

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |  |  |   |                                 |  |                                  |  |  |  |
|---|---|---|--|--|---|---------------------------------|--|----------------------------------|--|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00090392 | <b>2</b> Total pages filed:<br>11  |  |   |                                 |  |                                  |  |  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>Mr. Apolonio B.   |   | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/14/2026   |  |   |                                 |  |                                  |  |  |  |
|   | NICKNAME LAST SUFFIX<br>Apollo Hernandez III  |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>53 Churchill Farms Drive<br><br>Georgetown , TX 78626  |   | Date Hand-delivered or Date Postmarked   |  |   |                                 |  |                                  |  |  |  |
|   |   |   | Receipt # Amount   |  |   |                                 |  |                                  |  |  |  |
|   |   |   | Date Processed   |  |   |                                 |  |                                  |  |  |  |
|   |   |   | Date Imaged  |  |   |                                 |  |                                  |  |  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Mr. Apolonio B.   |   |  |  |   |                                 |  |                                  |  |  |  |
|   | NICKNAME LAST SUFFIX<br>Apollo Hernandez III  |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>53 Churchill Farms Drive<br><br>Georgetown , TX 78626  |   |  |  |   |                                 |  |                                  |  |  |  |
|   |   |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(760) 828-5522  |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>8</b> REPORT TYPE  | <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table> |   |  | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) |
| <input checked="" type="checkbox"/> January 15  | <input type="checkbox"/> 30th day before election   | <input type="checkbox"/> Runoff                             | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)   |  |   |                                 |  |                                  |  |  |  |
| <input type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded modified reporting limit  | <input type="checkbox"/> Final Report (Attach C/OH-FR)   |  |   |                                 |  |                                  |  |  |  |
| <b>9</b> PERIOD COVERED   | Month Day Year      Month Day Year<br>07/01/2025      THROUGH      12/31/2025   |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month Day Year<br>03/03/2026   |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |   |                                 |  |                                  |  |  |  |
|   |   |   |  |  |   |                                 |  |                                  |  |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   | <b>12</b> OFFICE SOUGHT (if known)<br>State Senator District 5   |  |   |                                 |  |                                  |  |  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 11

|  |   |
|--|---|
| <b>13 C / OH NAME</b> Hernandez III, Apolonio B. (Mr.) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00090392 |
|--|---|

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

|                                |   |               |
|--------------------------------|---|---------------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00       |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 883.66     |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ 0.00       |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 4,828.52   |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 131,055.23 |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00       |

**17 AFFIDAVIT**

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

\_\_\_\_\_  
 Mr. Apolonio B. Hernandez III  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

|   |  |  |
|---|--|--|
| _____<br>Signature of officer administering | _____<br>Printed name of officer administering | _____<br>Title of officer administering oath |
|---|--|--|

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

3 of 11

|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Hernandez III, Apolonio B. (Mr.) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00090392 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE         |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 883.66   |
| 2.   | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 135,000.09   |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 4,828.52   |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$  |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/3 Rpt: 4/11   |
| <b>2</b> FILER NAME<br>Hernandez III, Apolonio B. (Mr.)                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090392  |
| <b>4</b> Date<br>12/22/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Acosta, Abel<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>DUNCANVILLE, TX 75137 | <b>7</b> Amount of Contribution (\$)<br><br>\$52.40       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Realtor     |  | <b>9</b> Employer (See Instructions)<br>Self              |
| Date<br>12/23/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Coughlin, Patrick<br><hr/> Contributor address; City; State; Zip Code<br><br>Los Angeles, CA 90027              | Amount of Contribution (\$)<br><br>\$104.48               |
| Principal occupation / Job title (See Instructions)<br>retired              |  | Employer (See Instructions)<br>retired                    |
| Date<br>12/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Duman, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Albuquerque, NM 87122                    | Amount of Contribution (\$)<br><br>\$26.35                |
| Principal occupation / Job title (See Instructions)<br>Supply chain manager |  | Employer (See Instructions)<br>Sandia National laboratory |
| Date<br>12/23/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fedii, Stanislav<br><hr/> Contributor address; City; State; Zip Code<br><br>Frisco, TX 75036                    | Amount of Contribution (\$)<br><br>\$208.65               |
| Principal occupation / Job title (See Instructions)<br>Software Engineer    |  | Employer (See Instructions)<br>Perchwell                  |
| Date<br>12/07/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hernandez, Apple<br><hr/> Contributor address; City; State; Zip Code<br><br>Georgetown, TX 78626                | Amount of Contribution (\$)<br><br>\$5.52                 |
| Principal occupation / Job title (See Instructions)<br>Cybersecurity        |  | Employer (See Instructions)<br>Splunk                     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>      |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/3 Rpt: 5/11           |
| <b>2</b> FILER NAME<br>Hernandez III, Apolonio B. (Mr.)               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090392          |
| <b>4</b> Date<br>12/23/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Keithley, Jeffrey<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>INDIANAPOLIS, IN 46239 | <b>7</b> Amount of Contribution (\$)<br><br>\$104.48              |
| <b>8</b> Principal occupation / Job title (See Instructions)          |  | <b>9</b> Employer (See Instructions)                              |
| Date<br>12/10/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kuperman, Ilya<br><hr/> Contributor address; City; State; Zip Code<br><br>Sherburne, NY 13460                         | Amount of Contribution (\$)<br><br>\$21.15                        |
| Principal occupation / Job title (See Instructions)                   |  | Employer (See Instructions)                                       |
| Date<br>12/24/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Leonor, Angela<br><hr/> Contributor address; City; State; Zip Code<br><br>Del Rio, TX 78840                           | Amount of Contribution (\$)<br><br>\$52.40                        |
| Principal occupation / Job title (See Instructions)<br>Teacher        |  | Employer (See Instructions)<br>Sfdrcisd                           |
| Date<br>12/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Makowski, Brandon<br><hr/> Contributor address; City; State; Zip Code<br><br>CARDINGTON, OH 43315                     | Amount of Contribution (\$)<br><br>\$21.15                        |
| Principal occupation / Job title (See Instructions)<br>PSO            |  | Employer (See Instructions)<br>American Eagle Protective Services |
| Date<br>12/23/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McBride, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Wylie, TX 75098                             | Amount of Contribution (\$)<br><br>\$260.73                       |
| Principal occupation / Job title (See Instructions)<br>Sales Engineer |  | Employer (See Instructions)<br>AppGate                            |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 3/3 Rpt: 6/11

2 FILER NAME

Hernandez III, Apolonio B. (Mr.)

3 Filer ID (Ethics Commission Filers)  
00090392

4 Date

12/23/2025

5 Full name of contributor

Pigao, Josephine

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of Contribution (\$)

\$26.35

6 Contributor address; City; State; Zip Code

Plantation, FL 33325

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

retired

# LOANS

## SCHEDULE E

|   |   |  |   |
|---|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule E:<br>Sch: 1/2 Rpt: 7/11   |   |
| <b>2</b> FILER NAME<br>Hernandez III, Apolonio B. (Mr.)                                   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090392   |   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   |  | <b>\$</b>                               |
| <b>5</b> Date of loan<br>12/03/2025   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hernandez, Apollo |  | <b>9</b> Loan Amount (\$)<br>\$5,000.00 |
| <b>6</b> Is lender a financial institution?<br>No   | <b>8</b> Lender address; City; State; Zip Code<br><br>Georgetown, TX 78626                          |  | <b>10</b> Interest Rate<br><br>0        |
|   |   |  | <b>11</b> Maturity Date<br>12/03/2025   |
| <b>12</b> Principal occupation / Job title (See Instructions)<br>Candidate                |   | <b>13</b> Employer (See Instructions)<br>Self  |   |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> None           |   | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |   |
| <b>16</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | <b>17</b> Name of guarantor   |  | <b>19</b> Amount Guaranteed (\$)        |
|   | <b>18</b> Guarantor address; City; State; Zip Code  |  |   |
| <b>20</b> Principal occupation  |   | <b>21</b> Employer (See Instructions)  |   |
| Date of loan<br>12/19/2025  | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hernandez, Apollo          |  | Loan Amount (\$)<br>\$20,000.09         |
| Is lender a financial institution?<br>No  | Lender address; City; State; Zip Code<br><br>Georgetown, TX 78626                                   |  | Interest Rate                           |
|   |   |  | Maturity Date<br>12/19/2025             |
| Principal occupation / Job title (See Instructions)<br>Candidate                          |   | Employer (See Instructions)<br>Self  |   |
| Description of Collateral<br><input checked="" type="checkbox"/> None                     |   | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>           |   |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable           | Name of guarantor   |  | Amount Guaranteed (\$)                  |
|   | Guarantor address; City; State; Zip Code  |  |   |
| Principal occupation  |   | Employer (See Instructions)  |   |

# LOANS

## SCHEDULE E

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule E:<br>Sch: 2/2 Rpt: 8/11   |
| <b>2</b> FILER NAME<br>Hernandez III, Apolonio B. (Mr.)                                   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090392   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   | <b>\$</b>  |
| <b>5</b> Date of loan<br>12/31/2025   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hernandez, Apollo | <b>9</b> Loan Amount (\$)<br>\$110,000.00  |
| <b>6</b> Is lender a financial institution?<br>No   | <b>8</b> Lender address; City; State; Zip Code<br><br>Georgetown, TX 78626                          | <b>10</b> Interest Rate  |
|   |   | <b>11</b> Maturity Date<br>12/31/2025  |
| <b>12</b> Principal occupation / Job title (See Instructions)<br>Candidate                |   | <b>13</b> Employer (See Instructions)<br>Self  |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> None           |   | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | <b>17</b> Name of guarantor   | <b>19</b> Amount Guaranteed (\$)   |
|   | <b>18</b> Guarantor address; City; State; Zip Code  |  |
| <b>20</b> Principal occupation  |   | <b>21</b> Employer (See Instructions)  |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/3 Rpt: 9/11             | <b>2</b> FILER NAME<br>Hernandez III, Apolonio B. (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090392   |
| <b>4</b> Date<br>12/07/2025   | <b>5</b> Payee name<br>Anedot  |  |
| <b>6</b> Amount (\$)<br>\$0.52                                      | <b>7</b> Payee address; City; State; Zip Code<br>1340 Poydras St<br>#1770<br>New Orleans, TX 70112 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>12/10/2025  | Payee name<br>Anedot   |  |
| Amount (\$)<br>\$1.15   | Payee address; City; State; Zip Code<br>1340 Poydras St<br>#1770<br>New Orleans, TX 70112          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>12/24/2025  | Payee name<br>Anedot   |  |
| Amount (\$)<br>\$34.59  | Payee address; City; State; Zip Code<br>1340 Poydras St<br>#1770<br>New Orleans, TX 70112          |  |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 10/11            | <b>2</b> FILER NAME<br>Hernandez III, Apolonio B. (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090392  |
| <b>4</b> Date<br>12/24/2025   | <b>5</b> Payee name<br>Anedot  |   |
| <b>6</b> Amount (\$)<br>\$2.40                                      | <b>7</b> Payee address; City; State; Zip Code<br>1340 Poydras St<br>#1770<br>New Orleans, TX 70112 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Fees    |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/22/2025  | Payee name<br>D&L Printing   |   |
| Amount (\$)<br>\$106.44   | Payee address; City; State; Zip Code<br>552 Stadium Dr<br><br>Georgetown, TX 78626                 |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/22/2025  | Payee name<br>McCandless Group   |   |
| Amount (\$)<br>\$2,000.00   | Payee address; City; State; Zip Code<br>710 Lakeway Dr<br>Ste 200<br>Irvine, CA 92612              |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 11/11            | <b>2</b> FILER NAME<br>Hernandez III, Apolonio B. (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00090392   |
| <b>4</b> Date<br>12/31/2025   | <b>5</b> Payee name<br>San Jacinto County Clerks  |  |
| <b>6</b> Amount (\$)<br>\$50.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>1 TX-150<br><br>Coldspring, TX 77331                     |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee        |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>12/22/2025  | Payee name<br>Ticketleap  |  |
| Amount (\$)<br>\$2,082.42   | Payee address; City; State; Zip Code<br>1700 Sansom St<br><br>Philadelphia, TX 19103                      |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>12/15/2025  | Payee name<br>Ultrapress  |  |
| Amount (\$)<br>\$551.00   | Payee address; City; State; Zip Code<br>24932 Ave Kearny<br>Unit 2<br>Santa Clarita, TX 91355             |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |