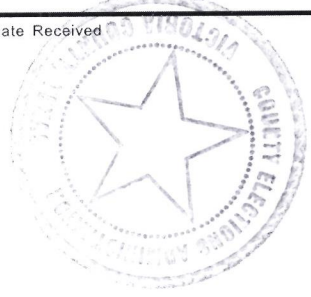


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <b>MRS.</b> FIRST: <b>ASHLEY</b> MI: <b>M</b> NICKNAME: _____      LAST: <b>HERNANDEZ</b> SUFFIX: _____	<b>OFFICE USE ONLY</b> <hr/> Date Received  <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # _____      Amount \$ _____ Date Processed: <b>OCT - 2 2020</b> Date Imaged: <b>KES</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <b>PO BOX 331</b> CITY: <b>VICTORIA TX</b> STATE: _____      ZIP CODE: <b>77902</b> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(361)</b> PHONE NUMBER: <b>541 8244</b> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>MRS</b> FIRST: <b>LORI</b> MI: <b>J</b> NICKNAME: _____      LAST: <b>PETERSON</b> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>104 MASTERS CT</b> CITY: <b>VICTORIA TX</b> STATE: _____      ZIP CODE: <b>77904</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <b>(361)</b> PHONE NUMBER: <b>218 - 6211</b> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>7 / 2 / 2020</b> THROUGH <b>10 / 01 / 2020</b>		
11 ELECTION	ELECTION DATE Month      Day      Year <b>11 / 03 / 2020</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>VICTORIA COUNTY TAX ASSESSOR COLLECTOR</b>	
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

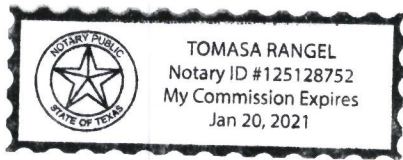
14 C/OH NAME 15 Filer ID (Ethics Commission Filers)

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5107.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4645.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4354.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1210.55

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.

*Ashley Hernandez*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ASHLEY HERNANDEZ, this the 0ct day of 2, 2020, to certify which, witness my hand and seal of office.

*Tomasa Rangel*  
 Signature of officer administering oath

TOMASA RANGEL  
 Printed name of officer administering oath

NOTARY  
 Title of officer administering oath

# SUBTOTALS - C/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4950.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 157.50
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4645.42
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

ASHLEY HERNANDEZ

3 Filer ID (Ethics Commission Filers)

4 Date

7/4/20

5 Full name of contributor

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

ROBERT E LEE III D.D.S

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

City;

State;

Zip Code

106 PROFESSIONAL DR VICTORIA TX 77904

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/8/20

Full name of contributor

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

JAY OR BARBARA LACK

Amount of contribution (\$)

\$ 100.00

Contributor address;

City;

State;

Zip Code

102 CREEKSIDE DR VICTORIA TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/2/20

Full name of contributor

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

NEFTALI & LORETTA VILAFRANCA

Amount of contribution (\$)

\$ 800.00

Contributor address;

City;

State;

Zip Code

1507 N MOODY VICTORIA TX 77901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/2/20

Full name of contributor

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

Manuel (Manny) Villarreal

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

PO BOX 4654 VICTORIA TX 77903

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Ashley Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

8/26/20

5 Full name of contributor

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

Sharon Burns

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/3/20

Full name of contributor

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

Alfred Allen Kopecky MD

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

112 Hollywood Blvd Victoria TX 77904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14/20

Full name of contributor

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

TRE/PAC Texas Association of Realtors, Political action committee

Amount of contribution (\$)

\$2500.00

Contributor address;

City;

State;

Zip Code

PO Box 2246 Austin TX 78768

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/20

Full name of contributor

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

MARK E Zafereo

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

125 Creekvew Dr Victoria TX 77904

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Ashley Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/20

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

Maurice Ckamin / Gotmeenkamin

6 Contributor address; City; State; Zip Code

708 W Commercial Victoria TX 77901

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/29/20

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

Jim / Jennifer Hartman

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250.00

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)

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME		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#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
8/20/20	EMETH AVAREZ	\$157.50	advertising
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
PO BOX 282 VICTORIA TX 77902			
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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# 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>2</b> FILER NAME <i>ASHLEY HERNANDEZ</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>9/18/20</i>	<b>5</b> Payee name <i>MICAH ROTH</i>	
<b>6</b> Amount (\$) <i>\$2000.00</i>	<b>7</b> Payee 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) <i>consulting expense</i>	<b>(b)</b> Description <i>consultant</i>
	<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 <i>9/10/20</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>\$39.13</i>	Payee address; City, State; Zip Code <i>6708 NE ZAL LENTZ PKWY VICTORIA TX 77904</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <i>WIRE, ZIPTIES</i>
	<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 <i>9/9/20</i>	Payee name <i>V GOP</i>	
Amount (\$) <i>30.00</i>	Payee address; City, State; Zip Code <i>115 S MAIN ST VICTORIA TX 77901</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Donation</i>	Description <i>Donation</i>
	<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

**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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ashley Hernandez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/15/20</i>	5 Payee name <i>Target</i>	
6 Amount (\$) <i>25.07</i>	7 Payee address; City; State; Zip Code <i>11608 NE Zac Lente Victoria TX 77904</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	(b) Description <i>thank you letters</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>9/18/20</i>	Payee name <i>Revista De Victoria</i>	
Amount (\$) <i>\$292.50</i>	Payee address; City; State; Zip Code <i>PO BOX 1412 Victoria TX 77903</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <i>ad</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>9/28/20</i>	Payee name <i>Solar Tint + Graphics</i>	
Amount (\$) <i>\$350.00</i>	Payee address; City; State; Zip Code <i>308 W Rio Grande Victoria TX 77901</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising</i>	Description <i>yard political signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 NEEDED

# 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.

1 Total pages Schedule F1: 2 FILER NAME Ashley Hernandez 3 Filer ID (Ethics Commission Filers)

4 Date 9/25/20 5 Payee name Rainbow Printing

6 Amount (\$) \$383.72 7 Payee address; City; State; Zip Code  
7700 E Port Pkwy Houston TX 77017

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	(b) Description <u>door hangers/postcards</u>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 9/20/20 Payee name V GOP

Amount (\$) \$25.00 Payee address; City; State; Zip Code  
115 W Main Victoria TX 77901

PURPOSE OF EXPENDITURE

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

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 9/29/20 Payee name Mican Roth

Amount (\$) \$1500.00 Payee address; City; State; Zip Code  
778 Live Oak DR Inez TX 77968

PURPOSE OF EXPENDITURE

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

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED