

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00000013	2 Total pages filed: 39	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Cassandra	MI MI	Date Received ELECTRONICALLY FILED 07/16/2024
	NICKNAME LAST Hernandez	SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 06/30/2024
6 EXPLANATION OF CORRECTION The TEC system did not allow me to file both my semi-annual report for my District 3 campaign and my Mayoral campaign separately. After consulting with the city clerks and the legal department of the Texas Ethics Commission, I was advised to submit a combined report. As a result, a corrective affidavit has be filed. The District 3 campaign remains open without a final report, while the Mayoral campaign will continue as FILED.			
7 AFFIDAVIT			

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

Check the box next to any and all applicable statements:

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

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

Cassandra Hernandez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00000013	2 Total pages filed: 39
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Cassandra MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/16/2024	
	NICKNAME LAST Hernandez SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 308 Stewart Dr El Paso, TX 79915		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs. Tamara MI	OFFICE USE ONLY Date Hand-delivered or Date Postmarked	
	NICKNAME LAST Davis SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14533 Tierra Resort Ave. El Paso, TX 79938		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 338-3269		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" 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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2024 06/30/2024		
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Semi-annual
11 OFFICE	OFFICE HELD (if any) Semi-annual Place MAYOR District 0 El Paso	12 OFFICE SOUGHT (if known) None Place MAYOR District MAYOR	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 39

13 C / OH NAME Hernandez, Cassandra	14 Filer ID (Ethics Commission Filers) 00000013
--	---

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME El Paso Municipal Police Officers' Association COMMITTEE ADDRESS 747 E San Antonio Ave # 206 EL PASO, TX 79901 COMMITTEE CAMPAIGN TREASURER NAME ALDABA, CAROLINA COMMITTEE CAMPAIGN TREASURER ADDRESS 747 E. San Antonio, Ste. 103 EL PASO, TX 79901

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 72,338.38
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 1,620.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,493.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 105,888.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 66,660.00

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.

Cassandra Hernandez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

4 of 39

18 FILER NAME Hernandez, Cassandra		19 Filer ID (Ethics Commission Filers) 00000013
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 71,382.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 956.38
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 55,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 20,493.92
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/16 Rpt: 5/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALVARADO, NORMA	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code 8212 TURK CT EL PASO, TX 79907		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALVARADO, RAYMOND	Amount of Contribution (\$) \$4,000.00
Contributor address; City; State; Zip Code 7428 BENSON EL PASO, TX 79915		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALVARADO, ROSA	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code 7433 BENSON EL PASO, TX 79915		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALVARADO, ROSA	Amount of Contribution (\$) \$4,000.00
Contributor address; City; State; Zip Code 7433 BENSON EL PASO, TX 79915		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGEL, GARCIA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code PO Box 971884 EL PASO, TX 79925		
Principal occupation / Job title (See Instructions) MEDICAL		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/16 Rpt: 6/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 03/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AVEDICIAN, HEIDI <hr/> 6 Contributor address; City; State; Zip Code 648 MILTON HENRY EL PASO, TX 79922	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions)
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AVEDICIAN, HEIDI <hr/> Contributor address; City; State; Zip Code 648 MILTON HENRY EL PASO, TX 79922	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERMUDEZ, PERLA <hr/> Contributor address; City; State; Zip Code 1332 Cheyenne Trl EL PASO, TX 79925	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERRY, SCOTT <hr/> Contributor address; City; State; Zip Code 4820 NORTHVIEW DR EL PASO, TX 79934	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) EXECUTIVE		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BETTINA OLIVARES CAMPAIGN <hr/> Contributor address; City; State; Zip Code 5757 Las Brisas EL PASO, TX 79905	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/16 Rpt: 7/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMACHO, JAVIER	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 5339 INLAND AVE FIRESTONE, CO 80504	
8 Principal occupation / Job title (See Instructions) PUBLIC RELATIONS		9 Employer (See Instructions) Platte River Power Authority
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CERVANTES, ALYSSA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 11505 JAMES GRANT EL PASO, TX 79936	
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) TTHSC
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAVEZ, CUCA	Amount of Contribution (\$) \$52.00
	Contributor address; City; State; Zip Code 954 CARLOTTA EL PASO, TX 79907	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAVEZ, ENRIQUE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 12992 BUCKNELL EL PASO, TX 79928	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAVEZ, GUILLERMINA	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code 12992 BUCKNELL EL PASO, TX 79928	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/16 Rpt: 8/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAVEZ, RICARDO <hr/> 6 Contributor address; City; State; Zip Code 8212 TURK CT EL PASO, TX 79907	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) LOGISTICS		9 Employer (See Instructions)
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMAN, NATHAN <hr/> Contributor address; City; State; Zip Code 5836 MARLIN EL PASO, TX 79924	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMAN, NATHAN <hr/> Contributor address; City; State; Zip Code 5836 MARLIN EL PASO, TX 79924	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMAN, NATHAN <hr/> Contributor address; City; State; Zip Code 5836 MARLIN EL PASO, TX 79924	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURAN, PABLO (Mr.) <hr/> Contributor address; City; State; Zip Code 159 SUNLAND EL PASO, TX 88063	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
DISABILITY RIGHTS ACTIVIST		
BUSINESS OWNER		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/16 Rpt: 9/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 06/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURAN, PABLO (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 159 SUNLAND EL PASO, TX 88063	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARDS, LOUIS <hr/> Contributor address; City; State; Zip Code 207-1/2 E SAN ANTONIO AVE EL PASO, TX 79901	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions)
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Municipal Police Officers' Association <hr/> Contributor address; City; State; Zip Code 747 E San Antonio Ave # 206 EL PASO, TX 79901	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FELIBERTI, FRANCOISE <hr/> Contributor address; City; State; Zip Code 817 MAPLE EDMONDS, WA 98020	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, ALONZO <hr/> Contributor address; City; State; Zip Code 8107 DUNN ST AUSTIN, TX 78745	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CONSTRUCTION		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/16 Rpt: 10/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, ALONZO	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code 8107 DUNN ST AUSTIN, TX 78745	
8 Principal occupation / Job title (See Instructions) CONSTRUCTION		9 Employer (See Instructions)
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, CHRISTINA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 5905 MALTA CIR ROUND ROCK, TX 78634	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, MARK	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 730 W STASSNEY LN AUSTIN, TX 78745	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, RAQUEL	Amount of Contribution (\$) \$1,200.00
	Contributor address; City; State; Zip Code 8510 TERLINGUA CONVERSE, TX 78109	
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions)
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, RAQUEL	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 8510 TERLINGUA CONVERSE, TX 78109	
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/16 Rpt: 11/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, RAQUEL <hr/> 6 Contributor address; City; State; Zip Code 8510 TERLINGUA CONVERSE, TX 78109	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) NURSE		9 Employer (See Instructions)
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, RAUL <hr/> Contributor address; City; State; Zip Code 7901 WAKEFIELD DR. AUSTIN 78749 Namibia	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, RAUL <hr/> Contributor address; City; State; Zip Code 7901 WAKEFIELD AUSTIN 78749 Namibia	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, RAUL <hr/> Contributor address; City; State; Zip Code 7901 WAKEFIELD DR AUSTIN, TX 78749	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, SLYVIA <hr/> Contributor address; City; State; Zip Code 13401 CRANE RD BUDA, TX 78610	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) STYLIST		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/16 Rpt: 12/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, SLYVIA <hr/> 6 Contributor address; City; State; Zip Code 13401 CRANE RD BUDA, TX 78610	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) STYLIST		9 Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, STEPHEN <hr/> Contributor address; City; State; Zip Code 7433 BENSON EL PASO, TX 79915	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) GEOLOGIST		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, ZENIA <hr/> Contributor address; City; State; Zip Code 7901 WAKEFIELD DR AUSTIN, TX 78749	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILLIS, BRUCE <hr/> Contributor address; City; State; Zip Code 13220 CEDAR LN FRAMERS BRANCH, TX 75234	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HINOJOS, JUAN <hr/> Contributor address; City; State; Zip Code 7961 PECAN EL PASO, TX 79915	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/16 Rpt: 13/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 03/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANISE, SPANGLER	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 6057 HATTERAS WAY AVON, OH 44011		
8 Principal occupation / Job title (See Instructions) MANAGER		9 Employer (See Instructions) STARBUCKS
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORGENSEN, GILBERT	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1127 E RIO GRANDE AVE EL PASO, TX 79902		
Principal occupation / Job title (See Instructions) EXECUTIVE		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIEFFE, CELESTE	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code 305 CAROLINA EL PASO, TX 79915		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) YISD
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIEFFE, CELESTE	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 305 CAROLINA EL PASO, TX 79915		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) YISD
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIEFFE, CELESTE	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 305 CAROLINA EL PASO, TX 79915		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) YISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/16 Rpt: 14/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIEFFE, RYAN <hr/> 6 Contributor address; City; State; Zip Code 305 CAROLINA EL PASO, TX 79915	7 Amount of Contribution (\$) \$3,500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEYVA, PAUL <hr/> Contributor address; City; State; Zip Code 8401 BOEING EL PASO, TX 79925	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUJAN, LORENZA <hr/> Contributor address; City; State; Zip Code 1380 Emerald Gate Ln EL PASO, TX 79936	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNCH, SCOTT <hr/> Contributor address; City; State; Zip Code 5730 E PAISANO DR EL PASO, TX 79925	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) EXECUTIVE		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEDINA, ARMANDO <hr/> Contributor address; City; State; Zip Code 1501 GREENWOOD EL PASO, TX 79925	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/16 Rpt: 15/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 04/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEDINA, ARMANDO <hr/> 6 Contributor address; City; State; Zip Code 1501 GREENWOOD EL PASO, TX 79925	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORENO, JESSE <hr/> Contributor address; City; State; Zip Code 3813 ROCIO ST EL PASO, TX 79936	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) STUDENT		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORENO, MANUEL <hr/> Contributor address; City; State; Zip Code 144 ELDER EL PASO, TX 79915	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORMA, ALVARADO <hr/> Contributor address; City; State; Zip Code 8212 TURK CT EL PASO, TX 79907	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ACCOUNTING		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLIVARES, CRISTINA <hr/> Contributor address; City; State; Zip Code 204 E MILLS EL PASO, TX 79901	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/16 Rpt: 16/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 03/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTEGA, FRANCISCO <hr/> 6 Contributor address; City; State; Zip Code 201 E MAIN DR EL PASO, TX 79901	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTEGA, STEVE <hr/> Contributor address; City; State; Zip Code 521 TEXAS EL PASO, TX 79901	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTIZ, GLORIA <hr/> Contributor address; City; State; Zip Code 7420 CATALPA EL PASO, TX 79925	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARENT, PAUL <hr/> Contributor address; City; State; Zip Code 3409 EILEEN DR EL PASO, TX 79904	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) PEACE OFFICER		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAYNE, TIFFANY <hr/> Contributor address; City; State; Zip Code 7433 DALE RD EL PASO, TX 79915	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SOFTWARE ENGINEER		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/16 Rpt: 17/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 03/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PUEBLA, BENITO	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 2816 BERWICK EL PASO, TX 79925	
8 Principal occupation / Job title (See Instructions) LAW ENFORCEMENT		9 Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PUFAN, CAROLYN	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 480 MATHEWS EL PASO, TX 79907	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYES, DIANA	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 349 NEW HAVEN EL PASO, TX 79907	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, MICHELLE	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 7364 FRANKLIN EL PASO, TX 79915	
Principal occupation / Job title (See Instructions) INTERPRETER		Employer (See Instructions)
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, SANDRA	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 2001 E STASSNEY LN APT B AUSTIN , TX 78744	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/16 Rpt: 18/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 02/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEARCY, SID <hr/> 6 Contributor address; City; State; Zip Code 8809 BASIL CT EL PASO, TX 79925	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOVER, CHRISTINA <hr/> Contributor address; City; State; Zip Code 5905 MALTA CIR ROUND ROCK, TX 78634	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) DENTAL		Employer (See Instructions)
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ScottHulse PAC <hr/> Contributor address; City; State; Zip Code One San Jacinto Plaza 201 E. Main Dr., Suite 1100 EL PASO, TX 79901	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ScottHulse PAC <hr/> Contributor address; City; State; Zip Code One San Jacinto Plaza 201 E. Main Dr., Suite 1100 EL PASO, TX 79901	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALMADGE, JOHN DANA <hr/> Contributor address; City; State; Zip Code 3519 BROOKLINE EL PASO, TX 75234	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/16 Rpt: 19/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 04/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERAN, MICHAEL	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 306 ROSE LN EL PASO, TX 79915		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions)
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) URIAS, JULIE	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 8012 SUSAN WAY EL PASO, TX 79915		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELASQUEZ, BELINDA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 408 ROSE LN EL PASO, TX 79915		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELASQUEZ, ROGER	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 408 ROSE LN EL PASO, TX 79915		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANAR, OMAR	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5550 CONFETTI UNIT A EL PASO, TX 79912		
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/16 Rpt: 20/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 Date 04/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANAR, OMAR 6 Contributor address; City; State; Zip Code 5550 CONFEITTI UNIT A EL PASO, TX 79912	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) EDUCATOR		9 Employer (See Instructions)
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANAR, OMAR Contributor address; City; State; Zip Code 5550 CONFEITTI DR UNIT A EL PASO, TX 79912	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions)
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YANAR, OMAR Contributor address; City; State; Zip Code 5550 CONFEITTI DR UNIT A EL PASO, TX 79912	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EDUCATOR		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 21/39	
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/22/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, RAUL	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description FOOD/BEV DONATION
7 Contributor address; City; State; Zip Code 7901 WAKEFIELD DR AUSTIN, TX 78749		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CEO		11 Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTITAS LUNCHBOX	Amount of contribution (\$) \$456.38	In-kind contribution description FOOD/BEV DONATION
7 Contributor address; City; State; Zip Code 3623 Buckner AUSTIN, TX 79925		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 22/39
2 FILER NAME Hernandez, Cassandra		3 Filer ID (Ethics Commission Filers) 00000013
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 06/03/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, CASSANDRA (Mrs.)	9 Loan Amount (\$) \$35,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 308 Stewart Dr El Paso 79915	10 Interest Rate
	EL PASO, TX 79915	11 Maturity Date
12 Principal occupation / Job title (See Instructions) CITY REP		13 Employer (See Instructions) CITY OF EL PASO
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)
Date of loan 06/30/2024	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, CASSANDRA (Mrs.)	Loan Amount (\$) \$20,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code 308 Stewart Dr El Paso 79915 El Paso, TX 79915	Interest Rate
		Maturity Date
Principal occupation / Job title (See Instructions) CITY REP		Employer (See Instructions) CITY OF ELPASO
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal occupation		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 23/39	2 FILER NAME Hernandez, Cassandra	3 Filer ID (Ethics Commission Filers) 00000013
---	---	--

4 Date 05/01/2024	5 Payee name ACTBLU
-----------------------------	-------------------------------

6 Amount (\$) \$78.72	7 Payee address; City; State; Zip Code 366 SUMMER ST. SOMERVILLE EL PASO, MA 02144
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 04/20/2024	Payee name AIRPORT PRINTING
--------------------	--------------------------------

Amount (\$) \$486.04	Payee address; City; State; Zip Code 7 LEIGH FISHER BLVD. EL PASO, TX 79906
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DOOR HANGERS
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 03/20/2024	Payee name AMAZON
--------------------	----------------------

Amount (\$) \$205.26	Payee address; City; State; Zip Code 410 TERRY AVE SEATTLE, WA 98109
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 24/39	2 FILER NAME Hernandez, Cassandra	3 Filer ID (Ethics Commission Filers) 00000013
---	---	--

4 Date 03/14/2024	5 Payee name AMAZON
-----------------------------	-------------------------------

6 Amount (\$) \$50.83	7 Payee address; City; State; Zip Code 410 TERRY AVE SEATTLE, WA 98109
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SUPPLIES
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 05/20/2024	Payee name BIG 5
--------------------	---------------------

Amount (\$) \$156.92	Payee address; City; State; Zip Code 8900 Viscount Blvd EL PASO, TX 79915
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense APPAREL
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 03/14/2024	Payee name COMMERCIAL PRINT
--------------------	--------------------------------

Amount (\$) \$308.51	Payee address; City; State; Zip Code 2713 E. MISSOURI AVE EL PASO, TX 79903
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNAGE
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 25/39	2 FILER NAME Hernandez, Cassandra	3 Filer ID (Ethics Commission Filers) 00000013
4 Date 03/20/2024	5 Payee name DEADBEACH BREWERY	
6 Amount (\$) \$1,315.94	7 Payee address; City; State; Zip Code 3200 DURAZNO EL PASO, TX 79905	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER FOOD/BEV
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2024	Payee name DESERT SOUL PHOTOGRAPHY	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 12329 DESERT PATH CT EL PASO, TX 79938	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/08/2024	Payee name DIRT CHEAP SIGNS	
Amount (\$) \$3,792.06	Payee address; City; State; Zip Code 6706 LOHAM FORD RD LAGO VISTA, TX 78645	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 26/39	2 FILER NAME Hernandez, Cassandra	3 Filer ID (Ethics Commission Filers) 00000013
---	---	--

4 Date 06/06/2024	5 Payee name El Paso Young Democrats
-----------------------------	--

6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 1401 MONTANA AVE STE E El Paso, TX 79902
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION BY CANDIDATE
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/31/2024	Payee name HERNANDEZ, CASSANDRA (Mrs.)
--------------------	---

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 308 Stewart Dr El Paso 79915 El Paso, TX 79915
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 04/26/2024	Payee name IAFF Local 51
--------------------	-----------------------------

Amount (\$) \$200.00	Payee address; City; State; Zip Code 3112 FORNEY LN EL PASO, TX 79935
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION MADE BY CANDIDATE
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 27/39	2 FILER NAME Hernandez, Cassandra	3 Filer ID (Ethics Commission Filers) 00000013
---	---	--

4 Date 03/21/2024	5 Payee name KWIK KOPY
-----------------------------	----------------------------------

6 Amount (\$) \$101.21	7 Payee address; City; State; Zip Code 9530 Viscount Blvd EL PASO, TX 79925
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING EXP
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 06/20/2024	Payee name META
--------------------	--------------------

Amount (\$) \$267.52	Payee address; City; State; Zip Code 1 META WAY MENLO PARK, TX 94025
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense META ADS
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 03/01/2024	Payee name MEZA TROPHIES
--------------------	-----------------------------

Amount (\$) \$65.86	Payee address; City; State; Zip Code 1515 WYOMING EL PASO, TX 79902
------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOLUNTEER APPRECIATION MEETING
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 28/39	2 FILER NAME Hernandez, Cassandra	3 Filer ID (Ethics Commission Filers) 00000013
4 Date 04/19/2024	5 Payee name SAMS CLUB	
6 Amount (\$) \$85.17	7 Payee address; City; State; Zip Code 9498 GATEWAY N BLVD. EL PASO, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EASTER DONATION ITEMS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2024	Payee name SAMS CLUB	
Amount (\$) \$228.98	Payee address; City; State; Zip Code 9498 GATEWAY N BLVD. EL PASO, TX 79925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CUPCAKES FOR SENIORS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/29/2024	Payee name TEJEDA, CABE	
Amount (\$) \$340.00	Payee address; City; State; Zip Code 7309 DESIERTO MAIZ CT EL PASO, TX 79912	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTANT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 29/39	2 FILER NAME Hernandez, Cassandra	3 Filer ID (Ethics Commission Filers) 00000013
---	---	--

4 Date 04/14/2024	5 Payee name TEJEDA, CABE
-----------------------------	-------------------------------------

6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 7309 DESIERTO MAIZ CT EL PASO, TX 79912
------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTANT EXP
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 05/31/2024	Payee name TEJEDA, CABE
--------------------	----------------------------

Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 7309 DESIERTO MAIZ CT EL PASO, TX 79912
---------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTANT EXPENSE
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 04/30/2024	Payee name TEJEDA, CABE
--------------------	----------------------------

Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 7309 DESIERTO MAIZ CT EL PASO, TX 79912
---------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTANT
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 30/39	2 FILER NAME Hernandez, Cassandra	3 Filer ID (Ethics Commission Filers) 00000013
4 Date 05/15/2024	5 Payee name TEXAS DEM PARTY	
6 Amount (\$) \$201.00	7 Payee address; City; State; Zip Code 314 E HIGHLAND AUSTIN, TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRIBUTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2024	Payee name TEXAS DEM PARTY	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 314 E HIGHLAND AUSTIN, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONFERENCE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DEM CONVENTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2024	Payee name TEXAS DEM PARTY VAN	
Amount (\$) \$719.50	Payee address; City; State; Zip Code 314 E HIGHLAND AUSTIN, TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOTER DATA SOFTWARE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 31/39	2 FILER NAME Hernandez, Cassandra	3 Filer ID (Ethics Commission Filers) 00000013
---	---	--

4 Date 05/20/2024	5 Payee name TEXAS DEM PARTY VAN
-----------------------------	--

6 Amount (\$) \$719.50	7 Payee address; City; State; Zip Code 314 E HIGHLAND AUSTIN, TX 78752
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOTER DATA SOFTWARE
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 03/11/2024	Payee name VISTA PRINT
--------------------	---------------------------

Amount (\$) \$142.08	Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STATIONARY
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 05/01/2024	Payee name YONIS, KAHLIL (Mr.)
--------------------	-----------------------------------

Amount (\$) \$1,080.00	Payee address; City; State; Zip Code 4300 FLORY AVE EL PASO, TX 79904
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 32/39	2 FILER NAME Hernandez, Cassandra	3 Filer ID (Ethics Commission Filers) 00000013
--	---	--

4 Date 05/20/2024	5 Payee name YONIS, KAHLIL (Mr.)
-----------------------------	--

6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code 4300 FLORY AVE EL PASO, TX 79904
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONTRACT LABOR
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 06/10/2024	Payee name YWCA
--------------------	--------------------

Amount (\$) \$103.29	Payee address; City; State; Zip Code 1600 BROWN ST EL PASO, TX 79901
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

TEXT ANNOTATION

Sch: 1/7 Rpt: 33/39

FILER NAME
Hernandez, Cassandra

Filer ID (Ethics Commission Filers)
00000013

Schedule
Cover Sheet

Information entered by filer as a memo:

The TEC system did not allow my campaign to file both my semi-annual report for my District 3 campaign and my Mayoral campaign separately. After consulting with the city clerks and the legal department of the Texas Ethics Commission, I was advised to submit a combined report. As a result, a corrective affidavit has been filed. The District 3 campaign remains open without a final report, while the Mayoral campaign will continue as filed. Substantial documentation of the errors of the system are attained as well.

