CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission File	ers) 2 Total pages fi	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
		HERNANDS	12	04/04/2	1214
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	; APT / SUITE #; (CITY; STATE; ZIP CODE	9	
MAILING ADDRESS				@ 2°	58
Change of Address	1225 ET.	ANREWS RA. SA	N ANGE 60, Tx. 76904	/	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION		Date Postmarked
PHONE	(325)	253-6987			
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKALANAE	MIKE		Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	, , , , , , , , , , , , , , , , , , ,
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	CTATE	710 0005
TREASURER ADDRESS				STATE;	ZIP CODE
(Residence or Business)	6517 Green	noaks Dr. Chr	istoval, Tx. 76935	5	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
FHONE	(325)	234-1227			
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day at treasurer a	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Mon	nth Day Year	r
	7 /	26/22	THROUGH 4	1/4/24	•
11 ELECTION	ELECTION DA		ELECTION T	YPE	
	Month Day	Year Primary	Runoff Other Description	on	
	5/4/	Z Y General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if ki		
			Chiefof	The state of the s	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURE S MAY HAVE BEEN MADE WITHOUT THE (RED TO REPORT THIS INFORMATION ONL)	CANDIDATE'S OR OFFICEHOL	DED'S KNOW! EDGE OF
00	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	1990	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		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)
MIKE	HERMANAEZ	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 61,180.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6.1, 180.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,576,80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 39,403.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 38,296.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	2'5	
	Signature of Car	didate or Officeholder
	Please complete either option below	:
	HEATHER STASTNY	
(1) Affidavit	III.	
	Comm. Expires 12-15-2024 Notary ID 125973446	
	1259/3446	
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by MURL HEYNANDEZ this the _	4 day of April.
20 24 Ω , to certify	which, witness my hand and seal of office.	
hoto	tothy Heather Stasmy	Oila, Olaria)
Signature of officer administer	/	
	The state of the s	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	and was data of birth in	
·	, and my date of birth is _	
iviy address is		·
	(street) (city) (st	ate) (zip code) (country)
Executed in	County, State of , on the day of (month)	, 20 (year)
	(month)	(year)
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
	MIKE HERNANDEZ		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 61,180.50
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 61,180.50 \$ 4,240.98
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 20,276-80
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	7	\$
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 FUN	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

SCHEDULE A1

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

	The	Instruction Guide explains	how to complete thi	s form.		1 Total pages Schedule A1:
2 1	FILER NAME	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 (Date	5 Full name of contributor Mike	out-of-state PA Hernand)	7 Amount of contribution (\$) \$100.00
12/	2023	6 Contributor address; 1225 St Andrews	San Angelo	State;	Zip Code 76904	
8	Principal occu	pation / Job title (See Instruction	ons)	9 Em	ployer (See Instru	rctions)
Ε	Date	Full name of contributor Barry	out-of-state PA			Amount of contribution (\$)
12/	2023	Contributor address; 3505 Ridgecrest	City; San Angelo	State		\$50.00
P	rincipal occup	pation / Job title (See Instructio	ns)	Em	ployer (See Instruc	ctions)
ſ	Date	Full name of contributor Steve & Polyanna	Stephens	C (ID#)	Amount of contribution (\$)
12/	2023	Contributor address; 3471 Knickerbocker #312	City; San Angelo	State;	Zip Code 76904	\$5,000.00
F	Principal occup	pation / Job title (See Instruction	ns)	Em	ployer (See Instruc	ctions)
[Date	Full name of contributor Eddie & Debbie	out-of-state PA	C (ID#)	Amount of contribution (\$)
12/	2023	Contributor address; 2902 Cumberland Dr.	City; San Angelo	State;	Zip Code 76904	\$300.00
F	Principal occup	pation / Job title (See Instructio	ons)	Em	ployer (See Instru	ctions)

SCHEDULE A1

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

The	Instruction Guide explains ho	w to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Russell	out-of-state PA			7 Amount of contribution (\$) \$100.00
12/2023	6 Contributor address; 3337 Canyon Creek	City; San Angelo	State;		
8 Principal occu	pation / Job title (See Instruction	s)	9 Empl	oyer (See Instruc	ctions)
Date	Full name of contributor Melva & Stuart	out-of-state PA			Amount of contribution (\$)
12/2023	Contributor address; 2514 Lindenwood Dr	City; San Angelo	State;	Zip Code 76901	\$250.00
Principal occup	pation / Job title (See Instructions)	Empl	oyer (See Instruc	ctions)
Date	Full name of contributor Kelly	Sawyer)	Amount of contribution (\$)
12/2023	Contributor address; 3013 W. Loop 306	City; San Angelo		Zip Code	\$500.00
Principal occupation / Job title (See Instructions)				oyer (See Instruc	ttions)
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions	5)	Empl	oyer (See Instruc	tions)

