CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MRS ASTLEY NICKNAME LAST HERMANIXE	MI 	OFFICE USE ONLY Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / TO BOX, / II / TO III	CITY; STATE; ZIP CODE ALTORIA TX 1902 EXTENSION	Date Hand-delivered or Date Postmarked
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST LORI NICKNAME LAST PETERSON	J	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT /	VICTORIATI	ZIP CODE 77904
3 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (36) 218-621	EXTENSION	The partners of the control of the c
9 REPORT TYPE	January 15 30th day before July 15 8th day before	Funeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 12 / 1 / 2019	7 (3 (3)	Day Year AND 2020 In state clique visitur
11 ELECTION PRIMARY	ELECTION DATE Month Day Year Prima 03 / 03 / 2020 Gener	Runoff Other Description	Notary 10# or out by Conversion Exd APRIL 10, 208
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know	2 COLLECTOR
	GO T	O PAGE 2	The state of the s

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	hley H	ernandez 15 Fi	ler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICE		
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	The second secon
			LAC
W. T. WA		COMMITTEE CAMPAIGN TREASURER ADDRESS	My L
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
100		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,225.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		\$ 0000000000000000000000000000000000000
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,324.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$		\$ 0.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 174,41
18 AFFIDAVIT			
DON NOR	NA R. LAURENC ary Public, State of Texas otary 10# 678676-6 My Commission Expires APRIL 10, 2022	I swear, or affirm, under penalty of perjury true and correct and includes all informati under Title 15, Election Code. Signature of Candidate	on required to be reported by me
AFFIX NOTARY STAM		Acht Ilana oda	1744
Sworn to and subscribed day of the subscribe	11	by the said Henrardez to certify which, witness my hand and seal of office.	, this the
Signature of officer a	dministering oath	Printed name of officer administering oath	Thref Deputy Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how to		riner (enter a category not listed above)
1 Total pages Schedule G: 3-0-6-3 4 Date	Solar That & Graphic	lez 3	Filer ID (Ethics Commission Filers)
6 Amount (\$) 330,00 Reimbursement from political contributions intended	Solar tint & Graphic 7 Payee address: 306 W. Rio. Grande	s victoria, TX	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Check if Austin, TX.	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	officeholder living expense Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule G: 20 20 4 3 4 Date 1/13/7020	2 FILER NAME Ashley Hernand 5 Payee name Solar Mt + Graph	3 Filer ID (Ethics Commission Filers)
6 Amount (\$) \$\frac{1}{258,0}\$ Reimbursement from political contributions intended	7 Payee address: 308 w- Rio Grande Vi	City: State: Zin Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advert Sing Capense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/2/19	Payee name Solar Tilt & Graphi	CS
Amount (\$) Reimbursement from political contributions intended	Payee address; 308 w. Rio Grade	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expunse Check if travel outside of Texas. Complete Schedule T.	Description Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held
Date	Payee name Solar Thut & GI	aghics
Amount (\$) 770.00 Reimbursement from political contributions intended	Payee address; 308 W. Rio Grande	City; State; Zip Code Victoria TO 7790
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T.	Description 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
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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 Office Overhead/Rental Expense Consulting Expense Transportation Equipment & Related 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Advertising expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date 308 W. Rio Grande Victoria, TX 77901 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Victoria County Republican Party address; City; State; Zip Code 115 5. Main St. Victoria, TX Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (extension and listed above)

