

# 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)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Ms.

Cassandra

NICKNAME

LAST

SUFFIX

Hernandez

**OFFICE USE ONLY**

Date Received

**10/5/2020 4:10:18 PM**

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( 915 ) 588-1845

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Norma

NICKNAME

LAST

SUFFIX

Alvarado Chavez

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8212 Turk Ct. El Paso, Texas 79907

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(915 ) 920-6666

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year

07/01/2020

THROUGH

Month Day Year

09/24/2020

11 ELECTION

ELECTION DATE

Month Day Year

11/03/2020

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

City Representative, District 3

13 OFFICE SOUGHT (if known)

District 3

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City Clerk Dept.  
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**  
Ms. Cassandra Hernandez

**15 Filer ID** (Ethics Commission Filers)

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 10.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,170.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 952.42
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 5,256.10
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18,310.47
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

**18 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 Cassandra Hernandez, this the 5 day of October, 2020, to certify which, witness my hand and seal of office.

**Mary Katz**

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

City Clerk Dept.  
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# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Ms. Cassandra Hernandez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,160.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,303.68
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/01/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lane Gaddy

**6** Contributor address; City; State; Zip Code

908 Cincinnati El Paso, Texas 79902

**7** Amount of contribution (\$)

500

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

08/01/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Richard V. Teschner

Contributor address; City; State; Zip Code

1800 N Stanton St El Paso, Texas 79902

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/01/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Deborah Kastrin

Contributor address; City; State; Zip Code

3940 Flamingo El Paso, Texas 79902

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/01/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Representative Evelina Ortega

Contributor address; City; State; Zip Code

1201 Cincinnati El Paso, Texas 79902

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/04/2020

**5** Full name of contributor

Maria Teran

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

4804 Villa Encanto El Paso, Texas 79922

**7** Amount of contribution (\$)

2500

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

08/07/2020

Full name of contributor

Stanley Jobe

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

1150 Southview Dr El Paso, Texas 79928

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/11/2020

Full name of contributor

Janise Spangler

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

3057 Hatteras Way Avon OH 44011

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/13/2020

Full name of contributor

Christian Lopez

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

2415 McKinley Ave El Paso, Texas 79930

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
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**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/13/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Representative Cesar Blanco

**6** Contributor address; City; State; Zip Code

504 Firstwood Unit B El Paso, Texas 79905

**7** Amount of contribution (\$)

250

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

08/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Raquel Hernandez

Contributor address; City; State; Zip Code

6710 Babcock Rd. Apt 812 San Antonio, Texas 78249

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Joel Guzman

Contributor address; City; State; Zip Code

1210 LOS ANGELES DR EL PASO, TX 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Christina Hernandez

Contributor address; City; State; Zip Code

5905 Malta Cir, Round Rock Texas 78634

Amount of contribution (\$)

40

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/18/2020

**5** Full name of contributor

Carlos Gallinar

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

1427 HAWTHORNE ST EL PASO, TX

**7** Amount of contribution (\$)

250

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

08/18/2020

Full name of contributor

Manny & Maria Moreno

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

144 ELDER RD EL PASO, TX 79915

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/2020

Full name of contributor

James Graham

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

1385 Vista Granada El Paso, Texas 79936

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/2020

Full name of contributor

Ben Puebla

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

2816 Berwick Rd, El Paso, TX 79925

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
08/20/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Ryan & Celeste Kieffe

**6** Contributor address; City; State; Zip Code  
13239 Wesleyan El Paso, Texas 79928

**7** Amount of contribution (\$)  
  
40

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
08/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Scott Berry

Contributor address; City; State; Zip Code  
4820 Northview Dr El Paso, Texas 79934

Amount of contribution (\$)  
  
50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
08/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Johnny Hinojos

Contributor address; City; State; Zip Code  
7676 Alameda Ave. El Paso, Texas 79915

Amount of contribution (\$)  
  
200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
08/21/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Jennifer Molokwu

Contributor address; City; State; Zip Code  
6521 Isla del Rey Drive. El Paso, Texas 79912

Amount of contribution (\$)  
  
500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
08/22/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Eileen Karlsruher

**6** Contributor address; City; State; Zip Code

716 Maxie Marie El Paso, Texas 79932

**7** Amount of contribution (\$)

1000

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

08/23/2020

Amparo Hernandez

Contributor address; City; State; Zip Code

257 Navasota Pl. El Paso, Texas 79905

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

08/24/2020

Robert Resendes

Contributor address; City; State; Zip Code

3150 N Yarbrough Dr Unit A-3 EPT 79925

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

08/24/2020

Gary Porras Sr

Contributor address; City; State; Zip Code

7181 Copper Queen Dr El Paso, Texas 79915

345

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
08/25/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Sam Trimble

