Complete ONLY if direct	L Cai	ndidate/Officel	nolder name		Office sought	Office held
	expenditure to benefit C/OH						
	Date		Payee name				
	03/24/2025		Amazon				
	Amount (\$)		Payee addres	ss; City; Sta	te; Zip C	ode	
	\$33.11		410 Terry A	ve N			
	Reimbursement from political contributions intended		Seattle, WA	, 98109			
_	PURPOSE	┝		ee Categories listed at the top of this s	ohodulo)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF			head/Rental Expense	scriedule)	Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Office Over	neau/Neniai Expense		Items for Austin	Condo
							3.143
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Cai	ndidate/Officel	nolder name		Office sought	Office held
		_					
	Date		Payee name				
	04/14/2025		Amazon				
	Amount (\$)		Payee addres	ss; City; Sta	te; Zip C	ode	
	\$29.87		410 Terry A	ve N			
	Reimbursement from political contributions intended		Seattle, WA	98109			
	PURPOSE	Г	Category (Se	ee Categories listed at the top of this s	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental Expense			Check if Austin, TX, officeholder living expense
	LA LADITORE					Items for Austin	Condo
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officel	nolder name		Office sought	Office held

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							strict of District tter a category not listed above)					
	Credit Card Fayment		The Instruction Guide explains I	now to co	emplete this form.								
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)					
	Sch: 6/47 Rpt: 41/82	Hernandez	, Cassandra (The Honorable		0008776	64							
4	Date	5 Payee name											
	06/05/2025	Amazon											
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode								
•	\$12.99	410 Terry A		p									
	Reimbursement from	0 , ,											
	X political contributions intended	Seattle, WA	09100										
_					l								
8	PURPOSE OF		ee Categories listed at the top of this sche	edule)	(b) Description	=		outside of Texas. Complete Schedule n, TX, officeholder living expense	Γ.				
	EXPENDITURE	Office Over	head/Rental Expense		L Correllton Drido (_		i, 1A, uniceriolaer living expense					
					Carrollton Pride S	Sup	olles						
_	2												
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held					
	C/OH												
	Date	Payee name							=				
	06/19/2025	Amazon											
	Amount (\$)		Payee address; City; State; Zip Code										
	\$19.41	410 Terry A	•	Zip Cc	Jue								
	•	410 Telly 2	WC IV										
	X Reimbursement from political contributions	C# - \\/	00100										
	intended	Seattle, WA											
	PURPOSE OF		ee Categories listed at the top of this sche	edule)	Description	_		outside of Texas. Complete Schedule n, TX, officeholder living expense	Γ.				
	EXPENDITURE	Office Over	head/Rental Expense		L Supplies for Kiek	_	cok ii 7 kastiii	i, 177, onlocaloud living expense					
					Supplies for Kick	UII							
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	_				
	expenditure to benefit	Candidate/Office	noider name		Office Sought			Office field					
	C/OH												
	Date	Payee name							=				
	06/27/2025	Ascension											
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				_				
	\$17.91	1621 Oak L	•	·									
	Reimbursement from												
	x political contributions intended	Dallas, TX	75207										
	PURPOSE		ee Categories listed at the top of this sche	adula)	Description	7 Ch	ack if traval	outside of Texas. Complete Schedule					
	OF		rage Expense	euule)	Description	=		, TX, officeholder living expense	٠.				
	EXPENDITURE	1 000/Devel	age Expense		Coffee with CFBI	⊐ ISD	Trustee	Paul Gilmore					
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held					
	expenditure to benefit	2			22 30ag.n								
	C/OH												

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense 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 G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/47 Rpt: 42/82 Hernandez, Cassandra (The Honorable) 00087764 Date Payee name 01/04/2025 At Home Payee address; Amount (\$) City; State; Zip Code \$9.71 1600 E Plano Pkwy Reimbursement from political contributions Х intended Plano, TX 75074 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Items for Austin Condo Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/08/2025 At Home Amount (\$) Payee address; City; State; Zip Code \$81.16 1600 E Plano Pkwy Reimbursement from political contributions Х Plano, TX 75074 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Items for Austin Condo Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/10/2025 At Home Payee address; City; State; Zip Code Amount (\$) \$862.82 1600 E Plano Pkwy Reimbursement from

Plano, TX 75074

Candidate/Officeholder name

Category (See Categories listed at the top of this schedule)

Office Overhead/Rental Expense

Χ

C/OH

political contributions intended

Complete ONLY if direct

expenditure to benefit

PURPOSE

OF

EXPENDITURE

Description

Office sought

Office furniture

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing E		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment			The Instruction Guide explains I	now to co	omplete this form.	
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 8/47 Rpt: 43/82		Hernandez,	Cassandra (The Honorable	?)		00087764
4	Date	5	Payee name				
	03/30/2025		At Home				
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	nde	
ľ	\$97.41	ľ	1600 E Plan		Zip Oc	540	
			1000 L 1 Idi	IO I KWy			
	Reimbursement from political contributions		DI	507 <i>4</i>			
	intended		Plano, TX 7	5074			
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at the top of this sche	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overl	nead/Rental Expense		L	Check if Austin, TX, officeholder living expense
						Decorative suppl	lies
9	Complete ONLY if direct	Cai	ndidate/Officeh	nolder name		Office sought	Office held
	expenditure to benefit C/OH						
		_					
	Date		Payee name				
	01/08/2025		Buccees				
	Amount (\$)		Payee addres	ss; City; State;	Zip Co	ode	
	\$32.45		327 FM 200	4			
	Reimbursement from						
	X political contributions intended		Lake Jackso	on, TX 77566			
	PURPOSE	┝		ee Categories listed at the top of this sche	adula)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Travel Out of	•	duie)		Check if Austin, TX, officeholder living expense
	EXPENDITURE		riavei Out c	of District		Gas to Austin	_
_	Complete ONLY if direct	Cai	ndidate/Officeh	nolder name		Office sought	Office held
	expenditure to benefit	Cui	ididate/Officer	iolaei name		Office 30ugin	Office field
	C/OH						
	Date		Payee name				
	06/25/2025		Buccees				
_	Amount (\$)	┝	Payee addres	ss; City; State;	Zip Co	nde	
	\$59.45		327 FM 200	•	Zip Cc	de	
			327 T W 200	'			
	X Reimbursement from political contributions						
	intended		Lake Jackso	on, TX 77566			
	PURPOSE		Category (Se	ee Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out o	of District		L	Check if Austin, TX, officeholder living expense
						Gas	
L		L					
		Cai	ndidate/Officeh	nolder name		Office sought	Office held
	expenditure to benefit C/OH						
\vdash	C/OH						

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling Ex Printing E		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Fayment		The Instruction Guide explains	how to co	omplete this form.	
1	Total pages Schedule G:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 9/47 Rpt: 44/82	Herna	ndez, Cassandra (The Honorabl	e)		00087764
4	Date	5 Payee	name			
	01/01/2025	Bucce				
6	Amount (\$)	7 Payee	address; City; State	; Zip Co	nde	
Ŭ	\$30.16	l -	M 2004	, Zip O	540	
] 3271	WI 2004			
	X Reimbursement from political contributions	l				
	intended	Lake .	Jackson, TX 77566			
8	PURPOSE	(a) Catego	Ory (See Categories listed at the top of this sch	iedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Trave	Out of District		L	Check if Austin, TX, officeholder living expense
					Gas from Austin	
9	Complete ONLY if direct	Candidate/	Officeholder name		Office sought	Office held
	expenditure to benefit C/OH					
	Date	Payee	name			
	01/01/2025	Canva				
	Amount (\$)	Pavee	address; City; State	; Zip Co	ode	
	\$12.99	l í	6th Street	,p o.		
		200	our outeet			
	X Reimbursement from political contributions intended	Austir	ı, TX 78701			
	PURPOSE	Catego	Ory (See Categories listed at the top of this sch	iedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees				Check if Austin, TX, officeholder living expense
					Membership Sub	scription
	•	Candidate/	Officeholder name		Office sought	Office held
	expenditure to benefit C/OH					
	Date	Payee	name			
	02/01/2025	Canva	ı			
	Amount (\$)	Payee	address; City; State	; Zip Co	ode	
	\$12.99	200 E	6th Street			
	Reimbursement from					
	X political contributions intended	 Austir	, TX 78701			
	PURPOSE		OFY (See Categories listed at the top of this sch	nodulo)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Fees	(See Categories listed at the top of this seri	icuuic)	Bescription	Check if Austin, TX, officeholder living expense
	EXPENDITURE	1003			Membership Sub	scription
						6-50
	Complete ONLY if direct	Candidato	Officeholder name		Office sought	Office held
	expenditure to benefit	Cariuluale/	Omeenolder hame		Onice Sougill	Office field
	C/OH					

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	,		The Instruction Guide explains h	now to co	omplete this form.		
1	Total pages Schedule G: Sch: 10/47 Rpt: 45/82	2 FILER NAMI Hernandez	E , Cassandra (The Honorable	;)		ı	Filer ID (Ethics Commission Filers) 00087764
4		_	<u>_</u>	-,			
4	Date 03/01/2025	5 Payee name Canva					
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode		
	\$12.99	200 E 6th S	Street				
	Reimbursement from political contributions intended	Austin, TX	79701				
					I		
8	PURPOSE OF	1	see Categories listed at the top of this sche	edule)	(b) Description	=	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	EXPENDITURE	Fees			L Manaharahin Cub		
					Membership Sub	SCII	рион
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
ย	expenditure to benefit C/OH	Candidate/Office	noider name		Office Sought		Onice Held
	Date	Payee name					
	04/01/2025	Canva					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode		
	\$12.99	200 E 6th S	Street				
	Reimbursement from						
	X political contributions intended	Austin, TX	78701				
	PURPOSE	Category (S	see Categories listed at the top of this sche	edule)	Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees				Che	eck if Austin, TX, officeholder living expense
	EXI ENDITORE				Membership Sub	scri	iption
		Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
	Date	Payee name					
L	05/01/2025	Canva					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode		
	\$12.99	200 E 6th S	Street				
	Reimbursement from						
	X political contributions intended	Austin, TX	78701				
	PURPOSE	Category (S	see Categories listed at the top of this sche	edule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees				Che	eck if Austin, TX, officeholder living expense
					Membership Sub	scri	ption
L							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Cocounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transportation Equipment & Related Expense Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains I	now to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 11/47 Rpt: 46/82	Hernandez	, Cassandra (The Honorable	e)			00087764
4	Date	5 Payee name				<u>'</u>	
	06/01/2025	Canva					
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode		
	\$12.99	200 E 6th S	Street				
	Reimbursement from						
	X political contributions intended	Austin, TX	78701				
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sche	edule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees				Ch	eck if Austin, TX, officeholder living expense
	EXI ENDITORE				Membership Sub	oscri	iption
9		Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
H	Date	Deves ::-:					
		Payee name					
	05/20/2025	·	ension Gift Shop				
	Amount (\$)	Payee addre	•	Zip Co	ode		
	\$45.00	1400 Cong	ress Ave				
	Reimbursement from political contributions						
	x political contributions intended	Austin, TX	78701				
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Gift/Awards	s/Memorials Expense			Ch	eck if Austin, TX, officeholder living expense
	EXPENDITORE		·		Gift for Staff		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
	C/OH						
	Date	Payee name					
	06/25/2025	Cedar Bayo	ou Conference Center				
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode		
	\$70.00	715 Cedar	Bayou Rd				
	Reimbursement from						
	x political contributions intended	Baytown, T	X 77520				
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bever	rage Expense			Ch	eck if Austin, TX, officeholder living expense
	EXPENDITORE				Meeting with Leg	gisla	tive Members
		L Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit				-		
	C/OH						

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Experience Experience			Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no	Related Expense
	Credit Card Payment			The Instruction Guide explains h	now to co	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Cor	mmission Filers)
	Sch: 12/47 Rpt: 47/82		Hernandez,	Cassandra (The Honorable	e)		(00087764	
4	Date	5	Payee name				•		
	05/22/2025		Cherrywood	t					
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	ode			
	\$12.17		1400 E 38th	n 1/2 St					
	Reimbursement from political contributions intended		Austin, TX 7	78732					
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this sche	edule)	(b) Description	Che	eck if travel outside of Texas	. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			Che	eck if Austin, TX, officeholde	r living expense
	EXPENDITURE					Food for staff			
9	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	nolder name		Office sought		Office held	d
	Date		Payee name						
	05/07/2025		Cherrywood	d					
	Amount (\$)	H	Payee addres	ss; City; State;	Zip Co	ode			
	\$16.56		1400 E 38th	n 1/2 St					
	Reimbursement from								
	X political contributions intended		Austin, TX 7	78732					
	PURPOSE OF		Category (Se	ee Categories listed at the top of this sche	edule)	Description	_	eck if travel outside of Texas	
	EXPENDITURE		Food/Bever	age Expense		L L	Che	eck if Austin, TX, officeholde	r living expense
						Meal with staff			
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeh	nolder name		Office sought		Office held	d
	C/OH								
	Date		Payee name						
	05/09/2025		Cherrywood	d					
	Amount (\$)	\vdash	Payee addres	ss; City; State;	Zip Co	ode			
	\$30.49		1400 E 38th		·				
	Reimbursement from								
	X political contributions intended		Austin, TX 7	78732					
	PURPOSE OF			ee Categories listed at the top of this sche	edule)	Description	_	eck if travel outside of Texas	·
	EXPENDITURE		Food/Bever	age Expense		L	Che	eck if Austin, TX, officeholde	r living expense
						Meal with staff			
	0 1: 0:::::::::::::::::::::::::::::::::	_	11.1.1000			0.5			
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	nolder name		Office sought		Office held	d