Candidate/Officeholder/Politica		o/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	DIT CARD \$
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	And the second s
		Brigger and American Services
9 TYPE OF EXPENDITURE	Political Non-Political	al the figure to be a second of the second o
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
EXPENDITURE	2	
11 Complete ONLY if direct	Candidate / Officeholder name Office	e sought Office held
expenditure to benefit C/O		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Politic	al
21000 1	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		e sought Office held
r rai mass		and de distriction of the second of the seco
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	Ashley Herrandez			
4 Date 12/2/19	5 Payee name Solar that +GI	raphics		
6 Amount (\$)	7 Payee address; 208 W. Rio Grande	City;	State; Zip Code	
9/100,00	308 00 KIO STA OC	Victoria	77981	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Ashley Hernand	ez	3 Filer ID (Ethic	s Commission Filers)
12-18-19	Home Depot			
6 Amount (\$) \$ 149.72	7 Payee address; 6708 NE. ZGC LENTZ P Ky	city; Victoria	State;	Zip Code 7790 4
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advership Expense	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12128/19	Lowe's			
Amount (\$)	Payee address;	City;	State;	Zip Code
67.07	8602 N. Navarro	Victoria	1	7784
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/17/19	Tractor Supply Co.			
Amount (\$)	Payee address;	City;	State;	Zip Code
257.84	9304 North Mavarro	victoria	T	7 7904
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertish Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Ashley Hemandez		3 Filer ID (Ethic	s Commission Filers)
4 Date 12-1-19	5 Payee name Lowe'S			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 615,93	Navarro	Videnia	tx	77904
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adversing expense			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/14/19	Home Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
494,89	GTOB NE Zac Lentz PKWy	Victoria	TX	77904
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12-17-19	Home De pot			
Amount (\$)	Payee address; 6708 NE. Zac Lentz PKuy	City;	State;	Zip Code
# 33.42	Q 100 1 -	Victoria	To	77904
BURDOST	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense			
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Ashley Hernande 5 Payee name	2	3 Filer ID (Ethics Commission Filers)
0500000000	Home Depot		
6 Amount (\$) $$218,25$	7 Payee address; City; State; Zip Code	r 77 gou	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advert is ing expense		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/6/19	Home Pepot	* 1.7 %	
Amount (\$)	Payee address; City; State; Zip Code		
\$ 10.76	2 ac Lentz PKy Victoria 7	TX 77904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adults UKP land		ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/6/19	Home Depot		The second secon
Amount (\$)	Payee address; City; State; Zip Code		
\$10.79	6708 NEentzlky Victori		904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adverstry Etpense		de of Texas. Complete Schedule T. "X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
31	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED

LOANS

SCHEDULE E

The I	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
FILER NAME	7 Shlen Hernande		3 Filer ID (Ethics Commission Filers)
TOTAL OF UN	ITEMIZED LOANS	Sage	\$ \$5,000,00
Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)
1/20/2019	Victoria City-County Emp	loyee-FCU	95,000.00
Is lender a financial Institution?	Victoria City- (county Employees) 8 Lender address; City; s 205 N. Bridge Victoria Ste. 111	state; Zip Code	10 Interest rate 7.390 % 11 Maturity date
	n / Job title (See Instructions),	13 Employer (See Instructions)	1125/000
Description of Colla	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; S	State; Zip Code	
not applicable		21 Employer (See Instructions)	1/ 16/1
Principal Occupati	ion (See Instructions)	Z1 Employer (See instructions)	,
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N	6 75.55		Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
none		. His officer of the second of	Amount Guaranteed (\$)
GUARANTOR INFORMATION	Name of guarantor	State; Zip Code	
not applicable	el gler of approximation of the		17
	ion (See Instructions)	Employer (See Instructions)	
If	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS N	EEDED eporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

PLEDGED CONTRIBUTIONS

SCHEDULE B

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)
TOTAL O	F UNITEMIZED PLEDGES	\$ 100 100 100 100 100 100 100 100 100 10
5 Date	6 Full name of pledgor	8 Amount of Pledge \$ 9 In-kind contribution description
	Mark Mark Commence	Check if travel outside of Texas. Complete Schedul
O Principal occ	cupation / Job title (See Instructions) 11 Employe	er (See Instructions)
Date	Full name of pledgor	of Pledge \$ description
Principal occu	pation / Job title (See Instructions) Employe	Check if travel outside of Texas. Complete Schedule or (See Instructions)
Date	Full name of pledgor	Amount of In-kind contribution description
Principal occu	upation / Job title (See Instructions) Employe	Check if travel outside of Texas. Complete Schedule r (See Instructions)
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of In-kind contribution description
Principal occup	pation / Job title (See Instructions) Employer	Check if travel outside of Texas. Complete Schedule (See Instructions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

