CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1				
The C/OH Instruction G	uide explains how	to complete	e this form.	1 File	er ID (Ethics Comm	nission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR		eniela		h	ΛI	OFFICE	USEONLY
NAME	NICKNAME Dani	L	annena nandez			SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2043 Santa R			сіту; 7023	STATE; 2	IP CODE	JUL 1	8 2023
5 CANDIDATE/	AREA CODE	PHONE N	NUMBER		EXTENSION		Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER PHONE	() 713	8-894-69	42		***		Receipt #	Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR		n Carlos		ł	MI		/ moditi v
NAME	NICKNAME	• • • • • • • • • • • • • • • • • • • •	.AST			SUFFIX	Date Processed	
		Flor	es				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (,	CITY;		STATE;	ZIP CODE
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	AREA CODE () 818	PHONE 1 3-605-44			EXTENSION			
9 REPORT TYPE	January 15		30th day before	election	Runoff			ofter campaign appointment er Only)
	X July 15		8th day before el	ection	Exceed Reporting	ed Modified ng Limit	Final Repo	ort (Atlach C/OH - FR)
10 PERIOD COVERED	Month 1/01/2023	Day	Year	Tŀ	HROUGH	Month 06/30	Day Yea	ar
11 ELECTION	ELECTION DA Month Day 11/07/2023	Year	Primary X General		EL Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any) Houston ISD	Distric	t III		13 OFFICE SOU Houston I	,	•	
14 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. COMMITTEE TYPE COMMITTEE NAME							
	Ookimittee 111							
Additional Pages	GENERAL	COMMITTE	E ADDRESS					
	SPECIFIC	COMMITTE	E CAMPAIGN TR	EASURER	NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS				4			
GO TO PAGE 2								

	TE / OFFICEHOLDER N 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$2,000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5.53
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ \$4,160.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Dani Himandez	
	C3034AE9CAEHAB. Signature of Ca	ndidate or Officeholder
(1) Affidavit	Please complete either option belov	y:
NOTARY STAMP/SEA		
	this the which, witness my hand and seal of office.	day of,
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	Hernandez, and my date of birth is	10/05/1988
My address is 2043 Sa	nta Rosa Houston, TX 77023	
	(street) (city) (city) (County, State of TX , on the day of (county)	. 20 23 .
	Davi Herrandez	
	Signature of Candi	date/Officeholder (Declarant)

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS SUBTOTAL NAME OF SCHEDULE **AMOUNT** \$ \$2,000 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS 5, X \$ 5.53 SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. \$ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8, \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12. TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Daniela Hernandez 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ \$2,000 LFE Equity TX 05/19/2023 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:__ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: Contributor address; City; State; Zip Code 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By Legal Services Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Daniela Hernandez 4 Date 5 Payee name PNC Bank 01/23- 07/2023 6 Amount (\$) 7 Payee address; City; State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Accounting/ Banking EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 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, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE	USEONLY
NAME		Daniela		Date Received	
	NICKNAME Dani	LAST Hernandez	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT/SUITE#:	CITY; STATE: ZIP CODE	JUL 1	8 2023
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE	, , ,	3-894-6942	<u> </u>		d or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME		Juan Carlos		Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
	CTDEET ADDRESS (Flores	NUTE 4. OITV.	CTATE:	710 0005
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S THOUSTON, TX 7702		STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE () 818	PHONE NUMBER 3-605-4418	EXTENSION		
9 REPORT TYPE	January 15	30th day before o	election Runoff		fter campaign ppointment er Only)
	X July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 1/01/2023	Day Year	Month THROUGH 06/30	Day Yea	r
11 ELECTION	ELECTION DA Month Day 11/07/2023	Year Primary	Runoff Other Description Special	:	
10.055105	055105 USLD (11-11)	<u> </u>	42 OFFICE COULDITY ((4)	-3	
12 OFFICE	OFFICE HELD (if any) Houston ISD		13 OFFICE SOUGHT (if known Houston ISD Dist		
14 NOTICE FROM POLITICAL POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH				LDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
GO TO PAGE 2					

DocuSign Envelope ID: C9C6AA18-B880-40C6-8C7C-BC9EB9F9EFC2 CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** \$2,000 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS TOTAL POLITICAL EXPENDITURES** 5.53 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$4,160,42 **BALANCE** OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD **18 SIGNATURE** 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. Davi Hernander C3034AE9CAE74AB... Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by _____ _____ this the _____ day of _ _, to certify which, witness my hand and seal of office. Printed name of officer administering oath Title of officer administering oath

Signature of officer administering oath (2) Unsworn Declaration Daniela Hernandez _, and my date of birth is $\frac{10/05/1988}{10}$ My address is 2043 Santa Rosa Houston, TX 77023 19TH^(city) (street) (country) (state) (zip code) Executed in ___ _____County, State of ____ 20 23 (month) Dani Hernandez Signature of Candidate/Officeholder (Declarant)

FORM C/OH

SUBTUTALS - C/OH	COVER SHEET PG 3
19 FILER NAME 20	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$2,000
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	\$ 5.53
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	TRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	INESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report

in the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how	1 Total pages Schedule A1:			
2 FILER NAME Daniela He	ernandez			3 Filer ID (Ethics Commission Filers)	
4 Date 05/19/2023	5 Full name of contributor LFE Equity TX		C (ID#:)	7 Amount of contribution (\$) \$2,000	
	6 Contributor address;	City;	State; Zip Code		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instruc			itions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	
	ATTACH ADDIT		OF THIS SCHEDULE AS N		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	3 Filer ID (Ethics Commission Filers)		
4 Date 01/23- 07/2023	Daniela Hernandez 5 Payee name PNC Bank		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/ Banking	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		-
Amount (\$)	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 Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	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 Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEI	EDED