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense 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 G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/47 Rpt: 48/82 Hernandez, Cassandra (The Honorable) 00087764 Date Payee name 01/02/2025 Dallas County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$26.00 1414 N Washington Reimbursement from political contributions Х intended Dallas, TX 75204 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Sustaining Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/02/2025 Dallas County Democratic Party Amount (\$) Payee address; City; State; Zip Code \$26.00 1414 N Washington Reimbursement from political contributions Χ Dallas, TX 75204 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Sustaining Membership Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 03/02/2025 Dallas County Democratic Party State; Zip Code Amount (\$) Payee address; City; \$26.00 1414 N Washington Reimbursement from political contributions intended X Dallas, TX 75204 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Sustaining Membership Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE **G**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 14/47 Rpt: 49/82		Hernandez, Cassandra (The Honorable	·)		00087764
4	Date	5	Payee name			
	04/02/2025		Dallas County Democratic Party			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$26.00		1414 N Washington	·		
	Reimbursement from					
	y political contributions intended		Dallas, TX 75204			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By			Check if Austin, TX, officeholder living expense
	LAI LINDITORE		Candidate/Officeholder/Political Commi	ttee	Sustaining Memb	pership
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH					
	Date		Payee name			
	05/02/2025		Dallas County Democratic Party			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$26.00		1414 N Washington	·		
	X Reimbursement from political contributions intended		Dallas, TX 75204			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ttee	Sustaining Memb	Check if Austin, TX, officeholder living expense
_	0 1: 01 1/4 1	<u>_</u>	" L (Off		0"	0" 1 11
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	06/02/2025		Dallas County Democratic Party			
_	Amount (ft)	├		Zip Co	odo.	
	Amount (\$) \$26.00		1414 N Washington	Zip Cl	ouc	
			1414 N Washington			
	Reimbursement from political contributions intended		Dallas, TX 75204			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By			Check if Austin, TX, officeholder living expense
	EXPENDITORE		Candidate/Officeholder/Political Commi	ttee	Sustaining Memb	pership
		Car	ndidate/Officeholder name		Office sought	Office held
	expenditure to benefit C/OH					
ı						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/47 Rpt: 50/82 Hernandez, Cassandra (The Honorable) 00087764 Date Payee name 01/13/2025 **Dallas Morning News** Amount (\$) Payee address; City; State; Zip Code \$32.51 1954 Commerce St Reimbursement from political contributions Х intended Dallas, TX 75201 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Subscription fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/13/2025 **Dallas Morning News** Amount (\$) Payee address; City; State; Zip Code \$32.51 1954 Commerce St Reimbursement from political contributions Χ Dallas, TX 75201 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Subscription fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/13/2025 **Dallas Morning News** Payee address; State; Zip Code Amount (\$) City; \$32.51 1954 Commerce St Reimbursement from Χ political contributions intended Dallas, TX 75201 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Subscription fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Gift/Awards mmittee Legal Servi	rage Expense s/Memorials Expense	Office Over Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	1 9	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 16/47 Rpt: 51/82		Hernandez, Cassar	ndra (The Honorabl	e)			00087764
4	Date 04/13/2025	5	Payee name Dallas Morning Nev	V S				
6	Amount (\$) \$32.51	7	Payee address; C 1954 Commerce St		; Zip Co	ode		
	X political contributions intended		Dallas, TX 75201					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categorie Fees	es listed at the top of this sch	nedule)	(b) Description Subscription fee	=	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder na	me		Office sought		Office held
	Date		Payee name					
	05/13/2025		Dallas Morning Nev	VS				
	Amount (\$)		•	•	; Zip Co	ode		
	\$32.51		1954 Commerce St					
	Reimbursement from political contributions intended		Dallas, TX 75201					
	PURPOSE OF			es listed at the top of this sch	nedule)	Description	=	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		Fees			Subscription fee	_	ieck ii Ausuri, 17, oniceriolaer iiving expense
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder na	me		Office sought		Office held
	Date 06/13/2025		Payee name Dallas Morning Nev	vs				
	Amount (\$) \$32.59		Payee address; C 1954 Commerce St	•	; Zip Co	ode		
	Reimbursement from political contributions intended		Dallas, TX 75201					
	PURPOSE OF		Category (See Categorie	es listed at the top of this sch	nedule)	Description	=	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		Fees			Subscription fee	」	issue in the second of the sec
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder na	me		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Feed/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	
	· 		The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAMI	Ξ			3 Filer ID (Ethics	Commission Filers)
	Sch: 17/47 Rpt: 52/82	Hernandez	, Cassandra (The Honorabl	le)		00087764	
4	Date	5 Payee name					
	01/06/2025	Exxon					
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode		
	\$37.85	5959 Las C	Colinas Blvd.				
	Reimbursement from						
	X political contributions intended	Irving, TX 7	75 039				
					[a,	7	
8	PURPOSE OF	1	ee Categories listed at the top of this sch	nedule)	(b) Description	₫	exas. Complete Schedule T.
	EXPENDITURE	Travel Out	of District		<u> </u>	Check if Austin, TX, officeh	older living expense
					Gas		
9		Candidate/Office	holder name		Office sought	Office	held
	expenditure to benefit C/OH						
	Date	Payee name					
	06/21/2025	Exxon					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$73.15	5959 Las C	Colinas Blvd.				
	Reimbursement from						
	X political contributions intended	Inding TV 7	7E020				
		Irving, TX 7				-	
	PURPOSE OF	1	ee Categories listed at the top of this sch	nedule)	Description	₫	exas. Complete Schedule T.
	EXPENDITURE	Travel Out	of District		<u> </u>	Check if Austin, TX, officeh	older living expense
					Gas		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought	Office	held
	expenditure to benefit C/OH						
		.					
	Date	Payee name					
	06/22/2025	Exxon					
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode		
	\$62.68	5959 Las C	Colinas Blvd.				
	Reimbursement from						
	X political contributions intended	Irving, TX 7	75039				
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Te	exas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District			Check if Austin, TX, officeh	older living expense
	LAFLINDITURE				Gas		
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought	Office	held
	expenditure to benefit				3 ·		
	C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		Expense Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 18/47 Rpt: 53/82	2 FILER N Hernand	AME dez, Cassandra (The Honoral	ole)		3	Filer ID (Ethics Commission Filers) 00087764
4	Date	5 Payee na	ame				
	06/22/2025	Exxon					
6	Amount (\$)	7 Payee a	ddress; City; Stat	e; Zip C	ode		
	\$59.60	5959 La	s Colinas Blvd.				
	Reimbursement from political contributions intended	Irving, T	X 75039				
8	PURPOSE	(a) Category	(See Categories listed at the top of this se	chedule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel C	Out of District			Ch	neck if Austin, TX, officeholder living expense
					Gas (moving fror	n A	ustin)
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought		Office held
	Date	Payee na	ame				
	06/22/2025	Exxon					
	Amount (\$)	Payee a	ldress; City; Stat	e; Zip C	ode		
	\$17.31	5959 La	s Colinas Blvd.				
	X Reimbursement from political contributions intended	Irving, T	X 75039				
	PURPOSE OF	Category	(See Categories listed at the top of this se	chedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel C	Out of District		L	_	neck if Austin, TX, officeholder living expense
					Gas (moving fror	n A	ustin)
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Of	ficeholder name		Office sought		Office held
		<u> </u>					
	Date 01/03/2025	Payee na					
		George		7: 0			
	Amount (\$) \$14.89	Payee at	ldress; City; Stat uston Street	e; Zip C	oae		
		402 1100	istori street				
	Reimbursement from political contributions intended	Coppell	, TX 75019				
	PURPOSE OF		(See Categories listed at the top of this se	chedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Be	everage Expense		Coffee with Trust	_	neck if Austin, TX, officeholder living expense
					Coffee with Trust	ıcc	NICOLE DETILIEY
	Complete ONLY if direct expenditure to benefit C/OH	<u> </u> Candidate/Of	ficeholder name		Office sought		Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Fees Food/Beverage Expense Food/Beverage Expense Food/Beverage Expense Citt/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form.			Transporta Travel in D Travel Out	n/Fundraising Expense ation Equipment & Related Expense District t of District enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 19/47 Rpt: 54/82	l	, Cassandra (The Honorable	e)		l	000877	` ,
4	Date	5 Payee name						
	01/06/2025	George Co	ffee					
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode			
	\$10.04	462 Housto	on Street					
	Reimbursement from political contributions intended	Coppell, TX	< 75019					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	eck if trave	el outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Che	eck if Austi	in, TX, officeholder living expense
	EXPENDITURE				Coffee with CM N	Neve	els	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held
	Date	Payee name						
	06/20/2025	George Co	ffee					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$8.14	462 Housto	on Street	•				
	Reimbursement from political contributions intended	Coppell, TX	〈 75019					
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Che	eck if trave	el outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Che	eck if Austi	in, TX, officeholder living expense
	LXI LINDITORE				Coffee with Copp	ell (Chamb	er CEO Robyn Aguina
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held
	Date	Payee name						
	05/10/2025	Geren, Cha	arlie					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$100.00	P.O. Box 1:						
	Reimbursement from							
	x political contributions intended	Austin, TX	78711					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	╛		el outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Gift/Awards	s/Memorials Expense		L	_		in, TX, officeholder living expense
					Donation for staff	r app	preciati	on
	Complete ONE V if allow -t	Condidate /Office	holder name		Office country			Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	пошентате		Office sought			Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		G			xpense Vages/Contract Labor mplete this form.		l Out of District ER (enter a category not liste	ed above)
_		1_		- Culuc explains in	1011 10 00	inpicte this form.		/=	`
1		2	FILER NAME		,		3 Filer	•	ssion Filers)
	Sch: 20/47 Rpt: 55/82		Hernandez, Cassandra (1	ne Honorable	2)		0008	87764	
4	Date	5	Payee name						
	03/17/2025		HEB						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de			
	\$49.84		2400 S. Congress Ave						
	Reimbursement from								
	X political contributions intended		Austin, TX 78704						
_		(-)				(h) December -	Chook if a	traval autoida of Tayraa Co	malata Cabadula T
8	PURPOSE OF	(a,	Category (See Categories listed a		dule)	(b) Description	╡	travel outside of Texas. Co Austin, TX, officeholder livin	
	EXPENDITURE		Office Overhead/Rental E	expense		Office Supplies		,,	9
						Office Supplies			
_		Ļ							
9	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name			Office sought		Office held	
	C/OH								
	Data	_	_						
	Date		Payee name						
	04/21/2025	L	HEB						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
	\$6.38		2400 S. Congress Ave						
	Reimbursement from political contributions								
	x political contributions intended		Austin, TX 78704						
	PURPOSE	H	Category (See Categories listed a	at the top of this sche	dule)	Description	Check if t	travel outside of Texas. Co	nplete Schedule T.
	OF		Food/Beverage Expense	·	,		Check if A	Austin, TX, officeholder livin	g expense
	EXPENDITURE		, , , , , , , , , , , , , , , , , , ,			Water for office			
	Complete ONLY if direct	Ca	ndidate/Officeholder name			Office sought		Office held	
	expenditure to benefit								
	C/OH								
	Date		Payee name						
	04/30/2025		HEB						
	Amount (\$)	H	Payee address; City;	State:	Zip Co	de			
	\$10.11		2400 S. Congress Ave	•					
	Reimbursement from		3 · · · ·						
	X political contributions intended		Auctin TV 70704						
		L	Austin, TX 78704				_		
	PURPOSE OF		Category (See Categories listed a		dule)	Description	₫.	travel outside of Texas. Co Austin, TX, officeholder livin	
	EXPENDITURE		Office Overhead/Rental E	xpense			_	Austin, TX, officeriolder livin	y expense
						Supplies for office	е		
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name			Office sought		Office held	
	C/OH								

SCHEDULE G

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
			The Instruction Guide explains	how to co	omplete this form.	_			
1	Total pages Schedule G:	2 FILER NAME				1	er ID (Ethics Commission	on Filers)	
	Sch: 21/47 Rpt: 56/82	Hernandez	, Cassandra (The Honorabl	le)		00	0087764		
4	Date 03/17/2025	5 Payee name HEB							
6	Amount (\$) \$146.56	7 Payee addre 2400 S. Co	, , , , , , , , , , , , , , , , , , , ,	; Zip Co	ode				
	Reimbursement from political contributions intended	Austin, TX	78704						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Check	if travel outside of Texas. Comple	te Schedule T.	
	OF	1	head/Rental Expense	,	l`´	Check	if Austin, TX, officeholder living ex	pense	
	EXPENDITURE			Condo					
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit C/OH								
	Date	Payee name							
	01/12/2025	Home Depo	ot						
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode				
	\$20.41	2455 Paces	s Ferry Road NW						
	Reimbursement from political contributions intended	Atlanta, GA	. 30339						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description _	_	if travel outside of Texas. Comple		
	OF EXPENDITURE	Office Over	head/Rental Expense		L		if Austin, TX, officeholder living ex	pense	
					Items for Capitol	Office	!		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held		
	Date	Payee name							
	06/22/2025	Home Depo							
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode				
	\$70.48	2455 Paces	s Ferry Road NW						
	X Reimbursement from political contributions intended	Atlanta, GA	. 30339						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Check	if travel outside of Texas. Comple	te Schedule T.	
	OF EXPENDITURE	Office Over	head/Rental Expense			_	if Austin, TX, officeholder living ex		
					Moving Supplies	(to mo	ove out of Austin apartn	nent)	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held		

SCHEDULE G

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services	Office Ove Polling Ex Printing E Salaries/V	kpense Vages/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 h	ow to co	mplete this form.		
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 22/47 Rpt: 57/82	l	Hernandez, Cassandra (The Honorable)			00087764
4	Date	5	Payee name				
	01/11/2025	l	Home Goods				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ide		
-	\$82.65	1	770 Cochituate Road				
	Reimbursement from political contributions intended		Framingham, MA 01701				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	l	Office Overhead/Rental Expense			CI	heck if Austin, TX, officeholder living expense
	LAFEINDITORE	l			Items for Austin 0	Cor	ndo
		l					
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date	Π	Payee name				
	01/11/2025	l	Home Sense				
	Amount (\$)	╁	Payee address; City; State;	Zip Co	ide.		
	\$27.05	l	770 Cochituate Road	Zip CC	ue		
	,	l	770 Cocilidate Road				
	X Reimbursement from political contributions intended		Framingham, MA 01701				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description [CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense	Items for Austin (_	heck if Austin, TX, officeholder living expense	
		l					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date	П	Payee name				
	01/11/2025		Home Sense				
	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	ide		
	\$159.11	l	770 Cochituate Road	p			
	,	l	170 Coomaate Noad				
	Reimbursement from political contributions intended		Framingham, MA 01701				
	PURPOSE	l	Category (See Categories listed at the top of this sched	dule)	Description	╛	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	l	Office Overhead/Rental Expense		L	_	heck if Austin, TX, officeholder living expense
		l			Condo and Office	e S	upplies
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			es od/Beverage Expense t/Awards/Memorials Expens gal Services	Polling E se Printing	verhead/Rental Expense Expense Expense /Wages/Contract Labor		Travel in Distric Travel Out of D	
	Credit Card Payment		TI	ne Instruction Guide e	xplains how to o	complete this form.			
1	Total pages Schedule G:	2 FIL	LER NAME				3	Filer ID (E	Ethics Commission Filers)
	Sch: 23/47 Rpt: 58/82	He	ernandez, C	assandra (The Ho	norable)			00087764	
4	Date	5 Pa	ayee name						
	01/13/2025	Ho	ome Sense						
6	Amount (\$)	7 Pa	ayee address;	City;	State; Zip C	Code			
	\$133.04	77	70 Cochituat	e Road					
	Reimbursement from								
	X political contributions intended	Fra	ramingham,	MA 01701					
8	PURPOSE	(a) Ca	ategory (See (Categories listed at the top of	of this schedule)	(b) Description	Che	eck if travel outs	side of Texas. Complete Schedule T.
	OF	Of	ffice Overhe	ad/Rental Expense	8		Che	eck if Austin, TX	K, officeholder living expense
	EXPENDITURE			•		Office Supplies			
9	Complete ONLY if direct	Candid	date/Officehol	der name		Office sought		(Office held
	expenditure to benefit C/OH								
	Date	1	ayee name						
	01/11/2025	Ho	omeGoods						
	Amount (\$)	1	ayee address;	•	State; Zip C	Code			
	\$120.05	77	70 Cochituat	e Road					
	Reimbursement from political contributions								
	intended	Fra	ramingham,	MA 01701					
	PURPOSE OF	1		Categories listed at the top of		Description	_		side of Texas. Complete Schedule T.
	EXPENDITURE	Of	ffice Overhe	ad/Rental Expense	е	L			K, officeholder living expense
						Condo and Offic	e Su	pplies	
	Opening the ONE Wife disease	0	-1-+-(0#:11	-1					O#: I I-I
	Complete ONLY if direct expenditure to benefit	Candid	date/Officehol	der name		Office sought		(Office held
	C/OH								
	Date	Pa	ayee name						
	01/13/2025	1	omeGoods						
	Amount (\$)	Pa	ayee address;	City;	State; Zip C	code			
	\$91.98	77	70 Cochituat	e Road					
	Reimbursement from								
	X political contributions intended	Fra	ramingham,	MA 01701					
	PURPOSE	Ca	ategory (See (Categories listed at the top of	of this schedule)	Description	Che	eck if travel outs	side of Texas. Complete Schedule T.
	OF EXPENDITURE	Of	ffice Overhe	ad/Rental Expense	8		Che	eck if Austin, TX	K, officeholder living expense
	EXPENDITURE					Office Supplies			
		Candid	date/Officehol	der name		Office sought		(Office held
	expenditure to benefit C/OH								
-									

SCHEDULE **G**

		Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office (Polling Printing Salaries	ppayment/Rental Expense Expense Expense Expense s/Wages/Contract Labor complete this form.	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 24/47 Rpt: 59/82		Hernandez,	Cassandra (The Hono	rable)		00087764
4	Date	5	Payee name				I
	02/08/2025		HomeGood	S			
6	Amount (\$)	7	Payee addres	ss; City; S	tate; Zip (nde .	
ľ	\$91.95	ľ	770 Cochitu		itate, Zip (Sode	
			770 Cocinic	iaic Noau			
	X Reimbursement from political contributions intended		Framinghar	n, MA 01701			
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of th	is schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental Expense			Check if Austin, TX, officeholder living expense
	EXPENDITORE					Office and Cond	o Dcor
9	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officel	nolder name		Office sought	Office held
		_					
	Date		Payee name				
	04/26/2025		La Panader	ia			
	Amount (\$)		Payee addres	ss; City; S	tate; Zip (Code	
	\$14.81		301 E Hous	ton St			
	Reimbursement from political contributions intended		San Antonio	o, TX 78205			
	PURPOSE		Category (Se	ee Categories listed at the top of th	is schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			Check if Austin, TX, officeholder living expense
	LXI LINDITORL					Meal with legisla	ative members
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officel	nolder name		Office sought	Office held
	Date		Payee name				
	04/05/2025		Legends Ala	amodome			
	Amount (\$)		Payee addres	ss; City; S	tate; Zip (Code	
	\$16.60		100 Montan	a St			
	Reimbursement from						
	X political contributions intended		San Antonio	o, TX 78203			
	PURPOSE OF		• • • • • • • • • • • • • • • • • • • •	ee Categories listed at the top of th	is schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Bever	age Expense		L	Check if Austin, TX, officeholder living expense
						Meal with legisla	ative members
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officel	nolder name		Office sought	Office held

SCHEDULE G

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule G: 2 FILER NAM			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office O Polling E Printing Salaries	Expense /Wages/Contract Labor	Solicitation Fundatasing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)	_
	Sch: 25/47 Rpt: 60/82		Hernandez,	Cassandra (The Honor	able)		00087764	
4	Date	5	Payee name					_
	01/16/2025		Love's Gas					
6	Amount (\$)	7	Payee addre	ss; City; St	ate; Zip C	Code		_
	\$20.03		,	ennsylvania Ave.				
	,		10001111	mojivama i voi				
	Reimbursement from political contributions							
	intended		Oklahoma (City, OK 73120				
8	PURPOSE	(a)	Category (s	ee Categories listed at the top of this	s schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.	
	OF		Travel Out	of District			Check if Austin, TX, officeholder living expense	
	EXPENDITURE					Gas to/from Aus	tin	
_	Complete ONLY if direct		adidata/Offical	holder name		Office sought	Office hold	_
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	noider name		Office sought	Office held	
		_						_
	Date		Payee name					
	01/12/2025		Lowe's					
	Amount (\$)		Payee addre	ss; City; St	ate; Zip C	Code		
	\$96.85		1000 Lowe'	s Blvd				
	Reimbursement from							
	X political contributions intended		Mooresville	, NC 28117				
	PURPOSE		Category (s	ee Categories listed at the top of this	s schedule)	Description	Check if travel outside of Texas. Complete Schedule T.	_
	OF		Office Over	head/Rental Expense			Check if Austin, TX, officeholder living expense	
	EXPENDITURE			-		Items for Austin	Condo	
	Complete ONLY if direct	Car	ndidate/Office	holder name		Office sought	Office held	_
	expenditure to benefit	Cai	iuiuate/Onicei	noider name		Office 30ugrit	Office field	
	C/OH							
	Date		Payee name					=
	01/12/2025		Lowe's					
		L						_
	Amount (\$)		Payee addre	•	ate; Zip C	Code		
	\$37.76		1000 Lowe'	s Blvd				
	Reimbursement from							
	X political contributions intended		Mooresville	, NC 28117				
	PURPOSE	⊢	Category (s	ee Categories listed at the top of this	s echodulo)	Description	Check if travel outside of Texas. Complete Schedule T.	_
	OF		5 , \		s scriedule)	Description	Check if Austin, TX, officeholder living expense	•
	EXPENDITURE		Office Over	head/Rental Expense		Litama for Avetin		
						Items for Austin	Condo	
						1		
	·	Car	ndidate/Office	holder name		Office sought	Office held	
	expenditure to benefit C/OH							
								_

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/47 Rpt: 61/82 Hernandez, Cassandra (The Honorable) 00087764 Date Payee name 06/21/2025 Lowe's Payee address; Amount (\$) City; State; Zip Code \$125.45 1000 Lowe's Blvd Reimbursement from political contributions Х intended Mooresville, NC 28117 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Moving Supplies (to move out of Austin apartment) Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/16/2025 Paris Baguette Amount (\$) Payee address; City; State; Zip Code \$10.33 1535 S.Belt Line Rd Reimbursement from political contributions Х Coppell, TX 75019 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Coffee with Cas Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/13/2025 Parking Company of America Payee address; State; Zip Code Amount (\$) City; \$21.65 3165 Garfield Avenue Reimbursement from Χ political contributions intended Commerce, CA 90005

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit

C/OH

Description

Office sought

Parking (Lunch with Staff)

Category (See Categories listed at the top of this schedule)

Transportation Equipment And Related

Expense

Candidate/Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			kpense /ages/Contract Labor		Travel in Distr Travel Out of OTHER (ente	
1	Total pages Schedule G:	2	FILER NAME					l		(Ethics Commission Filers)
L	Sch: 27/47 Rpt: 62/82		Hernandez —	, Cassandra (The I	Honorable	e) 			00087764	4
4	Date	5	Payee name							
	06/01/2025		Phoebe's							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de			
	\$178.42		408 West 1	1th St. #100						
	Reimbursement from political contributions intended		Austin, TX	78701						
8	PURPOSE	(a)	Category (s	ee Categories listed at the t	op of this sche	dule)	(b) Description	=		utside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense				Ch	eck if Austin, 1	TX, officeholder living expense
							Brunch for Staff			
		<u> </u>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held
	Date		Payee name							
	06/13/2025		Pilot							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de			
	\$62.98		3102 Oak L	awn Ave Ste 410						
	Reimbursement from political contributions intended		Dallas, TX	75219						
	PURPOSE		Category (S	ee Categories listed at the t	op of this sche	edule)	Description	_		utside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental Expe	nse					TX, officeholder living expense
	-						Cards & Bags for	r Sta	aff Gifts	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held
H		_								
	Date		Payee name							
	04/03/2025	_	Plum Delux							
	Amount (\$)		Payee addre	, ,,	State;	Zip Co	de			
	\$53.00		4520 SE W	oodward St						
	Reimbursement from political contributions intended		Portland, O	R 97206						
	PURPOSE			ee Categories listed at the t	•	dule)	Description	=		utside of Texas. Complete Schedule T.
	OF EXPENDITURE		Gift/Awards	:/Memorials Expen	se		L	_		TX, officeholder living expense
							Appreciation Gift	tor	Staff	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held

SCHEDULE **G**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	counting/Banking nnstling Expense partibutions/ Donations Made By - Candidate/Officeholder/Political Committee edit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ov Polling E Printing I Salaries/	Expense Wages/Contract Labor	Suicitation Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 28/47 Rpt: 63/82		Hernandez,	Cassandra (The Honora	able)		00087764
4	Date	5	Payee name				
	01/08/2025		Quiktrip				
6	Amount (\$)	7	Payee addres	ss; City; Sta	ate; Zip C	ode	
	\$45.19		4705 South	129th East Avenue			
	Reimbursement from political contributions intended		Tulsa, OK 7	4134			
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	l`	Travel Out o				Check if Austin, TX, officeholder living expense
	EXPENDITURE					Gas to Austin	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	nolder name		Office sought	Office held
	Date		Payee name				
	05/10/2025		Raku				
	Amount (\$)	H	Payee addres	ss; City; Sta	ate; Zip C	ode	
	\$19.36		2222 Rio Gi		, ,		
	Reimbursement from						
	x political contributions intended		Austin, TX 7	'8705			
	PURPOSE OF		Category (Se	ee Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Food/Bever	age Expense		L	Check if Austin, TX, officeholder living expense
						Meal with staff	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	nolder name		Office sought	Office held
	Date		Payee name				
	01/17/2025		Residences	at 6G			
	Amount (\$)	Γ	Payee addres	ss; City; Sta	ate; Zip C	ode	
	\$3,247.00		600 Guadal	upe St			
	Reimbursement from political contributions intended		Austin, TX 7	'8701			
Т	PURPOSE	Г	Category (Se	ee Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overl	nead/Rental Expense		[3	Check if Austin, TX, officeholder living expense
	EXPENDITURE			·		Rent & Utilities for	or Austin Condo
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	nolder name		Office sought	Office held

SCHEDULE G

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment Total pages Schedule G:		Fees Office Overhead/Ren Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense Ical Committee Legal Services Salaries/Wages/Cont The Instruction Guide explains how to complete the Complete Instruction Guide explains how to complete Instruction		Expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 29/47 Rpt: 64/82		Hernandez, Cassandra (The Honorable	e)			00087764	
4	Date	5	Payee name					
	01/31/2025		Residences at 6G					
6	Amount (\$) \$3,247.00	7	Payee address; City; State; 600 Guadalupe St	Zip Co	ode			
	Reimbursement from political contributions intended		Austin, TX 78701					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	=	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense	
	EXPENDITURE		Office Overhead/Rental Expense		Rent & Utilities fo			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held	
	Date		Payee name					
	05/18/2025		Snooze					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$128.31		5100 Belt Line Road, Suite 824					
	Reimbursement from political contributions intended		Addison, TX 75254					
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	Description	⊒ .	heck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Beverage Expense		Brunch with In Di	_	heck if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held	
	Date 04/19/2025		Payee name Spec's					
	Amount (\$) \$205.66		Payee address; City; State; 2410 Smith Street	Zip Co	ode			
	Reimbursement from political contributions intended		Houston, TX 77006					
	PURPOSE OF		Category (See Categories listed at the top of this scho	edule)	Description	_	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense	
	EXPENDITURE		Gift/Awards/Memorials Expense		Gift (Whiskey) fro	_	Cas for her chairman	
					One (vvinskey) ne	/111	Cao for nor chairman	
	Complete ONLY if direct expenditure to benefit C/OH	L Car	ndidate/Officeholder name		Office sought		Office held	

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in E	District tof District a category not listed above)
	orean out a tyment		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAMI	Ē			3	Filer ID	(Ethics Commission Filers)
	Sch: 30/47 Rpt: 65/82	Hernandez	, Cassandra (The Honorable	e)			000877	764
4	Date	5 Payee name						
	01/24/2025	Starbucks						
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode			
	\$14.96	2401 Utah	Ave. South					
	Reimbursement from political contributions							
	X political contributions intended	Seattle, WA	A 98134					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this scho	edule)	(b) Description	Ch	eck if trave	el outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense			Ch	eck if Aust	in, TX, officeholder living expense
	EXI ENDITORE				Meal with legislat	tive	membe	ers
9		Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	Date	Davida nama						
	04/19/2025	Payee name Target						
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	nde			
	\$49.21	3730 Belt L		Zip Ct	ode			
		3730 Bell L	inc					
	X Reimbursement from political contributions intended	Addison, T	V 75001					
					Description	7.06	and if trave	Jautaida of Tayaa Campleta Cahadula T
	PURPOSE OF	1	ee Categories listed at the top of this school	edule)	Description	_		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	EXPENDITURE	Office Over	head/Rental Expense		Cards & Bags for	_		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	Date	Payee name						
	01/31/2025	Texas Dep	artment of Motor Vehicles					
	Amount (\$)	Payee addre	•	Zip Co	ode			
	\$85.62	500 Elm St	reet, Suite 3300					
	Reimbursement from political contributions							
	intended	Dallas, TX	75202					
	PURPOSE OF	1	ee Categories listed at the top of this scho	•	Description	_		el outside of Texas. Complete Schedule T.
	EXPENDITURE		tion Equipment And Related		L	Cr	ieck if Austi	in, TX, officeholder living expense
		Expense			Vehicles Plates			
	Complete ONLY if alias -t	Condidate /Off:	holder name		Office country			Office hold
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought			Office held
L	C/OH							

