CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction C | Guide explains how | to complete this form. | 1 Filer ID (Ethi | cs Commission Filers) | 2 Total pages | s filed: |
|--|------------------------|---|-------------------|--------------------------------------|---------------------|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Advian | ar 6' | МІ | | CE USE ONLY |
| , u | NICKNAME | Hernan | der | SUFFIX | FILED D | -7-2024 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | | en Blod # 10 d , TX 7758 | | E; ZIP CODE | | ARK BRAZÓRIA CO |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (28)) : | PHONE NUMBER +38-3047 | EXTE | NSION | | red or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR | FIRST | | МІ | Receipt # | Amount \$ |
| NAME | NICKNAME | LAST | | SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS | 1901) | (NO PO BOX PLEASE); APT/SL | ek Dr. | ITY; | STATE; | ZIP CODE |
| (Residence or Business) | Year b | and, TX 772 | 501 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (201) 9 | PHONE NUMBER 79 - 9019 | EXTE | NSION | | |
| 9 REPORT TYPE | January 15 | 30th day before el | lection | Runoff | treasure | after campaign rappointment older Only) |
| * | July 15 | 8th day before elec | CHOIT | Exceeded Modified Reporting Limit | Final Re | port (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month O7 | Day Year 1 / 2024 | THROUGH | Month | Day Y | Gear O Z Y |
| 11 ELECTION | ELECTION DA Month Day | TE Primary | Runoff | ELECTION TYPE Other | | × |
| 15 | 11/65/ | | Special | Description | | |
| 12 OFFICE | OFFICE HELD (if any) | JA | | CE SOUGHT (if known | • | + 4, Pl. 1 |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFIC | CE OF POLITICAL CONTRIBUTIONS A EHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIRE | MAY HAVE BEEN MAL | DE WITHOUT THE CANE | DIDATE'S OR OFFICER | HOLDER'S KNOWLEDGE OR |
| CONNINTTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | v | | | |
| Additional Pages | G ENERAL | COMMITTEE ADDRESS | | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREA | ASURER NAME | | | |
| * | | COMMITTEE CAMPAIGN TRE | ASURER ADDRESS | 3 | | |
| | | GO TO | PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) | | | | |
|--|--|--|--|--|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 20 | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$4,350,00 | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ \$ | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$1,303,90 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | TDAY \$ 4,77,8,99 | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ 782,70 | | | | |
| 18 SIGNATURE I s | wear, or affirm, under penalty of perjury, that the accompanying report is true | and correct and includes all information | | | | |
| req | uired to be reported by me under Title 15, Election Code. | | | | | |
| | | | | | | |
| 1 25 | | | | | | |
| | Signature of Car | ndidate or Officeholder | | | | |
| | | | | | | |
| Please complete either option below: | | | | | | |
| £: | | | | | | |
| | * | | | | | |
| (1) Affidavit | | | | | | |
| | × | | | | | |
| NOTARY STAMP/SEAL | | | | | | |
| Sworn to and subscribed | before me by this the _ | day of, | | | | |
| 20, to certify which, witness my hand and seal of office. | | | | | | |
| Signature of officer administer | ing oath Printed name of officer administering oath | Title of officer administering oath | | | | |
| | OR | | | | | |
| (2) Unsworn Declaration | | | | | | |
| My name is Advice | Hernowlez , and my date of birth is | May 8, 1983 | | | | |
| 30% | Massey Ranch Rd Pear bind T | x , 77504, USA . | | | | |
| | | ate) (zip code) (country) | | | | |
| Executed in Brown County, State of Ty , on the day of Octuber , 20 21. | | | | | | |
| | | | | | | |
| | Signature of Candida | ate/Officeholder (Declarant) | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| ER NAME rnandez, Adrian | 19 Filer ID | | |
|---|--------------------------|-------------------------|----------|
| | | | |
| HEDULE SUBTOTALS ME OF SCHEDULE | SUB | STOTAL AMOUNT | |
| X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 4,350.00 |
| SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| SCHEDULE E: LOANS | | \$ | |
| X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT | ONS | \$ | 521.20 |
| SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIB | UTIONS | \$ | |
| SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 782.70 |
| SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINE | SS OF C/OH | \$ | |
| SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIB | UTIONS | \$ | |
| SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER | NS RETURNED | \$ | |
| | | | |
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| | | | 4 |
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| | | | |
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| | | | |
| | | | |
| SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINE SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS | UTIONS SS OF C/OH UTIONS | \$ \$ \$ \$ \$ \$ \$ \$ | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/9 2 FILER NAME 3 Filer ID Hernandez, Adrian 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/25/2024 \$1,750.00 Texas GOP Candidate Resource Committee 6 Contributor address; City; State; Zip Code Austin, TX 78767 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/21/2024 Andrew, Pikoff \$50.00 Contributor address; City; State; Zip Code Manvel, TX 77578 Principal occupation / Job title (See Instructions) Employer (See Instructions) Real Estate Broker The Pikoff Team Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/04/2024 Angleton Republican Women's PAC \$300.00 Contributor address; City; State; Zip Code Sweeny, TX 77480 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/25/2024 \$100.00 Brendon, Boyd Contributor address; City; State; Zip Code Rosharon, TX 77583 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance Broker Tower Insurance & Financial Services Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/10/2024 \$50.00 Cade, Layni Contributor address; City; State; Zip Code Pearland, TX 77581 Principal occupation / Job title (See instructions) Employer (See Instructions) Teacher Connections Academy

www.ethics.state.tx.us

Version V4.1.0.48da51f7

Forms provided by Texas Ethics Commission

| | MONET | ARY POLITICAL CONTRIBUTIO | SCHEDULE A1 | | | |
|---|---------------------------|---|---|-----------------------------|----------|--|
| | The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/9 | | | |
| 2 | FILER NAME Hernandez, | | | 3 Filer ID | | |
| 4 | Date 08/05/2024 | Full name of contributor | 7 Amount of Contribution (\$) | \$2,000.00 | | |
| 8 | Principal occu | Pearland, TX 77588 upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | | |
| | Date 09/22/2024 | Contributor address; City; State; Zip Code Pearland, TX 77581 | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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/Officeholder/Politica Credit Card Payment | al Co | mmittee Legal Services Salaries The Instruction Guide explains how to describe the services of the services o | | es/Contract Labor OTHER (enter a category not listed above) lete this form. |
|-----------------|--|----------|--|------------|--|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | 3 Filer ID |
| L | Sch: 1/2 Rpt: 6/9 | | Hernandez, Adrian | | |
| 4 | Date | 5 | Payee name | | |
| | 08/15/2024 | | Adrian, Hernandez | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip C | ode | |
| | \$500.00 | | 2700 Cullen Blvd | | |
| | | | #841173 | | |
| | | | Pearland, TX 77584 | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) |) Description |
| | OF EXPENDITURE | | Loan Repayment/Reimbursement | | Check if travel outside of Texas. Complete Schedule T. |
| | | | | | Check if Austin, TX, officeholder living expense Reimbursement |
| | | | | | Reimbursement |
| <u> </u> 9 | Complete ONLY if direct | <u> </u> | Candidate/Officeholder name Office so | l waht | t Office held |
| ľ | expenditure to benefit C/O | | Janutuale/Onicerolider flame Onice sc | ougrit | Office field |
| Γ | Date | | Payee name | | |
| | 08/10/2024 | | Anedot Inc | | |
| | Amount (\$) | | Payee address; City; State; Zip C | ode | |
| | \$2.30 | | 1201 W Peachtree St NW | | |
| | | | Ste 2625 PMB 43460 | | |
| | | | Atlanta, GA 30309-3499 | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | | Fees | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | | Processing fees. |
| | | | | | roccosing rocs. |
| | Complete ONLY if direct | | Candidate/Officeholder name Office so | _l ught | Office held |
| | expenditure to benefit C/OI | H | | | |
| | Date | | Payee name | | |
| | 08/21/2024 | | Anedot Inc | | |
| Π | Amount (\$) | | Payee address; City; State; Zip C | ode | |
| | \$2.30 | | 1201 W Peachtree St NW | | |
| | | | Ste 2625 PMB 43460 | | |
| | | | Atlanta, GA 30309-3499 | | |
| H | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | | Fees | | Check if travel outside of Texas, Complete Schedule T. |
| | EXPENDITURE | | | | Check if Austin, TX, officeholder living expense |
| | | | | | Processing fees. |
| | | | | _ | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name Office so | ught | Office held |
| | experience to benefit 6/01 | | | | |
| | | | | | |
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees
Food/Reverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Gift/Awards/Memorials E Legal Services The Instruction Guid | Expense | | xpens Vages | se //Contract Labor | | Travel Out of District OTHER (enter a category not listed above) | |
|---|--|----------|---------------|--|---------------------------------------|------------|----------------|------------------------|--------|--|---|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | Ξ | | | | | 3 | Filer ID | |
| L | Sch: 2/2 Rpt: 7/9 | <u>L</u> | Hernandez | · | | | | | | · | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 08/25/2024 | | Anedot Inc | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State; | ; Zip Co | de | | | | |
| | \$4.30 | | 1201 W Pe | achtree St NW | | | | | | | |
| | l | | Ste 2625 P | MB 43460 | | | | | | | |
| | | | Atlanta, GA | 30309-3499 | | | | | | | |
| 8 | PURPOSE | la' |) Catenory // | See Categories listed at the | · · · · · · · · · · · · · · · · · · · | 4.4.5 | (b) | Description | | | |
| ٦ | OF | (", | Fees | ee Categories listed at the | top of this sche | edule) | (~, | _ ' | outsid | de of Texas, Complete Schedule T. | |
| | EXPENDITURE | | , 555 | | | | l | Check if Austin | ı, TX, | officeholder living expense | |
| | | | | | | | l | Processing fe | es. | | |
| | | 1 | | | | | l | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Off | ficeholder name | C | Office sou | ght | | | Office held | |
| | Date | T | Payee name | | | | | | | | |
| | 09/22/2024 | 1 | Anedot Inc | | | | | | | | |
| ┢ | Amount (\$) | \vdash | Payee addre | ess; City; | State; | ; Zip Co | de | | | | |
| | \$4.30 | | • | achtree St NW | | | | | | | İ |
| | • | | Ste 2625 P | | | | | | | | |
| | | 1 | | | | | | | | | |
| L | | Ļ | | 30309-3499 | | | | | | | |
| | PURPOSE OF | (a) | | See Categories listed at the | top of this sch | edule) | (b) | Description | | ' (Town Complete Calculule T | |
| | EXPENDITURE | | Fees | | | | l | <u> </u> | | de of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | | l | Processing fe | | | |
| | , | | | | | | l | • | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | | Candidate/Off | iceholder name | 0 | Office sou | ght | | | Office held | |
| F | Date | Π | Payee name | | | | | | | | |
| | 07/25/2024 | | Frost Bank | | | | | | | | |
| <u> </u> | Amount (\$) | 一 | Payee addre | ess; City; | State: | Zip Co | de | | | | |
| | \$8.00 | | 5208 Broad | | | • | | | | | |
| | - | | 0200 2.11 | .wa, c. | | | | | | | |
| | | L | Pearland, T | | | | | | | | |
| | PURPOSE OF | (a) | | ee Categories listed at the | top of this sche | edule) | (b) | Description | | · := | |
| | EXPENDITURE | | Fees | | | | | | | de of Texas, Complete Schedule T, officeholder living expense | |
| | | | | | | | | Account main | | = : | |
| | | | | | | | | 7100041121112 | 1.0 | unce ice. | |
| <u> </u> | Complete ONLY if direct | <u>_</u> | Candidate/Off | iceholder name | | Office sou | aht | | — | Office held | |
| | expenditure to benefit C/OF | | Janulua (C/Om | icenoluei name | | MILE SOU | ym | | | Office field | |
| <u> </u> | · | | | | | | | | | | |
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| | | | | | | | | | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel in District Travel Out of District Contributions/ Donations Made By Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 Filer ID Sch: 1/2 Rpt: 8/9 Hernandez, Adrian 4 Date Pavee name 08/16/2024 ENom, Inc. 6 Amount (\$) Payee address; City; State; Zip Code \$22.76 10400 NE 4th Street Floor 5 Ste 121 Reimbursement from x political contributions intended Bellevue, WA 98004 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Website domain renewal. Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 08/21/2024 Keep Texas Beautiful Payee address; Amount (\$) City; State; Zip Code \$103.00 8850 Business Park Dr Reimbursement from political contributions intended #200 X Austin, TX 78759 PURPOSE Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/10/2024 Mosaic in Action Amount (\$) Payee address; City; State; Zip Code \$103.00 2535 E Broadway St Reimbursement from [x]political contributions intended Pearland, TX 77581 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit

C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in District Contributions/ Donations Made By Candidate/Officeholder/Political Committee Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: FILER NAME 3 Filer ID Sch: 2/2 Rpt: 9/9 Hernandez, Adrian 4 Date Pavee name 08/08/2024 Office Depot Payee address; Amount (\$) City; State; Zip Code 2032 N Main St \$44.91 Reimbursement from political contributions intended [x]Pearland, TX 77581 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** Rack cards printing. Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Pavee name 08/07/2024 Southfork Postal Center Amount (\$) Payee address; City; State; Zip Code \$499.00 3422 Business Center Dr #106 Reimbursement from political contributions Pearland, TX 77584 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE** Campaign signs. Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit

| C/OH | |
|--|--|
| Date 08/09/2024 | Payee name Stannp.com |
| Amount (\$) \$10.03 Reimbursement from political contributions intended | Payee address; City; State; Zip Code 6312 S Fiddlers Green Cir Suite 350E Greenwood Village, CO 80111 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donor thank you cards. |
| Complete <u>ONLY</u> if direct C expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| <u> </u> | |