т	The Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:)		8 Amount of 9 In-kind contribution Contribution \$ description		
	7 Contributor address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.	
10 Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor uut-of-state PAC (ID#: Contributor address; City; State; Zip Co)	Amount of In-kind contribution Contribution \$ description	
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	Check if travel outside of Texas. Complete Schedule er (FOR NON-JUDICIAL)(See Instructions)	
	r's principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor	r's employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)	
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
To an object to the second sec				
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	DULE AS NEEDED	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		1 Total pages Schedule A1: Z		
The	Instruction Guide explains how to complete this form.	of 3		
2 FILER NAME	10-110	3 Filer ID (Ethics Commission Filers)		
4 Date	AShly Hernandez 5 Full name of contributor □ out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
salsala sa	Sally Good 6 Contributor address; City; State; Zip Code 3947 Hopkinsville Rd, Cuerosty 77954	\$ 125.00		
12/12/2019	3947 Hopkinsville Rd. Cuerostx 77954			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	etions)		
	Full name of contributor	Amount of contribution (\$)		
Date	, an hame of comments	The state of the s		
10/1/20/0	Sure Flow oil A Gas o perating Account Contributor address; City; State; Zip Code	\$ 500,00		
12/1/2019	P.O. BOX 124 Victoria, TX 77902	3007		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)		
Date	Full name of contributor	Amount of contribution (\$)		
12/5/2010	James & Wendy Hames Contributor address; City; State; Zip Code	\$10000		
14/2/2019	409 Rasswood Victoria TX 77904	1000		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
l al al	Contributor address; City; State; Zip Code	\$50,00		
12/29/19	508 Kelly Chick Rd Victoria, Tr 77904	30,30		
Principal occu	pation / Job title (See Instructions) Employer (See Instru	actions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 3 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (IDR:					
Ashley Hernandez 4 Date 5 Full name of contributor out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form.				
State Principal occupation / Job title (See Instructions) State Principal occupation / Job title (See Instructions)	2 FILER NAME	Ashley Hernanda	2	3 Filer ID (Ethics Commission Filers)	
8 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code Full name of contributor Darvel Heibel Contributor address; City: State; Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City: State; Zip Code Amount of contribution (\$)	4 Date		C (ID#:)	7 Amount of contribution (\$)	
Date Full name of contributor Darvel He (be) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	1/10/20/20		State; Zip Code	\$1/00.00	
Darvel Heibel Contributor address; City; State; Zip Code Date Full name of contributor out-of-state PAC (ID#:	8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Principal occupation / Job title (See Instructions) Date	Date	^ / //	C (ID#:)	Amount of contribution (\$)	
Date Full name of contributor Out-of-state PAC (ID#:	1/3/2020	Contributor address; City;	State; Zip Code	\$20.00	
Richard + Diana F-loves Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
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	Date		C (ID#:)	Amount of contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code	1/9/2020		State; Zip Code	\$ 200.00	
Contributor address; City; State; Zip Code	Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)	
	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City;	State; Zip Code		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	And Andrews and An				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 1			
2 FILER NAME AShley Hernandez		3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of contribution (\$)			
1/8/2020	Neftali Aloretta Villafranca 6 Contributor address; City; State; Zip Code 1507 N Moody Victoria, TX 77901	\$500,00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
1/7/2020	Ooc Haldin Contributor address; City; State; Zip Code				
	1343 West-Park Ave Victoria, tx 77905	\$100,00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	Amount of contribution (\$)			
12/5/2019	Mi Ke Murker, Parker Motor Co. Contributor address; City; State; Zip Code				
	P.O. Box 7317 Victoria, TX 77903	\$ 100,00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	Amount of contribution (\$)			
12/31/2019	Ar nold's Plumbing & Reroute Service Contributor address; City; State; Zip Code				
	1563 Glascow Victoria, TX 77904	\$ 100,00			
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.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Comm				
21		Ashley Hernandez JLE SUBTOTALS F SCHEDULE	94	SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	bindition of the st	\$ 2,225.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0,00	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	The specific first	\$ 0,00
4.		SCHEDULE E: LOANS	Upin But ord a to dell'	\$ 5,000,00
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,558,67
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0,00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$ 0.00
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	- Willy-ONL CH	\$ 0.00
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ (0.766.00
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0.00
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0.00
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	IONS	\$ 0.00