**6** Contributor address; City; State; Zip Code

6401 Cadiz El Paso, Texas 79912

**7** Amount of contribution (\$)  
  
50

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

08/28/2020

Gustavo Reveles

Contributor address; City; State; Zip Code

3514 O'Keefe Dr El Paso, Texas 79902

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

08/28/2020

Perla Peon

Contributor address; City; State; Zip Code

1332 Cheyenne Trl El Paso, Texas 79925

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

08/28/2020

Fernando Bermudez

Contributor address; City; State; Zip Code

1332 Cheyenne Trl El Paso, Texas 79925

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date

08/29/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Laura Pople

**6** Contributor address; City; State; Zip Code

908 Via Corta El Paso, Texas 79912

**7** Amount of contribution (\$)

100

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

08/30/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Laura Rodriguez

Contributor address; City; State; Zip Code

500 N. Oregon El Paso, Texas 79901

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/31/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Frances Bernal

Contributor address; City; State; Zip Code

6036 Aztec Rd El Paso, Texas 79925

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

joe gomez

Contributor address; City; State; Zip Code

608 Cinnamon Teal Circle El Paso 79932

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date

09/07/2020

**5** Full name of contributor

Ted Houghton

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

210 N Campbell Street El Paso, Texas 79901

**7** Amount of contribution (\$)

1000

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

09/09/2020

Full name of contributor

Linebarger, Goggan, Blair & Sampson, LPP

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

PO Box 17428 Austin, Texas 78760

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/2020

Full name of contributor

Mike Portillo

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

3141 Edgerock El Paso, Texas 79935

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/11/2020

Full name of contributor

Bea Sada

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

7228 Barker Rd El Paso, Texas 79902

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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City Clerk Dept.  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
09/13/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Miguel Fernandez

**6** Contributor address; City; State; Zip Code  
411 Rim Road El Paso, Texas 79902

**7** Amount of contribution (\$)  
  
2000

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date  
  
09/13/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Enrique Chavez

Contributor address; City; State; Zip Code  
12992 Bucknell El Paso, Texas 79928

Amount of contribution (\$)  
  
100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
El Paso Municipal Police Officers

Contributor address; City; State; Zip Code  
747 E San Antonio Ave. El Paso, Texas Ste 206

Amount of contribution (\$)  
  
2000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
  
09/14/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Eliza Chavez

Contributor address; City; State; Zip Code  
12992 Bucknell El Paso, Texas 79928

Amount of contribution (\$)  
  
25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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City Clerk Dept.  
10/5/2020 4:15:43 PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date  
  
09/15/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bill & Linda Correa

**6** Contributor address; City; State; Zip Code

3710 Almond Beach 79936

**7** Amount of contribution (\$)

2500

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

09/15/2020

Rick Francis

Contributor address; City; State; Zip Code

1701 Yandell Dr El Paso, Texas 79902

2500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

09/17/2020

Ryan & Celeste Kieffe

Contributor address; City; State; Zip Code

13239 Wesleyan El Paso, Texas 79928

2500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

09/17/2020

Steve Yellen

Contributor address; City; State; Zip Code

925 McKelligon Dr El Paso, Texas 79902

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date

09/18/2020

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Alyssa & Ramon Benvides

**6** Contributor address; City; State; Zip Code

11505 James Watt Dr. El Paso, TX 79936

**7** Amount of contribution (\$)

100

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

09/18/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

David Chen

Contributor address; City; State; Zip Code

12941 FALLEN HERO LN EL PASO, TX

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/19/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Pilap LLC

Contributor address; City; State; Zip Code

PO Box 12725 El Paso, Texas 79913

Amount of contribution (\$)

175

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

The El Paso Association of Fire Figthers Local 51 PAC

Contributor address; City; State; Zip Code

3112 Forney Dr El Paso, Texas 79935

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**13**

**2** FILER NAME

Ms. Cassandra Hernandez

**3** Filer ID (Ethics Commission Filers)

**4** Date

09/23/2020

**5** Full name of contributor

Raymond Palacio

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address; City; State; Zip Code

5025 Meadowlark Dr El Paso, Texas 79922

**7** Amount of contribution (\$)

750

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

Date

09/24/2020

Full name of contributor

Eduardo & Margartia Escudero

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

34 Goodwin El Paso, Texas 79902

Amount of contribution (\$)

750

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2020

Full name of contributor

Eddie Castillo

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

10651 Janway El Paso, Texas 79935

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>0</b>	
2 FILER NAME <b>Ms. Cassandra Hernandez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<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)			

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Ms. Cassandra Hernandez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
0