SCHEDULE **G**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing I Salaries/	Expense Wages/Contract Labor	Solicitation Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 31/47 Rpt: 66/82		Hernandez,	Cassandra (The Honora	ble)		00087764
4	Date	5	Payee name				
	02/16/2025		The Aussie	Grind			
6	Amount (\$)	7	Payee addres	ss; City; Sta	te; Zip C	ode	
	\$4.87		4887 Alpha	Rd, Ste 285			
	Reimbursement from political contributions intended		Farmers Bra	anch, TX 75244			
8	PURPOSE	(a)	Category (Se	e Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF		Event Exper	nse			Check if Austin, TX, officeholder living expense
	EXPENDITURE		•			Coffee with Cas	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	older name		Office sought	Office held
	Date		Payee name				
	02/16/2025		Toasty				
	Amount (\$)		Payee addres	ss; City; Sta	te; Zip C	ode	
	\$78.86		13605 Midw	ay Rd, Ste 140			
	Reimbursement from political contributions intended		Farmers Bra	anch, TX 75244			
	PURPOSE		Category (Se	e Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Exper	nse			Check if Austin, TX, officeholder living expense
						Breakfast with in	district
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	older name		Office sought	Office held
	Date		Payee name				
	04/26/2025		Tommys				
	Amount (\$)	Г	Payee addres	ss; City; Sta	te; Zip C	ode	
	\$72.65		1205 Nogali	tos St			
	Reimbursement from political contributions intended		San Antonio	o, TX 78204			
	PURPOSE		Category (Se	e Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bevera	age Expense			Check if Austin, TX, officeholder living expense
						Meal with legisla	tive members
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	older name		Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	r - I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in D Travel Out	
			The Instruction Guide explains I	now to co	emplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 32/47 Rpt: 67/82	Hernandez,	Cassandra (The Honorable	9)			000877	764
4	Date	5 Payee name						
	05/22/2025	Twin Liquor	'S					
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode			
	\$126.63	1600 Lavac	•	,				
	Reimbursement from							
	X political contributions intended	Austin, TX	78701					
_						7.0	1.77	
8	PURPOSE OF		ee Categories listed at the top of this sche	edule)	(b) Description	=		I outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	EXPENDITURE	Gift/Awards	/Memorials Expense		Ctoff ammus sisting	_		ii, 17, oiliceriolder living expense
					Staff appreciation	n gii	ι	
Ļ								
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							
	Date	Dayoo nama						
	06/22/2025	Payee name UHaul						
			O'the Otata	7:- 0-	-1-			
	Amount (\$)	Payee addre		Zip Co	ode			
	\$237.00	2727 North	Central Ave					
	X Reimbursement from political contributions							
	intended	Phoenix, Az	Z 85004					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	=		I outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense		L	_		n, TX, officeholder living expense
					UHaul Moving Va	an F	Rental	
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							
	Data							
	Date 01/12/2025	Payee name Uber						
	Amount (\$)	Payee addre		Zip Co	ode			
	\$10.99	1455 Marke	et St 4th Floor					
	Reimbursement from political contributions							
	intended	San Francis	sco, CA 94103					
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	_		l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District		L	_		n, TX, officeholder living expense
					Travel for legislat	tive	meeting	g
L								
		Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
\vdash								

SCHEDULE **G**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/N	Expense Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)	
	Sch: 33/47 Rpt: 68/82		Hernandez,	Cassandra (The Honorab	le)		00087764	
4	Date	5	Payee name					
	01/13/2025		Uber					
6	Amount (\$)	7	Payee addres	ss; City; State	e; Zip Co	ode		
	\$8.99		•	t St 4th Floor				
	Reimbursement from political contributions intended		San Francis	sco, CA 94103				
8	PURPOSE	(2)		ee Categories listed at the top of this sc	hodulo)	(b) Description	Check if travel outside of Texas. Complete Schedule	т
ľ	OF	(a)	Travel Out o		nedule)	(b) Description	Check if Austin, TX, officeholder living expense	
	EXPENDITURE		rraver Out t	JI DISTILLE		Travel for legisla		
						l raver les legiela	are meeting	
9	Complete ONLY if direct	Cal	ndidate/Officel	aoldor namo		Office sought	Office held	
9	expenditure to benefit C/OH	Cai	ndidate/Onicei	loluer name		Office Sought	Office field	
	Date		Payee name					
	01/14/2025		Uber					
	Amount (\$)		Payee addres	ss; City; State	e; Zip Co	ode		
	\$9.93		1455 Marke	t St 4th Floor				
	Reimbursement from political contributions intended		San Francis	sco, CA 94103				
	PURPOSE		Category (Se	ee Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule	T.
	OF EXPENDITURE		Travel Out	of District			Check if Austin, TX, officeholder living expense	
	EXI ENDITORE					Travel for legisla	ative meeting	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officel	nolder name		Office sought	Office held	
	Date		Payee name					
	01/17/2025		Uber					
	Amount (\$)	\vdash	Payee addres	ss; City; State	e; Zip Co	ode		
	\$23.76		•	et St 4th Floor	., _,,			
	Reimbursement from political contributions intended		San Francis	sco, CA 94103				
	PURPOSE OF		Category (Se	ee Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule	T.
	EXPENDITURE		Travel Out	of District		L	Check if Austin, TX, officeholder living expense	
						Travel for legisla	ative meeting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officel	nolder name		Office sought	Office held	

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains I	Office Ove Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
_	Sch: 34/47 Rpt: 69/82	l	Hernandez, Cassandra (The Honorable	e)		_	00087764
4	Date	5	Payee name				
	01/19/2025		Uber				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$25.25] :	1455 Market St 4th Floor				
	X Reimbursement from political contributions intended		San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	₫ .	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	'	Travel Out of District			_	neck if Austin, TX, officeholder living expense
					Travel for legislat	ive	meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cano	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
L	01/26/2025		Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$26.20	:	1455 Market St 4th Floor				
	Reimbursement from political contributions intended		San Francisco, CA 94103				
	PURPOSE	(Category (See Categories listed at the top of this sche	edule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	-	Travel Out of District		Travel for legislat	_	neck if Austin, TX, officeholder living expense meeting
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held
	Date	ı	Payee name				
L	01/27/2025	L'	Uber				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$11.93	:	1455 Market St 4th Floor				
	X Reimbursement from political contributions intended		San Francisco, CA 94103				
	PURPOSE	(Category (See Categories listed at the top of this sche	edule)	Description	₹ .	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	'	Travel Out of District			_	neck if Austin, TX, officeholder living expense
					Travel for legislat	ive	meeting
	Complete ONLY if direct expenditure to benefit C/OH	Cano	didate/Officeholder name		Office sought		Office held

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Nages/Contract Labor		Travel in D Travel Out	
	oroak oara'r aymone		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAM	ME			3	Filer ID	(Ethics Commission Filers)
	Sch: 35/47 Rpt: 70/82	Hernande	z, Cassandra (The Honorabl	e)		(000877	64
4	Date	5 Payee nam	ne					
	01/28/2025	Uber						
6	Amount (\$)	7 Payee add	ress; City; State	; Zip Co	ode			
	\$28.78	1455 Mar	ket St 4th Floor					
	Reimbursement from							
	X political contributions intended	San Franc	cisco, CA 94103					
8	PURPOSE	(a) Category	(See Categories listed at the top of this sch	iedule)	(b) Description	Che	eck if travel	l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Ou	t of District			Che	eck if Austir	n, TX, officeholder living expense
					Travel for legislat	tive	meeting	g
9	Complete ONLY if direct expenditure to benefit	Candidate/Offic	ceholder name		Office sought			Office held
	C/OH							
	Date	Payee nam	ne					
	01/29/2025	Uber						
	Amount (\$)	Payee add	ress; City; State	; Zip Co	ode			
	\$18.98	1455 Mar	ket St 4th Floor					
	Reimbursement from							
	X political contributions intended	San Franc	cisco, CA 94103					
	PURPOSE	Category	(See Categories listed at the top of this sch	edule)	Description	Che	eck if travel	I outside of Texas. Complete Schedule T.
	OF	1	t of District	,		Che	eck if Austii	n, TX, officeholder living expense
	EXPENDITURE				Travel for legislat	tive	meeting	g
	Complete ONLY if direct	Candidate/Offic	ceholder name		Office sought			Office held
	expenditure to benefit C/OH							
	C/OH							
	Date	Payee nam	ne					
	02/02/2025	Uber						
	Amount (\$)	Payee add	ress; City; State	; Zip Co	ode			
	\$24.73	1455 Mar	ket St 4th Floor					
	Reimbursement from							
	X political contributions intended	San Franc	cisco, CA 94103					
	PURPOSE	Category	(See Categories listed at the top of this sch	edule)	Description	_		l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Ou	t of District			_		n, TX, officeholder living expense
					Travel for legislat	tive	meeting	g
L								
		Candidate/Offic	ceholder name		Office sought			Office held
	expenditure to benefit C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)
	Sch: 36/47 Rpt: 71/82	Hernandez	, Cassandra (The Honorab	ole)			00087764
4	Date	5 Payee name					
	02/03/2025	Uber					
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	ode		
	\$21.51	1455 Mark	et St 4th Floor				
	Reimbursement from political contributions intended	San Franci	sco, CA 94103				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sc	chedule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District			Che	eck if Austin, TX, officeholder living expense
					Travel for legisla	ıtive	meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	02/04/2025	Uber					
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode		
	\$29.27	1455 Mark	et St 4th Floor				
	Reimbursement from						
	x political contributions intended	San Franci	sco, CA 94103				
	PURPOSE	Category (s	See Categories listed at the top of this sc	chedule)	Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District		[eck if Austin, TX, officeholder living expense
					Travel for legisla	tive	meeting
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held
	C/OH						
	Date	Payee name					
	02/06/2025	Uber					
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode		
	\$9.73	1455 Mark	et St 4th Floor				
	Reimbursement from						
	X political contributions intended	San Franci	sco, CA 94103				
	PURPOSE	Category (s	See Categories listed at the top of this sc	chedule)	Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District		[Che	eck if Austin, TX, officeholder living expense
	LA LIDITORE				Travel for legisla	ıtive	meeting
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	holder name		Office sought	_	Office held
	C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			Expense Wages/Contract Labor		Travel in Dis Travel Out of OTHER (enti		
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID	(Ethics Commission File	ers)
L	Sch: 37/47 Rpt: 72/82	L	Hernandez —	Cassandra (The	Honorable	e)			0008776	<u></u>	
4	Date	5	Payee name								
	02/09/2025		Uber								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$33.54		1455 Marke	et St 4th Floor							
	Reimbursement from political contributions intended		San Francis	sco, CA 94103							
8	PURPOSE	(a)	Category (s	ee Categories listed at the	top of this sche	edule)	(b) Description	=		outside of Texas. Complete Sche	edule T.
	OF EXPENDITURE		Travel Out	of District			L	_		TX, officeholder living expense	
							Travel for legisla	tive	meeting		
Ļ		Ļ									
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held	
	Date		Payee name								
	02/10/2025		Uber								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$10.96		1455 Marke	et St 4th Floor							
	Reimbursement from political contributions intended		San Francis	sco, CA 94103							
	PURPOSE		Category (S	ee Categories listed at the	top of this sche	edule)	Description	_		outside of Texas. Complete Sche	edule T.
	OF EXPENDITURE		Travel Out	of District				_		TX, officeholder living expense	
							Travel for legisla	tive	meeting		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held	
		_									
	Date		Payee name								
	02/11/2025	_	Uber								
	Amount (\$)		Payee addre		State;	Zip Co	ode				
	\$18.98		1400 Marke	et St 4th Floor							
	Reimbursement from political contributions intended		San Francis	sco, CA 94103							
	PURPOSE		Category (S	ee Categories listed at the	top of this sche	edule)	Description	_		outside of Texas. Complete Sche	edule T.
	OF EXPENDITURE		Travel Out	of District			<u></u>	_		TX, officeholder living expense	
							Travel for legisla	tive	meeting		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held	

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		kpense /ages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAMI				1	Filer ID (Ethics Commission Filers)
	Sch: 38/47 Rpt: 73/82		, Cassandra (The Honorab	le)			00087764
4	Date	5 Payee name	•				
	02/17/2025	Uber					
6	Amount (\$)	7 Payee addre	, ,,	e; Zip Co	de		
	\$16.58	1455 Marki	et St 4th Floor				
	X Reimbursement from political contributions intended	San Franci	sco, CA 94103				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	=	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District		L		heck if Austin, TX, officeholder living expense
					Travel for legisla	tive	e meeting
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name)				
	02/25/2025	Uber					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	de		
	\$8.90	1455 Mark	et St 4th Floor				
	Reimbursement from political contributions intended	San Franci	sco, CA 94103				
	PURPOSE OF	1	See Categories listed at the top of this sch	nedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out	of District		L		heck if Austin, TX, officeholder living expense
					Travel for legisla	uve	rneeting
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	02/26/2025	Uber					
	Amount (\$)	Payee addre	•	; Zip Co	de		
	\$19.13	1455 Mark	et St 4th Floor				
	Reimbursement from political contributions intended	San Franci	sco, CA 94103				
	PURPOSE OF	Category (S	See Categories listed at the top of this scl	nedule)	Description	_	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out	of District		L	_	heck if Austin, TX, officeholder living expense
					Travel for legisla	uve	meeung
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	holder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services Salarie	g Expense s/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		_	The Instruction Guide explains how to	complete this form.	
1		2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 39/47 Rpt: 74/82		Hernandez, Cassandra (The Honorable)		00087764
4	Date	5	Payee name		
	02/27/2025		Uber		
6	Amount (\$)	7	Payee address; City; State; Zip	Code	
	\$7.58		1455 Market St 4th Floor		
	Reimbursement from				
	X political contributions intended		San Francisco, CA 94103		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	l`	Travel Out of District		Check if Austin, TX, officeholder living expense
	EXPENDITURE			Travel for legislat	ive meeting
					3
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH	Cai	ididate/Oniceriolaer Hame	Office Sought	Office field
	Date		Payee name		
	03/03/2025		Uber		
	Amount (\$)	H	Payee address; City; State; Zip	Code	
	\$7.65		1455 Market St 4th Floor		
	Reimbursement from				
	x political contributions intended		San Francisco, CA 94103		
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District		Check if Austin, TX, officeholder living expense
	EXPENDITURE			Travel for legislat	ive meeting
	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought	Office held
	expenditure to benefit			Ç	
	C/OH				
	Date		Payee name		
	03/04/2025		Uber		
	Amount (\$)	Г	Payee address; City; State; Zip	Code	
	\$25.98		1455 Market St 4th Floor		
	Reimbursement from				
	x political contributions intended		San Francisco, CA 94103		
		L		December 5	7
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE		Travel Out of District	Troval for logislat	-
				Travel for legislat	ive meeting
	Complete ONU V & direct	<u>_</u>	didata lOffica la alda una casa	Office	Office II-I
	Complete ONLY if direct expenditure to benefit	car	iuiuate/Onicenoider name	Office sought	Office held
	C/OH				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/	expense Wages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 40/47 Rpt: 75/82	Hernandez	, Cassandra (The Honorabl	e)			00087764
4	Date	5 Payee name					
	03/05/2025	Uber					
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode		
	\$8.56	1 1	et St 4th Floor	, 1			
	Reimbursement from						
	X political contributions intended	San Eranci	sco, CA 94103				
_					(I) December 5	7 01-	and the second and th
8	PURPOSE OF	1	ee Categories listed at the top of this sch	iedule)	(b) Description	=	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	EXPENDITURE	Travel Out	OT DISTRICT		L		
					Travel for legislat	uve	meeting
_	Operation ONLY if allowed	0	h - l -l		0#:		Office health
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	nolder name		Office sought		Office held
	C/OH						
	Date	Payee name					
	03/10/2025	Uber					
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	nde		
	\$8.53	1 1	et St 4th Floor	, <u></u> ,,	340		
		1433 Wark	20 30 4011 1001				
	Reimbursement from political contributions	Can Franci	OA 04100				
	intended	San Francis	sco, CA 94103		<u> </u>		
	PURPOSE OF	1	ee Categories listed at the top of this sch	nedule)	Description	_	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	EXPENDITURE	Travel Out	of District		L	_	
					Travel for legislat	uve	meeting
	0 1: 0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0						000
	Complete ONLY if direct expenditure to benefit	Candidate/Office	nolder name		Office sought		Office held
	C/OH						
	Date	Payee name					
	03/11/2025	Uber					
\vdash	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode.		
	\$8.96	1 1	et St 4th Floor	, _,p 00			
	X Reimbursement from political contributions intended	San Franci	sco, CA 94103				
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	_	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out	of District			_	eck if Austin, TX, officeholder living expense
					Travel for legislat	tive	meeting
L							
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: Sch: 41/47 Rpt: 76/82	Schedule T.
Sch: 41/47 Rpt: 76/82 Hernandez, Cassandra (The Honorable) 4 Date 03/12/2025 5 Payee name Uber 6 Amount (\$) \$9.05 Payee address; City; State; Zip Code 1455 Market St 4th Floor Reimbursement from political contributions intended San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District Travel for legislative meeting 9 Complete ONLY if direct expenditure to benefit Candidate/Officeholder name Office sought Office held	Schedule T.
4 Date 03/12/2025 5 Payee name Uber 6 Amount (\$) \$9.05	
O3/12/2025 O3/12/2025 O4 O5/1455 Market St 4th Floor San Francisco, CA 94103 O5/15 Pexpenditure OF EXPENDITURE O5/15 Travel Out of District O6/15 Check if direct expenditure to benefit O6/15 Candidate/Officeholder name	
6 Amount (\$) \$9.05 Reimbursement from political contributions intended San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Softheat in the complete of t	
\$9.05 1455 Market St 4th Floor X Political contributions intended San Francisco, CA 94103	
San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Soft Check if Austin, TX, officeholder living expensions Travel for legislative meeting 9 Complete ONLY if direct expenditure to benefit Candidate/Officeholder name Office sought Office held	
San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Some Check if Austin, TX, officeholder living expension Check if Austin, TX, officeholder living expensions Travel for legislative meeting 9 Complete ONLY if direct expenditure to benefit Candidate/Officeholder name Office sought Office held	
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Soft Check if Austin, TX, officeholder living expensions Travel for legislative meeting 9 Complete ONLY if direct expenditure to benefit Candidate/Officeholder name Office sought Office held	
OF EXPENDITURE Travel Out of District Travel for legislative meeting Office sought Office held Office held	
Pravel Out of District Travel for legislative meeting Candidate/Officeholder name Office sought Office held	se
9 Complete ONLY if direct expenditure to benefit Candidate/Officeholder name Office sought Office held	
expenditure to benefit	
expenditure to benefit	
CON	
Date Payee name	
03/13/2025 Uber	
Amount (\$) Payee address; City; State; Zip Code	
\$26.53 1455 Market St 4th Floor	
Reimbursement from	
X political contributions intended San Francisco, CA 94103	
PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete S	chedule T.
OF Travel Out of District Check if Austin, TX, officeholder living expen	se
EXPENDITURE Travel for legislative meeting	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
01/17/2025 Vonlane	
Amount (\$) Payee address; City; State; Zip Code	
\$145.00 3300 W Mockingbird Ln	
Reimbursement from	
political contributions intended DAllas, TX 75235	
PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete S	chedule T.
OF Travel Out of District Check if Austin, TX, officeholder living expen	se
Trip to Austin	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Rei Fees Office Overhead/Ren Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Cont The Instruction Guide explains how to complete the	tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above)				
┰	Total pages Schedule G:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
-	Sch: 42/47 Rpt: 77/82	Hernandez, Cassandra (The Honorable)	00087764				
4	Date	Payee name	•				
	01/11/2025	Walmart					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$284.43	5017 W HIGHWAY 290					
	Reimbursement from political contributions intended	Austin, TX 78735					
8	PURPOSE	(b) Des	cription Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense				
		Condo	and Office Supplies				
9	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name Offic	e sought Office held				
	Date	Payee name					
	02/08/2025	Walmart					
	Amount (\$)						
	\$86.51	\$86.51 15220 Montfort RD					
	Reimbursement from political contributions intended	Dallas, TX 75248					
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	cription Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	indidate/Officeholder name Offic	e sought Office held				
	Date	Payee name					
	02/08/2025	Walmart					
	Amount (\$) \$79.92	Payee address; City; State; Zip Code 15220 Montfort RD					
	Reimbursement from political contributions intended	Dallas, TX 75248					
	PURPOSE OF	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	cription Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense						
		Apprec	iation gifts for Staff				
	Complete ONLY if direct expenditure to benefit C/OH	ndidate/Officeholder name Offic	e sought Office held				