TEXT ANNOTATION

Sch: 2/7 Rpt: 34/39

FILER NAME
Hernandez, Cassandra

Filer ID (Ethics Commission Filers)
00000013

Schedule
Corrected Items

Record Type	Tracking Info	Record Detail
Contribution Info	Report	02/05/2024 - \$350.00
Contribution Info	Report	02/21/2024 - \$2,000.00
Contribution Info	Report	02/21/2024 - \$100.00
Contribution Info	Report	03/05/2024 - \$500.00
Contribution Info	Report	03/06/2024 - \$500.00
Contribution Info	Report	03/15/2024 - \$1,200.00
Contribution Info	Report	03/20/2024 - \$1,000.00
Contribution Info	Report	03/20/2024 - \$500.00
Contribution Info	Report	03/20/2024 - \$250.00
Contribution Info	Report	03/20/2024 - \$250.00
Contribution Info	Report	03/20/2024 - \$200.00
Contribution Info	Report	03/20/2024 - \$200.00
Contribution Info	Report	03/20/2024 - \$100.00
Contribution Info	Report	03/20/2024 - \$100.00
Contribution Info	Report	03/20/2024 - \$100.00
Contribution Info	Report	03/20/2024 - \$100.00
Contribution Info	Report	03/20/2024 - \$100.00
Contribution Info	Report	03/20/2024 - \$100.00
Contribution Info	Report	03/20/2024 - \$100.00
Contribution Info	Report	03/20/2024 - \$80.00
Contribution Info	Report	03/20/2024 - \$60.00
Contribution Info	Report	03/20/2024 - \$60.00
Contribution Info	Report	03/20/2024 - \$50.00
Contribution Info	Report	03/20/2024 - \$50.00
Contribution Info	Report	03/20/2024 - \$50.00
Contribution Info	Report	03/20/2024 - \$50.00
Contribution Info	Report	03/20/2024 - \$50.00
Contribution Info	Report	03/20/2024 - \$52.00
Contribution Info	Report	03/20/2024 - \$20.00

TEXT ANNOTATION

Sch: 3/7 Rpt: 35/39

FILER NAME
Hernandez, Cassandra

Filer ID (Ethics Commission Filers)
00000013

Schedule
Corrected Items

Record Type	Tracking Info	Record Detail
Contribution Info	Report	03/20/2024 - \$20.00
Contribution Info	Report	03/20/2024 - \$250.00
Contribution Info	Report	03/25/2024 - \$1,000.00
Contribution Info	Report	03/25/2024 - \$40.00
Contribution Info	Report	03/26/2024 - \$150.00
Contribution Info	Report	03/26/2024 - \$100.00
Contribution Info	Report	04/05/2024 - \$500.00
Contribution Info	Report	04/16/2024 - \$15.00
Contribution Info	Report	04/17/2024 - \$350.00
Contribution Info	Report	04/18/2024 - \$250.00
Contribution Info	Report	04/19/2024 - \$1,000.00
Contribution Info	Report	04/19/2024 - \$100.00
Contribution Info	Report	04/19/2024 - \$30.00
Contribution Info	Report	04/19/2024 - \$25.00
Contribution Info	Report	04/21/2024 - \$100.00
Contribution Info	Report	04/25/2024 - \$80.00
Contribution Info	Report	04/25/2024 - \$25.00
Contribution Info	Report	05/17/2024 - \$500.00
Contribution Info	Report	05/19/2024 - \$2,500.00
Contribution Info	Report	05/20/2024 - \$100.00
Contribution Info	Report	05/22/2024 - \$500.00
Contribution Info	Report	05/22/2024 - \$100.00
Contribution Info	Report	05/22/2024 - \$250.00
Contribution Info	Report	05/22/2024 - \$100.00
Contribution Info	Report	05/22/2024 - \$100.00
Contribution Info	Report	05/22/2024 - \$25.00
Contribution Info	Report	06/03/2024 - \$1,000.00
Contribution Info	Report	06/03/2024 - \$500.00

TEXT ANNOTATION

Sch: 4/7 Rpt: 36/39

FILER NAME
Hernandez, Cassandra

Filer ID (Ethics Commission Filers)
00000013

Schedule
Corrected Items

Record Type	Tracking Info	Record Detail
Contribution Info	Report	06/03/2024 - \$2,000.00
Contribution Info	Report	06/20/2024 - \$100.00
Contribution Info	Report	06/23/2024 - \$100.00
Contribution Info	Report	06/25/2024 - \$25.00
Contribution Info	Report	06/28/2024 - \$25.00
Contribution Info	Report	06/28/2024 - \$1,000.00
Contribution Info	Report	05/22/2024 - \$500.00 - FOOD/BEV DONATION
Contribution Info	Report	04/17/2024 - \$456.38 - FOOD/BEV DONATION
Contribution Info	Report	02/20/2024 - \$250.00
Contribution Info	Report	06/28/2024 - \$5,000.00
Contribution Info	Report	06/28/2024 - \$5,000.00
Contribution Info	Report	06/28/2024 - \$5,000.00
Contribution Info	Report	06/28/2024 - \$3,500.00
Contribution Info	Report	06/28/2024 - \$4,000.00
Contribution Info	Report	06/28/2024 - \$5,000.00
Contribution Info	Report	06/28/2024 - \$5,000.00
Contribution Info	Report	06/28/2024 - \$1,000.00
Contribution Info	Report	06/28/2024 - \$2,500.00
Contribution Info	Report	06/28/2024 - \$4,000.00
Contribution Info	Report	06/28/2024 - \$2,500.00
Contribution Info	Report	06/28/2024 - \$2,500.00
Contribution Info	Report	06/28/2024 - \$2,500.00
Contribution Info	Report	06/28/2024 - \$2,500.00
Contribution Info	Report	06/03/2024 - \$1,000.00
Expenditure Info (F1)	Report	02/29/2024 - \$340.00 - CONSULTANT
Expenditure Info (F1)	Report	03/01/2024 - \$65.86 - VOLUNTEER APPRECIATION MEETING
Expenditure Info (F1)	Report	03/08/2024 - \$3,792.06 - YARD SIGNS
Expenditure Info (F1)	Report	03/11/2024 - \$22.00 - EVENT FEE
Expenditure Info (F1)	Report	03/11/2024 - \$142.08 - STATIONARY

TEXT ANNOTATION

Sch: 5/7 Rpt: 37/39

FILER NAME
Hernandez, Cassandra

Filer ID (Ethics Commission Filers)
00000013

Schedule
Corrected Items

Record Type	Tracking Info	Record Detail
Expenditure Info (F1)	Report	03/20/2024 - \$205.26 - SUPPLIES
Expenditure Info (F1)	Report	03/15/2024 - \$33.15 - VOLUNTEERS
Expenditure Info (F1)	Report	03/14/2024 - \$308.51 - SIGNAGE
Expenditure Info (F1)	Report	03/14/2024 - \$50.83 - SUPPLIES
Expenditure Info (F1)	Report	04/19/2024 - \$85.17 - EASTER DONATION ITEMS
Expenditure Info (F1)	Report	04/19/2024 - \$152.03 - PHOTOGRAPHY SUPPORT
Expenditure Info (F1)	Report	03/20/2024 - \$1,315.94 - FUNDRAISER FOOD/BEV
Expenditure Info (F1)	Report	03/21/2024 - \$101.21 - PRINTING EXP
Expenditure Info (F1)	Report	04/29/2024 - \$20.00 - BANK FEES
Expenditure Info (F1)	Report	04/20/2024 - \$486.04 - DOOR HANGERS
Expenditure Info (F1)	Report	04/11/2024 - \$50.00 - DONATION/FUNDRAISER
Expenditure Info (F1)	Report	04/11/2024 - \$719.50 - VOTER DATA SOFTWARE
Expenditure Info (F1)	Report	04/14/2024 - \$1,000.00 - CONSULTANT EXP
Expenditure Info (F1)	Report	04/18/2024 - \$32.53 - VOLUNTEER
Expenditure Info (F1)	Report	04/22/2024 - \$10.00 - DONATION FNDRAISER
Expenditure Info (F1)	Report	06/20/2024 - \$267.52 - META ADS
Expenditure Info (F1)	Report	04/26/2024 - \$200.00 - DONATION MADE BY CANDIDATE
Expenditure Info (F1)	Report	04/28/2024 - \$28.80 - VOLUNTEER MEALS
Expenditure Info (F1)	Report	04/30/2024 - \$20.00 - BANK FEES
Expenditure Info (F1)	Report	05/01/2024 - \$30.92 - FOOD EXP
Expenditure Info (F1)	Report	05/01/2024 - \$1,080.00 - CONTRACT LABOR
Expenditure Info (F1)	Report	05/15/2024 - \$201.00 - CONTRIBUTION
Expenditure Info (F1)	Report	06/15/2024 - \$6.50 - DRINKS CAVANASSING
Expenditure Info (F1)	Report	05/20/2024 - \$800.00 - CONTRACT LABOR
Expenditure Info (F1)	Report	05/20/2024 - \$156.92 - APPAREL
Expenditure Info (F1)	Report	05/22/2024 - \$17.31 - VOLUNTEER FOOD
Expenditure Info (F1)	Report	05/25/2024 - \$29.44 - PARADE MATERIALS
Expenditure Info (F1)	Report	05/31/2024 - \$20.00 - BANK FEE

TEXT ANNOTATION

Sch: 6/7 Rpt: 38/39

FILER NAME
Hernandez, Cassandra

Filer ID (Ethics Commission Filers)
00000013

Schedule
Corrected Items

Record Type	Tracking Info	Record Detail
Expenditure Info (F1)	Report	06/03/2024 - \$56.71 - VOLUNTEER APPRECIATION LUNCH
Expenditure Info (F1)	Report	06/03/2024 - \$39.67 - VOLUNTEER BREAKFAST
Expenditure Info (F1)	Report	06/03/2024 - \$21.73 - VOLUNTEER TREATS
Expenditure Info (F1)	Report	06/05/2024 - \$100.00 - DONATION BY CANDIDATE
Expenditure Info (F1)	Report	06/05/2024 - \$36.92 - PARADE MATERIALS
Expenditure Info (F1)	Report	06/06/2024 - \$500.00 - DEM CONVENTION
Expenditure Info (F1)	Report	06/06/2024 - \$75.00 - DONATION BY CANDIDATE
Expenditure Info (F1)	Report	06/06/2024 - \$17.39 - VOLUNTEER LUNCH
Expenditure Info (F1)	Report	06/07/2024 - \$21.35 - VOLUNTEER LUNCH
Expenditure Info (F1)	Report	06/10/2024 - \$103.29 - DONATION
Expenditure Info (F1)	Report	06/10/2024 - \$98.60 - VOLUNTEER DINNER
Expenditure Info (F1)	Report	06/10/2024 - \$15.08 - VOLUNTEER BEVERAGES
Expenditure Info (F1)	Report	06/10/2024 - \$59.53 - AI FEES
Expenditure Info (F1)	Report	06/13/2024 - \$46.78 - FOOD EXP
Expenditure Info (F1)	Report	06/20/2024 - \$10.83 - REGISTRATION FEES
Expenditure Info (F1)	Report	06/21/2024 - \$46.82 - VOLUNTEER LUNCH
Expenditure Info (F1)	Report	06/21/2024 - \$24.09 - BREAKFAST VOLUNTEER
Expenditure Info (F1)	Report	06/25/2024 - \$228.98 - CUPCAKES FOR SENIORS
Expenditure Info (F1)	Report	06/27/2024 - \$200.00 - CREDIT TRANSACTION FEE
Expenditure Info (F1)	Report	05/01/2024 - \$78.72 - TRANSACTION FEE
Expenditure Info (F1)	Report	06/28/2024 - \$20.00 - BANK FEES
Expenditure Info (F1)	Report	05/31/2024 - \$3,500.00 - CONSULTANT EXPENSE
Expenditure Info (F1)	Report	04/30/2024 - \$1,000.00 - CONSULTANT
Expenditure Info (F1)	Report	05/13/2024 - \$29.98 - ADVERTISEMENT EXP
Expenditure Info (F1)	Report	01/31/2024 - \$350.00 - CONTRACT LABOR
Expenditure Info (F1)	Report	05/20/2024 - \$719.50 - VOTER DATA SOFTWARE
Loan Info	Report	06/03/2024 - \$35,000.00
Loan Info	Report	06/30/2024 - \$20,000.00

TEXT ANNOTATION

Sch: 7/7 Rpt: 39/39

FILER NAME
Hernandez, Cassandra

Filer ID (Ethics Commission Filers)
00000013

Schedule
Corrected Items

Record Type	Tracking Info	Record Detail
Report Info	Report	100000294
Persent Info	Report	Hernandez, Cassandra (Mrs.)
TOT_CNTRB_BALANC	Report	
TOT_LOAN_PRINCIPA	Report	
Contribution Info	Report	03/20/2024 - \$10.00