# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00000013	sion Filers)	2 Total pages fi	led: L2
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Cassandra		MI	OFFICE	USE ONLY
NAME		Cassanara			Date Received  ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	10/28/2024	
		Hernandez				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	308 Stewart Dr				Receipt #	Amount
Change of Address	El Paso, TX 79915					
"	,				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mrs.	Tamara				
	NICKNAME	LAST		SUFFIX		
		Davis				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	AP1	/ SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	14533 Tierra Resort Ave.			·		·
(Residence or Business)	El Paso, TX 79938					
	17 430, 17 73300					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(254) 338-3269					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after ca	mpaign treasurer
		Oth day before	olootion $\Box$	Evanoded modified	appointment (offi	
	July 15	X 8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	acii C/On-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	10/01/2024	TH	IROUGH	10/26/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 11/05/2024		rimary	Runoff	Other	
	11/05/2021	χG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	City Representative Plac	e 3 District 3 El F	Paso	Mayor Place Ma	yor El Paso	
	I			ı		
		GO T	O PAGE 2			

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Hernandez, Cassand	ra	<b>14</b> Filer ID (E 00000013	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or officel	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		<b>\$</b> 655.00				
	5)	\$ 3,620.00						
EXPENDITURE TOTALS								
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 32,580.08				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 79,644.82				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 66,660.00				
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		Cass	andra Hernandez					
		Signature of	Candidate or Officehold	der				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subs	nd subscribed before me, by the said day							
	, 20, to certify which, witness my hand and seal of office.							
Signature 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

				3 of 12
18 FILER NAI Hernande	ME ez, Cassandra	<b>19</b> Filer ID 00000013	(Ethics Comm	ission Filers)
l	E SUBTOTALS SCHEDULE		SUBTOT	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,620.00
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 CONTRIBUTION	S	\$	32,580.08
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 TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/12	
2	FILER NAME Hernandez,	Cassandra			3	Filer ID (Ethics Commission 00000013	n Filers)
_			_		L		
4	Date 10/07/2024	5 Full name of contributor Alvarado-Chavez, Norma	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$200.00
		6 Contributor address; City; Sta	ıte; Zip Code				
		8212 Turk Ct					
		El Paso, TX 79907					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	10/09/2024	Cervantes, Alyssa		/		(+)	\$100.00
		Contributor address; City; Sta	uto: 7in Codo				+200.00
		11505 James Grant	ite, zip Code				
		11505 Jailles Giaill					
		El Paso, TX 79936					
_	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Administrato		Texas Tech Health Scie		Center El Paso		
_					···		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>#100.00</b>
	10/10/2024	Chavez, Enrique					\$100.00
		Contributor address; City; Sta	te; Zip Code				
		12992 Bucknell Dr. A					
		El Paso, TX 79928					
	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	OTR Driver			Self Employed	,		
_					_		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>+=00.00</b>
	10/17/2024	Chen, David					\$500.00
		Contributor address; City; Sta	ite; Zip Code				
		12941					
		Fallen Hero					
		El Paso, TX 79938	1		Ļ		
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Consultant			Self employed			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/25/2024	Coleman, Nathan					\$25.00
		Contributor address; City; Sta	İ				
		5836 Marlin Dr					
		El Paco TV 70024					
_	Dringing!	El Paso, TX 79924	ı	Employer (Cook Instruct)	., 		
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Program Co	านเทสเปเ		VOLAR			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/12		
2	FILER NAME Hernandez,	Cassandra		3	Filer ID (Ethics Commission 00000013	n Filers)	
4	Date 10/09/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Diaz, Victor</li> <li>6 Contributor address; City; State; Zip Code 2325 E Rio Salado Pkwy, 2006</li> </ul>		7	Amount of Contribution (\$)	\$50.00	
8	Principal occu	Tempe, TX 85288 pation / Job title (See Instructions)	9 Employer (See Instructions	.)			
Ŭ	Software En	· · · · · · · · · · · · · · · · · · ·	Microsoft	')			
	Date 10/26/2024	Full name of contributor out-of-state PAC (ID#:_ Dominguez, Laura  Contributor address; City; State; Zip Code  3821  Tierra Chisum  El Paso, TX 79938	)		Amount of Contribution (\$)	\$150.00	
	Principal occu Admissions	pation / Job title (See Instructions)	Employer (See Instructions EPCC	i)			
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#:_EDWARDS, LOUIS  Contributor address; City; State; Zip Code 207-1/2 E SAN ANTONIO AVE  EL PASO, TX 79901			Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Wilson & Company	5)			
	Date 10/17/2024	Full name of contributor out-of-state PAC (ID#:_ EPAC PAC  Contributor address; City; State; Zip Code 810 YANDELL DR SUITE B EL PASO, TX 79902			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:_ Hernandez, Raul Contributor address; City; State; Zip Code 7901 Wakefield El Paso, TX 78749	)		Amount of Contribution (\$)	\$500.00	
	Principal occu Self-employe	pation / Job title (See Instructions) ed	Employer (See Instructions Self-employed	()			
		•					