SCHEDULE **G**

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 The Instruction Guide explain	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule G:	2 FILER N	AME			3	Filer ID (Ethics Commission Filers)				
	Sch: 43/47 Rpt: 78/82	Hernand	dez, Cassandra (The Honora	ble)			00087764				
4	Date	5 Payee na	ame								
	05/17/2025	Walmar	t								
6	Amount (\$)	7 Payee a	ddress; City; Stat	te; Zip Co	ode						
	\$36.61	4122 L	B J FWY								
	Reimbursement from political contributions intended	Dallas, ¹	TX 75244								
8	PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description	Cl	heck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Food/Be	everage Expense			CI	heck if Austin, TX, officeholder living expense				
	EXI ENDITORE				Office Food & Dr	ink					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	fficeholder name		Office sought		Office held				
	Date	Payee na	ame								
	06/22/2025	Walmar	t								
Amount (\$) Payee address; City; State; Zip Code											
	\$64.91	4122 L	BJFWY								
	Reimbursement from political contributions intended	Dallas, ¹	TX 75244								
	PURPOSE	Category	(See Categories listed at the top of this s	schedule)	Description	CI	heck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office C	verhead/Rental Expense		[Check if Austin, TX, officeholder living expense					
		Moving Suppl					es (to move out of Austin apartment)				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought		Office held				
	Date	Payee na	ame								
	06/28/2025	Walmar	t								
Т	Amount (\$)	Payee address; City; State; Zip Code									
	\$92.76	4122 L B J FWY									
	Reimbursement from										
	X political contributions intended	Dallas, ¹	TX 75244								
	PURPOSE	Category	(See Categories listed at the top of this s	schedule)	Description	_	heck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office C	Office Overhead/Rental Expense				Check if Austin, TX, officeholder living expense				
	- -				Coppell Commur	nity	Park Event Supplies				
	Complete ONLY if direct	<u>l</u> Candidate/Ωt	fficeholder name		Office sought		Office held				
	expenditure to benefit C/OH	Janaidato/O			Silico Sougiii		Sind Hold				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 44/47 Rpt: 79/82 Hernandez, Cassandra (The Honorable) 00087764 Date Payee name 06/29/2025 Walmart Payee address; Amount (\$) City; State; Zip Code \$53.95 4122 L B J FWY Reimbursement from political contributions Х intended Dallas, TX 75244 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Coppell Community Park Event Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/03/2025 William Paul Floral Desi Amount (\$) Payee address; City; State; Zip Code \$96.10 1403 Lavaca St Reimbursement from political contributions Х Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Appreciation Gift for Staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/22/2025 William Paul Floral Desi Payee address; City; State; Zip Code Amount (\$) \$129.51 1403 Lavaca St Reimbursement from Χ political contributions intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Appreciation Gift for Staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Accounting/Валкіпд Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Transportation Equipment & Related Expense Travel in District OTHER (enter a category not listed above)					
Ļ		I				١.			
1	Total pages Schedule G: Sch: 45/47 Rpt: 80/82	2 FILER NAME Hernandez,	E Cassandra (The Honorabl	e)		ı	Filer ID (Ethics Commission Filers) 00087764		
4	Date			-,					
4	05/21/2025	5 Payee name William Pau	ıl Floral Desi						
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode				
	\$123.61	1403 Lavac	a St						
	Reimbursement from								
	X political contributions intended	Austin, TX	78701						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Gift/Awards	/Memorials Expense		L		neck if Austin, TX, officeholder living expense		
					Appreciation Gift	for	Staff		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	01/25/2025	Zoom							
_	Amount (\$)	Pavee addre	Payee address; City; State; Zip Code						
	\$17.05 55 N Almaden Blvd 6th Floor								
	•	33 N Almac	ch biva out i looi						
	Reimbursement from political contributions intended	San Jose, (CA 95110						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense					
ZOOM Membership Subscription					Subscription				
	Complete ONLY if direct	Candidate/Office	nolder name		Office sought		Office held		
	expenditure to benefit C/OH								
	C/OH								
	Date	Payee name							
	02/25/2025	Zoom							
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode				
	\$17.05	1	len Blvd 6th Floor						
	Reimbursement from								
X political contributions intended San Jose, CA 95110									
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Fees				Ch	neck if Austin, TX, officeholder living expense		
	THE LIBITORY				ZOOM Members	hip	Subscription		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	nolder name		Office sought		Office held		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/	Travel in District Travel Out of District OTHER (enter a category not listed above)					
	,			The Instruction Guide explains	how to co	omplete this form.					
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 46/47 Rpt: 81/82		Hernandez,	, Cassandra (The Honorable	e)			00087	764		
4	Date	5	Payee name				_				
	03/25/2025		Zoom								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$17.05	55 N Almaden Blvd 6th Floor									
				2.14 04.1.00.							
	X Reimbursement from political contributions intended		San Jose, C	CA 95110							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this sch	edule)	(b) Description	CI	neck if trave	el outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Fees				CI	neck if Aust	tin, TX, officeholder living expense		
	EXPENDITORE					ZOOM Members	ship Subscription				
9	Complete ONLY if direct expenditure to benefit C/OH	Car	Candidate/Officeholder name Office sought Office held								
	Data	Г									
	Date		Payee name								
	04/25/2025	Zoom									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$17.05	55 N Almaden Blvd 6th Floor									
	X Reimbursement from political contributions intended		San Jose, C	CA 95110							
	PURPOSE		Category (Se	ee Categories listed at the top of this sch	edule)	Description	CI	neck if trave	el outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Fees				CI	neck if Aust	tin, TX, officeholder living expense		
	EXI ENDITORE	ZOOM Membership Subscription						ription			
	Complete ONLY if direct	Car	ndidate/Officel	holder name		Office sought			Office held		
	expenditure to benefit C/OH										
	C/On										
	Date		Payee name								
	05/25/2025		Zoom								
	Amount (\$)	\vdash	Payee addres	ss; City; State;	Zip Co	ode					
	\$17.05		-	len Blvd 6th Floor	•						
	Reimbursement from										
	x political contributions intended		San Jose, C	CA 95110							
	PURPOSE		Category (Se	ee Categories listed at the top of this sch	edule)	Description	_		el outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Fees				CI	neck if Aust	tin, TX, officeholder living expense		
	ZOOM Membership Subscription								ription		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	holder name		Office sought			Office held		
Т											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 47/47 Rpt: 82/82 Hernandez, Cassandra (The Honorable) 00087764 Date Payee name 06/25/2025 Zoom 6 Amount (\$) Payee address; City; State; Zip Code 55 N Almaden Blvd 6th Floor \$18.12 Reimbursement from political contributions intended Х San Jose, CA 95110 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE ZOOM Membership Subscription** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH