CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

	ics Commission Filers)	2 Total pages filed:			OFFICE	E USE ONLY
00057411		27			Date Received	
CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONI	CALLY FILED
OFFICEHOLDER NAME	The Honorable	Ana E.			08/11/2025	
	NICKNAME	LAST		SUFFIX		
		Hernandez			Date Hand delivers	d or Date Postmarked
ORIGINAL	January 15	Runoff	Other (specify)	Date Hallu-delivere	u of Date Postillarkeu
REPORT TYPE	X July 15	Exceeded modified re	eporting limit		Receipt #	Amount
	30th day before election	15th day after campa	ign treasurer		1	
	8th day before election	appointment (officeho	• • •		Date Processed	
		<u> </u>	<u> </u>			
ORIGINAL PERIOD COVERED	Month Day Ye	ar THROUGH	Month Day	Year	Date Imaged	
	01/01/2025	1111100011	06/30/2025		<u> </u>	
EXPLANATION OF C	CORRECTION oution was entered incorrec					
AFFIDAVIT			ar, or affirm, under p	penalty of perjur	y, that this correc	ted report is true
AFFIDAVIT		and co				ted report is true
AFFIDAVIT		and co	orrect.	y and all applica ts: I swear, or aith and without	able statements: r affirm that the oresistent to mister	riginal report ead or to
AFFIDAVIT		and co	orrect. the box next to any Semiannual report was made in good f	y and all applicates: I swear, or afth and without formation contains swear, or affirm the 14th busing iginally filed is intany error or or	able statements: affirm that the ore an intent to misle ned in the report. that I am filing the ess day after the chaccurate or inco	riginal report ead or to nis corrected date I learned mplete. I
AFFIDAVIT		and co	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applicates: I swear, or aith and without formation contains swear, or affirm the 14th busine riginally filed is intany error or or good faith.	able statements: affirm that the ore an intent to misle ned in the report. that I am filing the ess day after the chaccurate or inco	riginal report ead or to nis corrected date I learned mplete. I
AFFIDAVIT		and co	Semiannual report was made in good f misrepresent the information of the reports: Other reports: I report not later than that the report as or swear, or affirm, that filed was made in good.	y and all applicates: I swear, or aith and without formation contains swear, or affirm the 14th busine riginally filed is in any error or or or od faith.	able statements: affirm that the oren an intent to misle ned in the report. that I am filing these day after the oren accurate or incomission in the report.	riginal report ead or to nis corrected date I learned mplete. I
	TAMP / SEAL ABOVE	and co	Semiannual report was made in good f misrepresent the information of the reports: Other reports: I report not later than that the report as or swear, or affirm, that filed was made in good.	y and all applicates: I swear, or aith and without formation contains swear, or affirm the 14th busine riginally filed is in any error or or or od faith.	table statements: r affirm that the or t an intent to misle ned in the report. t that I am filing the ess day after the or naccurate or inco- mission in the report. E. Hernandez	riginal report ead or to nis corrected date I learned mplete. I
AFFIX NOTARY ST		and co	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filled was made in go The I-	y and all applicates: I swear, or aith and without formation contains swear, or affirm the 14th busine riginally filed is intany error or or ood faith.	able statements: affirm that the ore an intent to misle ned in the report. that I am filing the ess day after the chaccurate or incomission in the report. E. Hernandez or Officeholder	riginal report ead or to nis corrected date I learned mplete. I oort as originally
AFFIX NOTARY ST	TAMP / SEAL ABOVE stribed before me, by the sa	and co	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filled was made in go The I-	y and all applicates: I swear, or aith and without formation contains swear, or affirm the 14th busine riginally filed is intain any error or or or of faith. Honorable Anathure of Candidate the distribution, this terms of the contains and the	able statements: affirm that the ore an intent to misle ned in the report. that I am filing the ess day after the chaccurate or incomission in the report. E. Hernandez or Officeholder	riginal report ead or to nis corrected date I learned mplete. I oort as originally

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete		Filer ID (Ethics Commi 00057411		2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Ana E.			Date Received ELECTRONICA	
	NICKNAME I	 _AST		SUFFIX	08/11/2025	
		Hernandez				
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 15538				Receipt #	Amount
Change of Address	Houston, TX 77220					
Li *	Trodston, 17(77220				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI	.	
TREASURER NAME	Ms.	Maria S.				
	NICKNAME L	 .AST		SUFFIX		
		Delgado		30111X		
		roigado				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE).	AP'	Γ / SUITE #; CITY	; STA	ATE; ZIP CODE
TREASURER ADDRESS	406 Baldinger	,			,	,
(Residence or Business)	Houston, TX 77011					
	Tiousion, TX TTOIL					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(713) 505-5922					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car appointment (office	
	X July 15	8th day before e	election	Exceeded modified	Final Report (Atta	
				reporting limit L	' ` `	,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	ROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
	11/04/2025	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	T (if known)	
	State Representative Distric	t 143		State Represen	tative District 143	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 27

Hernandez, Ana E. (¯	he Honorable)	14 Filer ID (E 00057411	Ethics Commission Filers)
candidate / officeholder.	These expenditures may have been made without	the candidate's or officel	holder's knowledge or	
COMMITTEE TYPE	COMMITTEE NAME			_
GENERAL				
	COMMITTEE ADDRESS			
SPECIFIC				
	COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
			\$ 0.0	0
		5)	\$ 11,705.0	0
3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 1,014.0	2
4. TOTAL POLITIC	AL EXPENDITURES		\$ 31,973.3	6
		AST DAY OF THE	\$ 426,295.4	6
		OF THE LAST DAY	\$ 0.0	0
				_
	The Honor	able Ana E. Hernande	ez	
	Signature of	f Candidate or Officehold	ler	
TARY STAMP / SEAL AB	DVE			
cribed before me, by the s	aid	, this the	day	
cer administering	Printed name of officer administering	Title of officer	administering oath	
	This box is for notice of pandidate / officeholder. consent. Candidates and COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL UNITEMIOR GUARANTEI 2. TOTAL POLITIC (OTHER THAN F. 3. TOTAL UNITEMIOR PORTING PE. 6. TOTAL PRINCIP OF THE REPORTING PE. 6. TOTAL PE. 6	candidate / officeholder. These expenditures may have been made without consent. Candidates and officeholders are required to report this information. COMMITTEE TYPE GENERAL COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE ADDRESS	This box is for notice of political contributions accepted or political expenditures made by political considuals of officeholder. These expenditures may have been made without the candidates or office consent. Candidates and officeholders are required to report this information only if they receive not consent. Candidates and officeholders are required to report this information only if they receive not consent. Candidates and officeholders are required to report this information only if they receive not consent. Candidates are consent. COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 Swear, or affirm, under penalty of perjury, that the acc true and correct and includes all information required to under Title 15, Election Code. The Honorable Ana E. Hernandricator of Candidate or Officehold Signature of Candidate or Officehold	This box is for notice of political contributions accepted or political expenditures made by political committees to support the considerate of officeholder. These expenditures may have been made without the candidates or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. COMMITTEE TYPE COMMITTEE NAME

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	OVER SHEET PG 3 4 of 27			
	ER NAM	(Ethics Commission Filers)		
l	HEDUL ME OF	SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,750.0
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 955.0
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 31,973.3
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/2 Rpt: 5/27		
2	FILER NAME Hernandez,	AME dez, Ana E. (The Honorable)			Filer ID (Ethics Commission 00057411	n Filers)	
4	Date 06/24/2025	e 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78701					
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Greyhawk Public Affairs Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00	
	Principal occu	Austin, TX 78749 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Hillco PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions				
	r incipal occu	pation / 300 title (See Instructions)	Employer (See Instructions	,			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ HomePac of Texas Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/27	
2	FILER NAME Hernandez, Ana E. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00057411
4				7	Amount of Contribution (\$) \$5,000.00
		Austin, TX 78701		Ĺ	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Van de Putte, Leticia Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$250.00
		San Antonio, TX 78201			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500.00
		Austin, TX 78701			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCI	IFF		_	ΛΊ
301	ᇽᆮᇈ	UL		~4

			1 Total pages Schedule A2:		
i ne instru	iction Guide explains how to complete this f	Sch: 1/1 Rpt: 7/27			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Ana E. (The Honorable)		00057411		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution		
06/24/2025	Ingersoll, Deborah		contribution (\$) description \$655.00 event coordination and		
	7 Contributor address; City; State; Zip Code		email distribution		
	A T.V. 70700		_		
	Austin, TX 78763	I	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
24 Contributor 3	employer/law iiiii (i Ok 002/0//k2)	25 Eaw IIIII of Contribute	is a special (if any) (if any debicine)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>			
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of ! In-kind contribution		
06/24/2025			contribution (\$) description		
	Contributor address; City; State; Zip Code		\$300.00 reception sponsorship		
	Contributor address, City, Cato, Elp Code				
	San Antonio, TX 78257		Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			1		
			1		

SCHEDULE F1

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

	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: 1/19 Rpt: 8/27	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	01/21/2025	4Imprint USA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,461.43	101 Commerce St.
		Oshkosh, WI 54901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense gifts for seniors
		giits ioi seriiois
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Davies same
	02/08/2025	Payee name
		Amy Hinojosa Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	4808 Fairmont
		Pasadena, TX 77505
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		campaigh contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	05/19/2025	Payee name Arnold, Elaine
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	7809 Valburn Dr.
		Austin, TX 78731
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Sine Die T-shirts
		Sine Die 1-Silles
	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 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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 2/19 Rpt: 9/27	Hernandez, Ana E. (The Honorable) 00057411	
4	Date	5 Payee name	
	05/07/2025	Astound	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$114.26	1100 E. Howard	
		Austin, TX 78753	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T.	
	-	X Check if Austin, TX, officeholder living expense Austin apartment utilities	
		Austin apartment utilities	
_	0 1: 0 1: 0		_
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	04/05/2025	Astound	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$188.20	1100 E. Howard	
	!		
		Austin, TX 78753	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T.	
	· · · · · · · · · · · · · · · · · · ·	Theck if Austin, TX, officeholder living expense Austin apartment utilities	
	!	Austin apartinent utilities	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OH		
			_
	Date	Payee name	
	03/10/2025	Astound	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$188.20	1100 E. Howard	
		Austin, TX 78753	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense	
		Austin apartment utilities	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experialitate to beliefit 6/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/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: 3/19 Rpt: 10/27	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	02/06/2025	Astound
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$247.67	1100 E. Howard
		Austin, TX 78753
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Austin apartment utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	06/06/2025	Astound
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.98	1100 E. Howard
		Austin, TX 78753
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Austin apartment utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	06/13/2025	CVPE Educational Forum
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	619 E. 11 1/2 St.
		Houston, TX 77008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation
	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 Committee

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/19 Rpt: 11/27	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	06/23/2025	Cadillac Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1802 Shepherd
		Houston, TX 77007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense reception deposit
		reception deposit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payee name
	06/06/2025	City of Austin
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.01	P.O. Box 1088
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Austin apartment utilities
	Compulate ONLY if direct	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/06/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.68	P.O. Box 1088
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Austin apartment utilities
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad 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	
1	Total nagge Schodule F1:	
	Total pages Schedule F1: Sch: 5/19 Rpt: 12/27	Hernandez, Ana E. (The Honorable)
Ļ		
4	Date	5 Payee name
L	04/08/2025	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.39	P.O. Box 1088
		Austin, TX 78767
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Austin apartment Austin apartment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin apartment utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
T	Date	Payee name
	03/07/2025	City of Austin
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$65.01	P.O. Box 1088
	Ψ03.01	1.0. Box 1000
		Austin, TX 78767
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Austin apartment utilities
		Austin apartment utilities
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	02/06/2025	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.73	P.O. Box 1088
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin apartment utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orbits a extension pat listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/19 Rpt: 13/27	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	03/31/2025	Clayton Spangler Photography
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$549.00	1116 Smith St.
		Charleston, WV 25306
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		legislative panoramic photo
		iogiolalivo pariotalino prioto
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Daving marks
	04/03/2025	Payee name Denver Harbor Cares
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6402 Market St.
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORL	Candidate/Officeholder/Political Committee
		donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	01/08/2025	Denver Harbor Civic Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6402 Market St.
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation for neighborhood cleanup
	Complete ONU V # stills	Condidate Office helder some
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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:	
	Sch: 7/19 Rpt: 14/27	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	05/27/2025	Education in Action
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$514.00	P.O. Box 2285
	Φ514.00	F.O. BOX 2283
		Keller, TX 76244
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		sponsorship for student leadership conference
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
H	Date	Payee name
	04/03/2025	Galena Park Resource & Training Center
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1721 16th Street
		Galena Park, TX 77547
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		back to school donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	04/03/2025	Galena Park/Jacinto City Rotary Club
\vdash		
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P.O. Box 736
		Galena Park, TX 77547
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		chili dinner sponsorship
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 8/19 Rpt: 15/27	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	01/09/2025	Harris County Democratic Primary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1445 North Loop West
	, ,	
		Houston, TX 77008
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		precinct chairs breakfast sponsorship
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beliefit C/OI	<u> </u>
	Date	Payee name
	05/06/2025	Holocaust Museum
	Amount (\$)	Payee address; City; State; Zip Code
	\$618.00	5401 Caroline St.
		Houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	v
-	Date	Payee name
	02/07/2025	Jonathan Estrada Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1608 Marlock Ln.
	Ψ300.00	1000 Manock Lin.
		Pasadena, TX 77502
	DUDD005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Coi 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		Travel Out of District OTHER (enter a category not listed above)		
	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: 9/19 Rpt: 16/27	Hernandez, Ana E. (The Honorable) 00057411			
4	Date	5 Payee name	_		
	01/29/2025	Kristen Hawkins Campaign			
6	Amount (\$)	7 Payee address; City; State; Zip Code	_		
	\$1,000.00	P.O. Box 66816			
		Houston, TX 77266			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Candidate/Officeholder/Political Committee			
		campaign contribution			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
			_		
	Date	Payee name			
	02/20/2025	Kyle Carter Campaign			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	4900 Fournace			
		Bellaire, TX 77401			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee Campaign contribution			
		campaign contribution			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/OI				
	Date	Dayso name	_		
	02/18/2025	Payee name Legislative Study Group			
	Amount (\$) \$1,030.00	Payee address; City; State; Zip Code P.O. Box 12943			
	Ψ1,030.00	1.0. 50% 12343			
		Auglia TV 70711			
		Austin, TX 78711			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.			
	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	_		
	expenditure to benefit C/OI	1			

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment					
<u> </u>	T. 1 0 1 1 54				
1	Total pages Schedule F1: Sch: 10/19 Rpt: 17/27	2 FILER NAME Hernandez, Ana E. (The Honorable) 3 Filer ID (Ethics Commission File 00057411	ers)		
4	Date	5 Payee name			
•	06/02/2025	Lenox 7th			
6	Amount (\$) \$2,022.33	7 Payee address; City; State; Zip Code 4910 E. 7th St. Austin, TX 78702			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T.			
	EAFENDITORE	X Check if Austin, TX, officeholder living expense Austin apartment rent			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	05/01/2025	Lenox 7th			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,018.88	4910 E. 7th St.			
		Austin, TX 78702			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		X Check if Austin, TX, officeholder living expense Austin apartment rent			
		/ double apartment fort			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/01/2025	Lenox 7th			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,014.53	4910 E. 7th St.			
		Austin, TX 78702			
\vdash	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Austin apartment (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Austin apartment Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Austin apartment rent			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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 Exp Legal Services The Instruction Guide	ense Print Sala	Ü	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:						l	Filer ID	(Ethics Commission Filers)
	Sch: 11/19 Rpt: 18/27	Hernandez	, Ana E. (The Hono	rable)				00057411	
4	Date	5 Payee name	9						
	03/03/2025	Lenox 7th							
6	Amount (\$)	7 Payee addre		State; Zip	Code				
	\$366.53	4910 E. 7th	ı St.						
		Augtin TV	70702						
8	PURPOSE	Austin, TX			(h)	Description			
°	OF	Austin apa	See Categories listed at the to	p of this schedule)	(b)	Description Check if travel of	outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	, ιασιπ αρα				X Check if Austin,	, TX, (officeholder living	
						Austin apartm	nent	rent	
_	Operation ONE V. C. F.	0		0.00				0/" :	-1.4
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought			Office he	eia
	Date	Payee name	<u></u>						
	02/12/2025	Lenox 7th							
	Amount (\$)	Payee addre		State; Zip	Code				
	\$1,985.00	4910 E. 7th	n St.						
		Austin, TX	78702						
	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description	ot-: '	lo of Toy O	onlote Cohodulo T
	EXPENDITURE	Austin apa	rtment					le of Texas. Com officeholder livinç	plete Schedule T. g expense
						Austin apartm			
L									
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought			Office he	eld
	Date	Payee name	9						
	02/06/2025	Lenox 7th							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$1,709.35	4910 E. 7th	n St.						
		Austin, TX	78702						
	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description	ot-: '	lo of Toy O	onlote Cohodulo T
	EXPENDITURE	Austin apa	rtment			ш		le of Texas. Com officeholder living	plete Schedule T. g expense
						Austin apartm			
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought			Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contrar 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: 12/19 Rpt: 19/27	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	01/08/2025	Lenox 7th
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	4910 E. 7th St.
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Austin apartment rent
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	01/03/2025	Lenox 7th
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,664.83	4910 E. 7th St.
		Austin, TX 78702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Austin apartment Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expenseAustin apartment rent
		Addit apartment rent
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 05/28/2025	Payee name MailChimp
		MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.56	675 Ponce De Leon 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
		email distribution fee
_	Complete ONLY if alice at	Candidate/Officeholder name Office sought
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor OTHER			OTHER (enter a	รเกcเ เ category not listed abov	e)		
	Stout Gard Faymont		The Instruction Guide expl	ains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 13/19 Rpt: 20/27	Hernandez	, Ana E. (The Honorabl	e)				00057411		
4	Date	5 Payee name								
	04/28/2025	MailChimp								
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip Co	de					
	\$57.56	1	De Leon Ave. NE							
	4000	0.0.00	20200171101112							
		Atlanta C/	20200							
		Atlanta, GA								
8	PURPOSE OF	1	see Categories listed at the top of the	nis schedule)	(b)	Description				
	EXPENDITURE	Fees				브		officeholder living	plete Schedule T.	
						email distribut			g expense	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office h	eld	
	expenditure to benefit C/O		iodifolder flame	011100 000	giit			Omoo n	old	
_	D-4-									
	Date	Payee name								
	03/28/2025	MailChimp								
	Amount (\$)	Payee addre	•	State; Zip Co	de					
	\$57.56	675 Ponce	De Leon Ave. NE							
		Atlanta, GA	30308							
	PURPOSE	(a) Category (s	see Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Fees				-			plete Schedule T.	
						_		officeholder living	g expense	
						email distribu	liOi	i iee		
	Operation ONLY if allowed	0		0#:	14			O#: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	gnt			Office h	ela	
	Date	Payee name								
	02/28/2025	MailChimp								
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	de					
	\$57.56	675 Ponce	De Leon Ave. NE							
		Atlanta, GA	30308							
	PURPOSE	(a) Category (s	see Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Fees		,		ш			plete Schedule T.	
	EXPENDITORE							officeholder living	g expense	
						email distribu	tior	ı fee		
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ght			Office h	eld	
	orporation to some of our									

SCHEDULE F1

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

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

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

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Labor 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: 14/19 Rpt: 21/27	Hernandez, Ana E. (The Honorable) 00057411	
4	Date	5 Payee name	
	01/28/2025	MailChimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$57.56	675 Ponce De Leon Ave. NE	
		Atlanta, GA 30308	
8	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	
		email distribution fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
┕	·		_
	Date	Payee name	
L	06/30/2025	MailChimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.56	675 Ponce De Leon Ave. NE	
		Atlanta, GA 30308	
	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 email distribution fee	
		Citiali distribution rec	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	U	
⊨	Date		_
	Date	Payee name	
	01/13/2025	Mexcian American Legislative Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	202 W. 13th St.	
		Austin, TX 78701	
	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.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		membership dues	
\vdash	Complete CNUV'S	Condidate (Office holder name	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
ldash	,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	
_	Total marca Cabadula E1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 15/19 Rpt: 22/27	2 FILER NAME Hernandez, Ana E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057411
4	Date	5 Payee name
	02/20/2025	Michael Gomez Campaign
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 56386
Ļ		Houston, TX 77256
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense campaign contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/01/2025	North Channel Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	13301 I-10 East Freeway, Ste. 100
		Houston, TX 77015
	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
		chamber luncheon
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/17/2025	North Channel Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	13301 I-10 East Freeway, Ste. 100
		Houston, TX 77015
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		2023 Setilots Florior Eurorisonship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Consuling 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)
	Sch: 16/19 Rpt: 23/27	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	04/03/2025	North Shore Rotary Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	14350 Wallisville
		Houston, TX 77049
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		fish fry sponsorship
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/24/2025	North Shore Rotary Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	14350 Wallisville
	Φ300.00	14550 Wallisville
		Houston, TX 77049
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		fish fry sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	<u>'</u>
	Date	Payee name
	02/15/2025	Paola Gonzalez Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	5223 Camarosa Dr.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Pasadena, TX 77504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		campaign contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/19 Rpt: 24/27	Hernandez, Ana E. (The Honorable)	00057411
4	Date	5 Payee name	
	02/07/2025	Pappasito's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$603.46	11831 I-10 East	
		Houston, TX 77029	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Au	stin, TX, officeholder living expense
		food for vo	lunteers
Ļ	Commiste ONII V if direct	Condidate/Office helder norms Office country	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
L	Dete	T -	
	Date	Payee name	
	04/28/2025	Sam's Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$230.58	13600 East Freeway	
		Houston, TX 77015	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overhead/Nental Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		office supp	
		· ·	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
T	Date	Payee name	
	05/18/2025	Silvia Trevino Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1406 Godwin	
		Houston, TX 77023	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, , ,	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	stin, TX, officeholder living expense
		bowling to	urnament sponsorship
	0 1. 0		05.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide ex	Salaries/V	Nages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	 E				3	Filer ID	(Ethics Commission Filers	s)
	Sch: 18/19 Rpt: 25/27		, Ana E. (The Honora	ble)				00057411		
4	Date	5 Payee name	!							
	02/21/2025	Texas Ene	rgy and Climate Caud	cus						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$200.00	P.O. Box 3	01074							
		Austin, TX	78703							
8	PURPOSE	(a) Category (S	see Categories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees						de of Texas. Com		
						membership		officeholder living	expense	
						membership (uut	,,		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.	
٦	expenditure to benefit C/O		icenoidei name	Office 300	igni			Office fie	au	
H	Date	Payee name								
	05/14/2025	Texas Gulf	Coast Area Labor Fe	ederation						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$514.00	2506 Suthe	erland							
		Houston, T	X 77023							
	PURPOSE OF		see Categories listed at the top of		(b)	Description				
	EXPENDITURE		ns/Donations Made B					de of Texas. Com officeholder living		
		Candidate/	Officeholder/Political	Committee		—			nner sponsorship	
						Working Fair	0	0 / Warao B.	imer ependereimp	
	Complete ONLY if direct		iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OF	4								
	Date	Payee name				-				
	02/18/2025	Texas Hou	se LGBTQ Caucus							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$400.00	1100 Cong	ress Ave.							
		Austin, TX	78701							
	PURPOSE OF	(a) Category (S	see Categories listed at the top of	of this schedule)	(b)	Description				
	EXPENDITURE	Fees						de of Texas. Com		
						membership		officeholder living	expense	
						oiboronip	Jul			
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ught			Office he	eld	
expenditure to benefit C/OH										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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: 19/19 Rpt: 26/27	Hernandez, Ana E. (The Honorable) 00057411
4	Date	5 Payee name
	05/25/2025	United Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$578.66	609 Main St.
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense legislative conference airfare
		legislative conference anale
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/11/2025	Walmart
H	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	13750 East Freeway
		Houston, TX 77015
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office supplies
		Simos cappinos
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/28/2025	Worley Printing Co., Inc.
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$95.27	3217 North IH-35
		Austin, TX 78722
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		office supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 27/27 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hernandez, Ana E. (The Honorable) 00057411 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule C2 Schedule D Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Hernandez, Ana 8 Departure city or name of departure location 08/02/2025 Houston 9 Destination city or name of destination location 08/06/2025 **Boston** 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane legislative conference