	MONEI	ARY POLITICAL CONTRIBUTI		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/12	
2	FILER NAME Hernandez, (	Cassandra			3	Filer ID (Ethics Commission 00000013	n Filers)
4	Date 10/16/2024	Hernandez, Stephen  6 Contributor address; City; State; Zip Code  8212 Turk Ct	out-of-state PAC (ID#:)  State; Zip Code				\$250.00
8	Principal occu	El Paso, TX 79907 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	academia	,		escuela politecnica naci		al, quito, ecuador	
	Date 10/12/2024	Full name of contributor out-of-state PAC (ID# Hernandez, Sylvia  Contributor address; City; State; Zip Code 13401 Crane Rd.  Buda, TX 78610	#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Self Employe	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID# MEDINA, ARMANDO  Contributor address; City; State; Zip Code 1501 GREENWOOD  EL PASO, TX 79925	#:			Amount of Contribution (\$)	\$80.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID# Mason, Alexander  Contributor address; City; State; Zip Code 3122 Sea Channel Dr.  Seabrook, TX 77586	#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not employe	oation / Job title (See Instructions)		Employer (See Instructions Not employed	<u> </u> 5)		
	Date 10/20/2024	Full name of contributor out-of-state PAC (ID# Omar, Yanar  Contributor address; City; State; Zip Code 5550 Confetti Dr  El Paso, TX 79912	#:			Amount of Contribution (\$)	\$100.00
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions El Paso Leadership Aca		my	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/12		
2	FILER NAME Hernandez, (	Cassandra		3	Filer ID (Ethics Commission 00000013	n Filers)	
4	Date 10/07/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_PUEBLA, BENITO</li> <li>Contributor address; City; State; Zip Code 2816 BERWICK</li> </ul>		7	Amount of Contribution (\$)	\$50.00	
8	Principal occu	EL PASO, TX 79925 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ;)			
	LAW ENFOR			,			
	Date 10/20/2024	Full name of contributor out-of-state PAC (ID#:_STOVER, CHRISTINA  Contributor address; City; State; Zip Code 5905 MALTA CIR  ROUND ROCK, TX 78634			Amount of Contribution (\$)	\$100.00	
	Principal occu DENTAL	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> s)			
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_ Serrano, Valeria  Contributor address; City; State; Zip Code 6911 Pamlico Dr.	)		Amount of Contribution (\$)	\$25.00	
	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	E-6		United States Navy				
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Talmadge, John and Dana Contributor address; City; State; Zip Code 3519 Brookline Dallas, TX 75234			Amount of Contribution (\$)	\$10.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Vargas, Andy Contributor address; City; State; Zip Code 1709 Jean Louise St.	)		Amount of Contribution (\$)	\$50.00	
	Principal occu Investor	pation / Job title (See Instructions)	Employer (See Instructions NBV	5)			
			,				

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Centers a cottogen and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 1/5 Rpt: 8/12	Hernandez, Cassandra 00000013	
4	Date	5 Payee name	
	10/25/2024	AIRPORT PRINTING	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,000.00	7 Leigh Fisher Blvd	
		El Paso, TX 79906	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Mail	
		· · · · · · · · · · · · · · · · · · ·	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	10/25/2024	AIRPORT PRINTING	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$720.90	7 Leigh Fisher Blvd	
	Ψ120.00	r Edgiri Sha Biva	
		El Paso, TX 79906	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Print	
L	Operation ONLY & Street	Out tidate (Office health are reserved.	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			=
	Date	Payee name	
	10/25/2024	DIRT CHEAP SIGNS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,482.25	6706 LOHAM FORD RD	
		LAGO VISTA, TX 78645	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Signs	
		Sign3	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
1	expenditure to benefit C/OI	<b>o</b>	
$\vdash$			_

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction G	•		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FII FR NAME					1	3	Filer ID	(Ethics Commission File	ers)
	Sch: 2/5 Rpt: 9/12	Ĺ	Hernandez,	Cassandra					_	00000013		-/
4	Date	5	Payee name									
	10/01/2024		Diaz, Victor									
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de					
	\$7,500.00		2325 E Rio	Salado Pkwy, 2	2006							
			Tempe, TX	35288								
8	PURPOSE	(a)	-	e Categories listed at t	ho top of this cohe	odulo)	(b)	Description				
	OF	`	Consulting E		tile top of trils sch	ledule)	( - ,		utsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	TX,	officeholder living	expense	
								Media Consul	ltar	nt		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/Oi	П										
	Date		Payee name									
	10/01/2024		Hernandez,	Chris								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$344.79		565 Riverda	le								
			El Paso, TX	79907								
	PURPOSE OF	(a)		e Categories listed at t	he top of this sch	edule)	(b)	Description				
	EXPENDITURE		Consulting E	Expense				<b>=</b>		de of Texas. Com officeholder living		
								Text campaign		omeeneder ming	, олронов	
								, ,				
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н				·						
H	Date		Payee name									
	10/01/2024		Jiménez, Fri	da								
	Amount (\$)	$\vdash$	Payee addres		State:	; Zip Co	de					
	\$3,500.00		7436 Benso		outo,	,p 00						
	40,000.00			: <del>-</del>								
			El Paso, TX	79915								
	PURPOSE	(a)	,	e Categories listed at t	•	edule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract L	abor			<b>=</b>		de of Texas. Com		
	-							Contract labor		officeholder living	expense	
								Contract labor	•			
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office he	eld .	
	expenditure to benefit C/OI		Janaidato/OIII	Janoidor Hallic		zinoc oou(	9.16			Omice ne		

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 3/5 Rpt: 10/12	Hernandez, Cassandra 00000013	
4	Date	5 Payee name	
	10/15/2024	Jiménez, Frida	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,500.00	7436 Benson	
		El Paso, TX 79915	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Contract labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
_	Date	Payee name	=
	10/25/2024	META	
_	Amount (\$)	Payee address; City; State; Zip Code	-
	\$471.53	1 META WAY	
	Ψ+1 1.00	I WETA WAT	
		MENLO PARK, TX 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Ads	
		/ NAS	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Date	Davisa nama	=
	10/10/2024	Payee name META	
			_
	Amount (\$)	Payee address; City; State; Zip Code  1 META WAY	
	\$500.00	I META WAT	
		MENLO PARK, TX 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Ads	
			_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	- CAPCHARLATO TO SOTIONE OF CI		

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gifl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 11/12	Hernandez, Cassandra	00000013
4	Date	5 Payee name	- 1
	10/01/2024	META	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	1 META WAY	
		MENLO PARK, TX 94025	
8	PURPOSE		
ľ	OF	· · · · · · · · · · · · · · · · · · ·	avel outside of Texas. Complete Schedule T.
	EXPENDITURE		ustin, TX, officeholder living expense
		Ads	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to beliefit C/O		
	Date	Payee name	
	10/21/2024	TEJEDA, CABE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	7309 DESIERTO MAIZ CT	
		EL PASO, TX 79912	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	avel outside of Texas. Complete Schedule T.
	LXI LINDITORL	,	ustin, TX, officeholder living expense
		Multi-meu	ia Consultant
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	D-4-	T _	
	Date 10/01/2024	Payee name	
		TEJEDA, CABE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	7309 DESIERTO MAIZ CT	
		FI DAGG TV 70046	
		EL PASO, TX 79912	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consuming Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		,	ia Consultant
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
l			

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense		nead/Rental Expense ense pense ages/Contract Labor	;	Travel in District Travel Out of Dis					
	Credit Gard F dyment			The Instruction Guide explains	how to con	nplete this form.			
1	Total pages Schedule F1:	2	FILER NAME	Ξ			3	Filer ID	(Ethics Commission Filers)
l	Sch: 5/5 Rpt: 12/12		Hernandez	, Cassandra				00000013	
┰	Date	5	Payee name						
	10/11/2024	١	Walmart						
ᆫ									
6	Amount (\$)	7	Payee addre		; Zip Coo	de			
l	\$77.64		7101 Gatev	vay Blvd W					
l									
l			El Paso, TX	〈 79925					
8	DUDDOCE	(0)			1.	(b) 5 · · ·			
l°	PURPOSE OF	(a)	Category (S	ee Categories listed at the top of this sch	nedule)	(b) Description	vol oute	ide of Texas. Com	ploto Cobodulo T
l	EXPENDITURE		Food/Bever	rage Expense				, officeholder living	
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9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder name (	Office soug	gnt		Office he	eid
	- P								
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