2 FILER NAME

Ms. Cassandra Hernandez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

6 Is lender a financial Institution?  
  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial Institution?  
  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Ms. Cassandra Hernandez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>08/11/2020</b>	<b>5</b> Payee name <b>City of El Paso</b>
------------------------------------	---

<b>6</b> Amount (\$) <b>254.95</b>	<b>7</b> Payee address; <b>300 N Campbell, El Paso, Texas 79901</b>	City;	State;	Zip Code
---------------------------------------	--	-------	--------	----------

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

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

Date <b>08/23/2020</b>	Payee name <b>Dirt Cheap signs</b>
---------------------------	---------------------------------------

Amount (\$) <b>1482.25</b>	Payee address; <b>6706 Lohman Ford Lago Vista, TX 78645</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date <b>08/29/2020</b>	Payee name <b>Celestial Machines</b>
---------------------------	---

Amount (\$) <b>150</b>	Payee address; <b>550 E McKellips Rd Apt 1053, Mesa Az 85203</b>	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Fees</b>	Description <b>Graphics</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Ms. Cassandra Hernandez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/31/2020</b>	<b>5</b> Payee name <b>Adrienne Riley Photography</b>	
<b>6</b> Amount (\$) <b>175</b>	<b>7</b> Payee address; City; State; Zip Code <b>Adrienne Riley Photography</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Fees</b>	<b>(b)</b> Description <b>Photography</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cassandra Hernandez</b>	Office sought <b>City Representative</b>
		Office held <b>City Representative</b>
Date <b>09/01/2020</b>	Payee name <b>Patriot Wholesale Direct</b>	
Amount (\$) <b>414.99</b>	Payee address; City; State; Zip Code <b>260 Engelwood Dr d, Orion Charter Township, MI 48359</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Door Hangers</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cassandra Hernandez</b>	Office sought <b>City Representative</b>
		Office held <b>City Representative</b>
Date <b>09/01/2020</b>	Payee name <b>Patriot Wholesale Direct</b>	
Amount (\$) <b>209.99</b>	Payee address; City; State; Zip Code <b>260 Engelwood Dr d, Orion Charter Township, MI 48359</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Post Cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cassandra Hernandez</b>	Office sought <b>City Representative</b>
		Office held <b>City Representative</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Ms. Cassandra Hernandez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/10/2020</b>	<b>5</b> Payee name <b>Zapa Graphics</b>	
<b>6</b> Amount (\$) <b>216.5</b>	<b>7</b> Payee address; City; State; Zip Code <b>3410 Wickham Ave. Suite 100 El Paso, Texas 79904</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Signs</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cassandra Hernandez</b>	Office sought <b>City Representative</b>
		Office held <b>Clty Representative</b>
Date <b>09/15/2020</b>	Payee name <b>Chris Hernandez</b>	
Amount (\$) <b>750</b>	Payee address; City; State; Zip Code <b>565 Riverdale Street El Paso, Texas 79907</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Field Management</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cassandra Hernandez</b>	Office sought <b>City Representative</b>
		Office held <b>City Representative</b>
Date <b>09/15/2020</b>	Payee name <b>Andrea Santana</b>	
Amount (\$) <b>400</b>	Payee address; City; State; Zip Code <b>601 S Mesa Hills Apt 1415 El Paso Texas 79912</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Salaries/Wages/Contract Labor</b>	Description <b>Canvasser</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cassandra Hernandez</b>	Office sought <b>City Representative</b>
		Office held <b>City Representative</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Ms. Cassandra Hernandez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/21/2020</b>	<b>5</b> Payee name <b>Cielo Vista Neighborhood Association</b>	
<b>6</b> Amount (\$) <b>250</b>	<b>7</b> Payee address; City; State; Zip Code <b>P.O Box 971884 El Paso, Texas 79997</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Contributions/Donations made by Candidate/Officeholder/Political Committee</b>	<b>(b)</b> Description <b>Donation to Neighborhood Assn Activities</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Cassandra Hernandez</b>	Office sought <b>City Representative</b>
		Office held <b>City Representative</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 0	<b>2</b> FILER NAME Ms. Cassandra Hernandez	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

Ms. Cassandra Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 0	<b>2</b> FILER NAME Ms. Cassandra Hernandez	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
----------------------	-------------------------	-------	--------	----------

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>0</b>	<b>2</b> FILER NAME <b>Ms. Cassandra Hernandez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

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

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

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

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

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

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: <b>0</b>	<b>2</b> FILER NAME <b>Ms. Cassandra Hernandez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>0</b>	<b>2</b> FILER NAME <b>Ms. Cassandra Hernandez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address;	City	State	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

Ms. Cassandra Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received  Check if political contribution returned to filer

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:  
0

2 FILER NAME

Ms. Cassandra Hernandez

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Ms. Cassandra Hernandez

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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