CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Tł	e C/OH Instruction	Guide explains how to cor	nplete this form.	1 Filer ID (Ethics Commi 00000013		2 Total pages	filed: 14
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
	OFFICEHOLDER NAME		Cassandra			Date Received	
							CALLY FILED
						10/07/2024	
		NICKNAME	LAST		SUFFIX	10/07/2024	
			Hernandez				
4	CANDIDATE /	ADDRESS / PO BOX; A	.PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
	OFFICEHOLDER MAILING	308 Stewart Dr					
	ADDRESS					Receipt #	Amount
	Change of Address	El Paso, TX 79915					
						Date Processed	
						Date Imaged	
						Date imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
ľ	TREASURER	Mrs.	Tamara		IVII		
	NAME	1011-5.	Tamara				
		NICKNAME	LAST		SUFFIX		
			Davis				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO		AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
	ADDRESS	14533 Tierra Resort Av	e.				
	(Residence or Business)						
		El Paso, TX 79938					
-	CAMPAIGN	AREA CODE PH	IONE NUMBER	TENCION			
7	TREASURER		IONE NUMBER	EXTENSION			
	PHONE	(254) 338-3269					
8	REPORT						
Ő	TYPE	January 15	X 30th day before		Runoff	15th day after	campaign treasurer
						appointment (c	officeholder only)
		July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
					reporting limit		
9	PERIOD	Month Day Yea	ar		Month Day	Year	
	COVERED	07/01/2024	Tł	HROUGH	09/30/202	4	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Yea	ar 🛛 🖓 F	Primary	Runoff	Other	
		11/05/2024		Seneral	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
[Place City Rep District	District 3 El Paso		Mayor El Paso	()	
⊢							
I							
I							
l			GO 1	O PAGE 2			
Fo	rms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Ver	sion V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2** 2 of 14

13 C / OH NAME	3 C / OH NAME Hernandez, Cassandra 14 Filer ID 00000013						
15 NOTICE FROM POLITICAL COMMITTEE(S)	ditures made by political co ut the candidate's or office tion only if they receive not	holder's knowledge or					
Additional Pages	COMMITTEE TYPE						
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDF	RESS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TI ES OF LOANS, OR CONTRIBUTIONS MADE E	\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 20,385.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 2,595.65			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 17,668.18			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	E LAST DAY OF THE	\$ 108,604.90			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$ 66,660.00			
17 AFFIDAVIT	-						
		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information required to				
		Ca	ssandra Hernandez				
			of Candidate or Officehold	der			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
		rtify which, witness my hand and seal of office.					
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath			
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		/ersion V4.1.0.d378aba0			

SUBTOTALS - C/OH	FORM C/OH COVER SHEET PG 3 3 of 14		
18 FILER NAME Hernandez, Cassandra	19 Filer ID 00000013	(Ethics Commission Filers)	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 20,385.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 17,668.18	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

			 T
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/14
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hernandez,			00000013
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/26/2024	Alvarado, David		\$25.00
	6 Contributor address; City; State; Zip Code		1
	7126 Perseus Brk		
	San Antonio, TX 78252		
-	upation / Job title (See Instructions)	9 Employer (See Instructions)	S)
Retired		Retired Navy	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2024	Alvarado, Rosa		\$5,000.00
	Contributor address; City; State; Zip Code		1
	7433 Benson		
	El Paso, TX 79915]	
	upation / Job title (See Instructions)	Employer (See Instructions)	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2024	Alvarado-Chavez, Norma		\$5,000.00
	Contributor address; City; State; Zip Code		1
	8212 Turk Ct		
	El Paso, TX 79907		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>
Retired		Retired	(
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
07/18/2024	Anisa, Jaquez	/	\$100.00
011101202	Contributor address; City; State; Zip Code		· · · ·
	5525 N Stanton St, 13 B		
	5525 N Statituri St, 15 B		
	El Paso, TX 79912		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)
DNS Technie	cian	Thryv	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/25/2024	COLEMAN, NATHAN		\$25.00
	Contributor address; City; State; Zip Code		1
	5836 MARLIN		
	EL PASO, TX 79924		
	upation / Job title (See Instructions)	Employer (See Instructions)	s)
DISABILITY	RIGHTS ACTIVIST		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/14	
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)	
	Hernandez,	Cassandra			0000013	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/25/2024	Coleman, Nathan				\$25.00
		6 Contributor address; City; State; Zip Code				
		5836 Marlin Dr				
		El Paso, TX 79924				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Program Co	ordinator	VOLAR			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/25/2024	Coleman, Nathan				\$25.00
		Contributor address; City; State; Zip Code				
		5836 Marlin Dr				
		El Paso, TX 79924				
	•	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Program Co	ordinator	VOLAR			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/13/2024	Duran, Pablo				\$2,000.00
		Contributor address; City; State; Zip Code				
		159 Sunland				
		Sunland Park, NM 88063				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Self-employe	ed	Self-employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/27/2024	Duran, Pablo				\$2,000.00
		Contributor address; City; State; Zip Code				· · ·
		159 Sunland				
		Sunland Park, NM 88063				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Self-employe	ed	Self-employed			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/20/2024	Duran, Pablo				\$2,000.00
		Contributor address; City; State; Zip Code				
		159 Sunland				
		Sunland Park, NM 88063				
		pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Self-employe	ed	Self-employed			

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Scheo Sch: 3/5 Rpt: 6/1	
2 FILER NAME		3 Filer ID (Ethics C		
Hernandez,		00000013	,	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contrib	ution (\$)
09/30/2024				\$1,500.00
	6 Contributor address; City; State; Zip Code			
	7436 BENSON			
	EL PASO, TX 79915			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Geologist		University of Ecuador		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contrib	ution (\$)
08/05/2024				\$100.00
	Contributor address; City; State; Zip Code	1		
	257 Navasota			
	El Paso, TX 79905			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired		Retired		
Date	—)	Amount of Contrib	
09/17/2024	Hernandez, Raul			\$500.00
	Contributor address; City; State; Zip Code			
	7901 Wakefield			
	El Paso, TX 78749			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	
Self-employ	ed	Self-employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contrib	ution (\$)
09/25/2024				\$500.00
	Contributor address; City; State; Zip Code			
	119 Rio Vista Dr			
	Sunland, NM 88063			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Self-employ	ed	self-employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contrib	
07/01/2024	Lujan, Lorenzo			\$25.00
	Contributor address; City; State; Zip Code			
	1380 Emerald Gate Ln			
D i vinstaar	El Paso, TX 79936		、	
	upation / Job title (See Instructions)	Employer (See Instructions)	
Realtor		JPAR Real Estate		

The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/14					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Hernandez, (Cassandra	00000013					
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)				
09/25/2024	Martinez, Armando		\$80.00				
	6 Contributor address; City; State; Zip Code		1				
	1501 Greenwood Cir						
	El Paso, TX 79925						
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)				
Retired		Retired					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)				
07/08/2024	OLIVARES, BETTINA		\$1,000.00				
	Contributor address; City; State; Zip Code		1				
	5757 Las Brisas						
	51 54 50 TV 70005						
Dringing occu	EL PASO, TX 79905	Employer (See Instructions	<u> </u>				
Principal occu Manager	ipation / Job title (See Instructions)	Employer (See Instructions City of El Paso	3)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)				
07/20/2024	Omar, Yanar		\$100.00				
	Contributor address; City; State; Zip Code		1				
	5550 Confetti Dr						
	1						
<u> </u>	El Paso, TX 79912						
	ipation / Job title (See Instructions)	Employer (See Instructions					
Educator	J	El Paso Leadership Aca	-				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)				
08/20/2024	Omar, Yanar		\$100.00				
'	Contributor address; City; State; Zip Code						
	5550 Confetti Dr						
	El Paso, TX 79912						
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>				
Educator		El Paso Leadership Aca	ademy				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)				
07/25/2024	Talmadge, John and Dana		\$10.00				
'	Contributor address; City; State; Zip Code		1				
	3519 Brookline						
	1						
	Dallas, TX 75234						
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)				
1							

	The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/14	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
[Hernandez,	Cassandra	00000013	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of Contribution (\$)	
	08/25/2024	Talmadge, John and Dana		\$10.00
		6 Contributor address; City; State; Zip Code		
		3519 Brookline		
		Dallas, TX 75234		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ŝ)
	Physician			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/25/2024	Talmadge, John and Dana		\$10.00
		3519 Brookline		
		Dallas, TX 75234		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Physician	· · · · · · · · · · · · · · · · · · ·		, ,
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/20/2024	Yanar, Omar)	\$100.00
		Contributor address; City; State; Zip Code		
		5550 Confetti Dr		
		El Paso, TX 79912		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Educator		El Paso Leadership Aca	ademy
F	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	07/31/2024	Zarate, Isabel		\$150.00
		Contributor address; City; State; Zip Code		
		7126 Perseus Brk		
		El Paso, TX 79924		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
	Self Employ	ed	Self Employed	
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1				

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment			mittee				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 1/6 Rpt: 9/14			Cassandra					00000013	(
4 C	Date	5	Payee name							
C	07/05/2024		AIRPORT F	RINTING						
6 A	Amount (\$) \$442.78		Payee address; City; State; Zip Code 7 LEIGH FISHER BLVD. EL PASO, TX 79906							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description					n, TX,	tside of Texas. Complete Schedule T. X, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder nam	e C	Office sou	ght		Office he	eld
0	Date		Payee name							
C	9/04/2024		AIRPORT F	RINTING						
4	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	de			
	\$499.51		7 Leigh Fish El Paso, TX							
	PURPOSE OF EXPENDITURE		Category _{(Si} Printing Exp		d at the top of this sch	edule)		n, TX	ide of Texas. Com , officeholder living ENSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	-	andidate/Offi	ceholder nam	e C	Office sou	ght		Office he	eld
0	Date		Payee name							
C)7/30/2024		City of El Pa	aso Texas						
4	Amount (\$) \$509.90		Payee addre 300 N Cam		State;	; Zip Co	de			
			El Paso, TX	79901						
	PURPOSE OF EXPENDITURE		Category _{(Si} Fees	ee Categories liste	d at the top of this sch	edule)			ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder nam	e C	Office sou	ght		Office he	eld

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 10/14	Hernandez, Cassandra 00000013
4 Date	5 Payee name
09/09/2024	EL TORO BRONCO
6 Amount (\$) \$60.68	7 Payee address; City; State; Zip Code 7689 North Loop Dr El Paso, TX 79915
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense VOLUNTEER APPRECIATION LUNCH
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/07/2024	EPMPOA
Amount (\$) \$200.00	Payee address; City; State; Zip Code 747 E San Antonio Ave # 206 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contribution made by candidate
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/05/2024	El Loco - Candy Stores
Amount (\$) \$229.54	Payee address; City; State; Zip Code 3600 Alameda Ave
	El Paso, TX 79905
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CANDY PARADE
Complete <u>ONLY</u> if direct expenditure to benefit C/C	I Candidate/Officeholder name Office sought Office held H

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/6 Rpt: 11/14		Hernandez, Cassandra 00000013							· · · ·
4	Date 07/01/2024	5	Payee name Evaga							
6	Amount (\$)	7	Payee address;	City	Stato: Zin C	odo				
0	\$240.70	,	 7 Payee address; City; State; Zip Code 240 W Castellano Dr El Paso, TX 79912 							
8	PURPOSE	(2)				(h)	Description			
0	OF	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer appreciation lunch 					expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Office so	ught			Office he	ld
	Date		Payee name							
	07/19/2024		Jasso, Omar							
	Amount (\$)		Payee address;	City;	State; Zip C	ode				
	\$150.00		2202 W North Lo		, F					
			Apt 135	-						
			Austin, TX 78756							
	PURPOSE OF EXPENDITURE	(a)	Category _{(See Categ} Salaries/Wages/(his schedule)	(b)			de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office so	ught			Office he	ld
	Date		Payee name							
	09/16/2024		META ADS							
	Amount (\$) \$323.32		Payee address; 1 Meta Way	City;	State; Zip C	ode				
			Menlo Park, CA 9	4025						
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Advertising Expe		his schedule)	(b)		I, TX,	de of Texas. Comp officeholder living S	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Office so	ught			Office he	ld

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment			Event Ex Fees Food/Be Gift/Awa mittee Legal Se	Event Expense Loan Repayment/Reimbursement				Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/6 Rpt: 12/14		Hernandez, Cassandra						0000013		
4	Date 08/05/2024		5 Payee name Proper printshop								
6	Amount (\$)	7									
	\$267.55		1120 Yandell Dr El Paso, TX 79902								
8	PURPOSE	(a)				(b)	Description				
Ū	OF		 (a) Category (See Categories listed at the top of this schedule) Polling Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Apparel 								
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								ld		
	Date		Payee name								
	08/09/2024 Rosedale Park Association										
	Amount (\$)		Payee address;	City;	State; Zip	Code					
	\$74.00 7369 Franklin El Paso, TX 79915										
PURPOSE OF EXPENDITURE								ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense by Candidate		
Complete <u>ONLY</u> if direct Candidate/Officeholder name expenditure to benefit C/OH					Office sought Office held				łd		
	Date		Payee name								
	07/01/2024		SAMS CLUB								
	Amount (\$) Payee address; City; State; Zip Code \$164.70 9498 GATEWAY N BLVD.										
	EL PASO, TX 79925										
PURPOSE OF EXPENDITURE			(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense				b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholde	er name	Office s	ought			Office he	ld	
		-									

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	B Filer ID (Ethics Commission Filers)						
	Sch: 5/6 Rpt: 13/14	Hernandez, Cassandra 00000013							
4	Date 07/11/2024	5 Payee name SAMS CLUB							
6	Amount (\$) \$211.99	 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) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cupcakes/snacks for seniors 							
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/03/2024	TEJEDA, CABE							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,500.00	7309 DESIERTO MAIZ CT EL PASO, TX 79912							
	PURPOSE OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/05/2024	TEJEDA, CABE							
	Amount (\$) \$5,000.00	unt (\$) Payee address; City; State; Zip Code							
		EL PASO, TX 79912							
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense Dense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			nmittee	Event Expense Loan Repayment/Reimburss Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for			head/Rental Expense bense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/6 Rpt: 14/14	Hernandez, Cassandra 00000013									
4	Date	5	5 Payee name								
	09/06/2024		TEJEDA, CABE								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$1,500.00	7309 DESIERTO MAIZ CT									
			EL PASO, TX 79912								
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Consulting E		cpense				de of Texas. Comp		
	-								officeholder living	expense	
							CONSOLIAI	NI			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Dffice sou	ght		Office he	eld	
	Date		Payee name								
	08/06/2024 VISTA PRINT										
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de				
	\$197.86		275 Wyman	St							
		Waltham, MA 02451									
PURPOSE OF EXPENDITURE			Printing Expense					Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Print expense			
Complete ONLY if direct			Candidate/Officeholder name Of				ght		Office he	ld	
	expenditure to benefit C/OI	Н				·	-				
	Date		Payee name								
	07/19/2024		YONIS, KAF	ILIL (Mr.)							
-	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de				
	\$2,500.00 4300 FLORY AVE										
			EL PASO, T								
	PURPOSE OF				at the top of this sch	nedule)	(b) Description	outei	de of Texas. Com	olete Schedule T	
	EXPENDITURE		Salaries/Wa	ges/Contract	Labor				, officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	(Dffice sou	ght		Office he	eld	