SCHEDULE A1

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

The	Instruction Guide explains h	now to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez		***		3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Mickey	out-of-state PA	.C (ID#	,	7 Amount of contribution (\$) \$100.00
12/2023	6 Contributor address; 3814 Lake Ridge Dr	San Angelo	State;	Zip Code 76904	
8 Principal occu	upation / Job title (See Instruction	ens)	9 Emp	oyer (See Instruc	tions)
Date	Full name of contributor David & Nam	out-of-state PA			Amount of contribution (\$)
12/2023	Contributor address; 6034 Lyndhorst Dr.	City; San Angelo	State;		\$100.00
Principal occu	pation / Job title (See Instruction	ns)	Empl	oyer (See Instruc	ctions)
Date	Full name of contributor Guy	Andrews)	Amount of contribution (\$)
12/2023	Contributor address; 6110 Sammye Ln.	City; San Angelo	State;	Zip Code 76904	\$100.00
Principal occu	pation / Job title (See Instruction	ns)	Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
	Contributor address;	City;		Zip Code	
Principal occu	pation / Job title (See Instruction	ns)	Empl	oyer (See Instruc	ctions)

SCHEDULE A1

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

The	Instruction Guide explains	how to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME	Mike A Herna	ndez			3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Deborah	out-of-state PA Weather	_		7 Amount of contribution (\$) \$100.00
01/25/2024	6 Contributor address; 1222 W Avenue D	San Angelo	State;	Zip Code 76901	
8 Principal occu	pation / Job title (See Instructi	ons)	9 Emp	oloyer (See Instru	tions)
Date	Full name of contributor Camille & Edward	out-of-state PA	C (ID#)	Amount of contribution (\$)
01/25/2024	Contributor address; 5523 Woodbine Ln	City, San Angelo	State;	Zip Code 76904	\$50.00
Principal occupation / Job title (See Instructions)				ployer (See Instruc	tions)
Date	Full name of contributor Grady	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
01/25/2024	Contributor address;	City; San Angelo	State;	Zip Code 76903	\$500.00
Principal occupation / Job title (See Instructions)				oloyer (See Instruc	l ctions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
01/25/2024	Contributor address; 11521 Lagoon Ln	City; San Angelo		Zip Code 76904	\$500.00
Principal occup	Dation / Job title (See Instruction	ons)	Emp	oloyer (See Instruc	l ctions)

SCHEDULE A1

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

The	Instruction Guide explains h	now to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Freeman	out-of-state PAC Pickett		`	7 Amount of contribution (\$) \$1,000.00
01/25/2024	6 Contributor address; PO Box 60245	City; San Angelo	State;		
8 Principal occu	pation / Job title (See Instruction	ons)	9 Emp	ployer (See Instruc	itions)
Date	Full name of contributor Bonnie	out-of-state PAC	(ID#)	Amount of contribution (\$)
12/23/23	Contributor address; 1217 St. Andrews		State;	Zip Code 76904	\$200.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	ployer (See Instruc	tions)
Date	Full name of contributor Jamie & Damon	Colvin)	Amount of contribution (\$)
01/07/2024	Contributor address; 3442 Grandview Dr	City; San Angelo	State;	Zip Code 76904	\$500.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	ployer (See Instruc	ctions)
Date	Full name of contributor Judy	out-of-state PAC	(ID#)	Amount of contribution (\$)
01/17/2024	Contributor address; 502 Black Bear Ln	City; San Angelo		Zip Code 76901	\$100.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	ployer (See Instruc	itions)

SCHEDULE A1

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The	Instruction Guide explains	how to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor June	□ out-of-state PA Heinz)	7 Amount of contribution (\$) \$200.00
01/12/2024	6 Contributor address; 6344 Pueblo Pass	San Angelo	State;		
8 Principal occu	pation / Job title (See Instruction	ons)	9 Emp	oloyer (See Instruc	tions)
Date	Full name of contributor Debbie	Soto	C (ID#)	Amount of contribution (\$)
01/23/2024	Contributor address; 1705 Austin St	City; San Angelo	State;	Zip Code 76903	\$50.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	loyer (See Instruc	ctions)
Date	Full name of contributor Teresa & Jerry	McKinney)	Amount of contribution (\$)
01/22/2024	Contributor address; 4710 Muirfield	City; San Angelo	State;	Zip Code 76904	\$1,000.00
Principal occup	pation / Job title (See Instructio	ns)	Employer (See Instructions)		
Date	Full name of contributor Tessa & Steve	out-of-state PA	C (ID#)	Amount of contribution (\$)
01/23/2024	Contributor address; 5946 Merrick St	City; San Angelo		Zip Code 76904	\$100.00
Principal occup	pation / Job title (See Instructio	ns)	Emp	loyer (See Instruc	tions)

SCHEDULE A1

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

Mike A Hernandez 4 Date 5 Full name of contributor Rosa & Steve Torres 01/23/2024 6 Contributor address: 1540 Whitney St San Angelo TX 76904 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Nam & David Wells 01/23/2024 Contributor address: City: State: City: Contributor						
Mike A Hernandez 4 Date 5 Full name of contributor Rosa & Steve Torres 01/23/2024 6 Contributor address: City: State: Zip Code 1540 Whitney St San Angelo TX 76904 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Wells 01/23/2024 Contributor address: City: State: Zip Code 6034 Lyndhurst Dr San Angelo TX 76901 Principal occupation / Job title (See Instructions) Date Full name of contributor San Angelo TX 76901 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor San Angelo TX 76901 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor San Angelo TX 76904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor San Angelo TX 76904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$ \$200.00	The	Instruction Guide explains h	now to complete th	is form.		1 Total pages Schedule A1:
Rosa & Steve Torres \$100.00 1/23/2024 6 Contributor address; City: State: Zip Code TX 76904 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# State: Zip Code S	2 FILER NAME	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
01/23/2024 6 Contributor address: 1540 Whitney St San Angelo TX 76904 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$ Nam & David Wells 01/23/2024 Contributor address: City, State; Zip Code \$150.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$ \$150.00) Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (\$ \$101/23/2024) Contributor address: City: State: Zip Code \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$ \$101/23/2024) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$ \$101/23/2024) Principal occupation / Job title (See Instructions) Contributor address: City: State: Zip Code \$200.00 Principal occupation / Job title (See Instructions) Contributor address: City: State: Zip Code \$200.00	4 Date		Torres			7 Amount of contribution (\$) \$100.00
Date Full name of contributor Wells O1/23/2024 Contributor address: City, State: Zip Code \$150.00 Principal occupation / Job title (See Instructions) Date Full name of contributor Gloria & James Lowman Contributor address: City: State: Zip Code \$200.00 Principal occupation / Job title (See Instructions) Date Full name of contributor Gloria & James Lowman Contributor address: City: State: Zip Code \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor San Angelo TX 76904 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of contribution (See Instructions) Date Full name of contributor Out-of-state PAC (ID# State: Zip Code See Instructions))1/23/2024	1	City;	State;	Zip Code	
Nam & David Nam & David Wells	8 Principal occu	Jupation / Job title (See Instruction	ons)	9 Emp	oloyer (See Instru	uctions)
Contributor address; City, State: Zip Code \$150.00 Principal occupation / Job title (See Instructions) Date Full name of contributor Gloria & James Lowman Contributor address; City: State: Zip Code \$200.00 Principal occupation / Job title (See Instructions) Contributor address; City: State: Zip Code \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Gout-of-state PAC (ID# San Angelo TX T6904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$101/23/2024 Contributor Gout-of-state PAC (ID# Angula Angula Angula Contribution (\$101/23/2024 Contributor address: City: State: Zip Code \$200.00		Nam & David	Wells			Amount of contribution (\$)
Date Full name of contributor Gloria & James Contributor address; City; State; Zip Code 3521 Clearview Dr San Angelo Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Monette Molinar D1/23/2024 Contributor address; City; State; Zip Code \$200.00 Amount of contribution (\$ A		Contributor address;	City;	State;	Zip Code	\$150.00
Gloria & James Contributor address; City; State; Zip Code 3521 Clearview Dr San Angelo TX 76904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Monette Molinar O1/23/2024 Contributor address; City; State; Zip Code \$200.00	Principal occup	pation / Job title (See Instruction	ns)	Emp	oloyer (See Instru	uctions)
Contributor address; City; State; Zip Code \$200.00 San Angelo TX 76904	Date	Gloria & James	Lowman			Amount of contribution (\$)
Date Full name of contributorout-of-state_PAC (ID#) Amount of contribution (\$ Monette Molinar Contributor address; City; State; Zip Code \$200.00)1/23/2024	Contributor address;	City;	State;	Zip Code	
Monette Molinar Contributor address; City; State; Zip Code \$200.00	Principal occup	pation / Job title (See Instruction	ns)	Emp	oloyer (See Instru	uctions)
DO Poy 2472	Date			AC (ID#		Amount of contribution (\$)
	1/23/2024		City; San Angelo		Zip Code 76902	\$200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instruction	ns)	Emp	oloyer (See Instru	uctions)

SCHEDULE A1

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The	Instruction Guide explains h	ow to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez		· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Henry	out-of-state PA	C (ID#		7 Amount of contribution (\$) \$1,000.00
01/23/2024	6 Contributor address; 3015 Sherwood Way	City; San Angelo	State;		
8 Principal occu	upation / Job title (See Instructio	ns)	9 Emp	oloyer (See Instru	ctions)
Date	Full name of contributor	out-of-state PA			Amount of contribution (\$)
01/26/2024	Contributor address; 2831 Waco	City; San Angelo	State;	Zip Code 76901	\$60.00
Principal occupation / Job title (See Instructions)			Emp	loyer (See Instru	ctions)
Date	Full name of contributor Rebecca	Cornell)	Amount of contribution (\$)
01/21/2024	Contributor address:	City; San Angelo		Zip Code 76901	\$150.00
Principal occupation / Job title (See Instructions)			Emp	oloyer (See Instru	ictions)
Date	Full name of contributor	□ out-of-state PA Steger	C (ID#)	Amount of contribution (\$)
01/26/2024	Contributor address; 911 Montecito Dr	City; San Angelo		Zip Code 76901	\$500.00
Principal occu	pation / Job title (See Instruction	ns)	Emp	loyer (See Instru	ctions)

SCHEDULE A1

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2 FILER NAME	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Susan & Douglas	out-of-state PA	AC (ID#		7 Amount of contribution (\$) \$1,000.00
01/28/2024	6 Contributor address; 1412 Preston Trail Ct	San Angelo	State;		
8 Principal occu	Jupation / Job title (See Instruction	ons)	9 Empl	oyer (See Instru	uctions)
Date	Full name of contributor Frances & Thomas	out-of-state PA			Amount of contribution (\$)
01/26/2024	Contributor address;	City; San Angelo	State;	Zip Code 76904	\$100.00
Principal occup	pation / Job title (See Instruction	ns)	Empl	oyer (See Instru	ictions)
Date	Full name of contributor Carol & Charles	Bonds)	(4)
01/30/2024	Contributor address; 5314 Beverly Dr	City;		Zip Code 76904	\$300.00
Principal occu	pation / Job title (See Instruction	ns)	Empl	oyer (See Instru	actions)
Date	Full name of contributor Christopher	out-of-state PA	AC (ID#)	Amount of contribution (\$)
02/05/2024	Contributor address; PO Box 1787	City;		Zip Code 79831	\$250.00
Principal occup	pation / Job title (See Instructio	ns)	Empl	oyer (See Instru	ictions)

SCHEDULE A1

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The	Instruction Guide explains I	now to complete th	is form.		1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor				7 Amount of contribution (\$) \$500.00
02/07/2024	6 Contributor address; PO Box 5883	San Angelo	State;	Zip Code 76902	
8 Principal occu	pation / Job title (See Instruction	ons)	9 Emp	loyer (See Instru	ctions)
Date	Full name of contributor Debbie & John	out-of-state P/	C (ID#)	Amount of contribution (\$)
02/08/2024	Contributor address; PO Box 62266	City; San Angelo	State;	Zip Code 76906	\$500.00
Principal occuş	pation / Job title (See Instruction	ns)	Empl	loyer (See Instru	ctions)
Date	Full name of contributor Hermelinda & Reginaldo	Robles)	Amount of contribution (\$)
02/08/2024	Contributor address:	City; San Angelo	State;		\$200.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	loyer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PF	C (ID#)	Amount of contribution (\$)
02/08/2024	Contributor address; 6213 Hallye Ct	City; San Angelo		Zip Code 76904	\$1,000.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	loyer (See Instruc	ctions)

SCHEDULE A1

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The	Instruction Guide explains I	now to complete thi	is form.		1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez	3 Filer ID (Ethics Commission Filers) 47-4620107			
4 Date	5 Full name of contributor out-of-state_PAC_(ID#				7 Amount of contribution (\$) \$250.00
02/09/2024		San Angelo	State;	Zip Code 76901	
8 Principal occu] pation / Job title (See Instruction	ons)	9 Emp	loyer (See Instr	uctions)
Date	Full name of contributor Teresa & Jerry	McKinney	AC (ID#		Amount of contribution (\$)
02/09/2024	Contributor address; 4710 Muirfield Ave	City, San Angelo	State;	Zip Code 76904	\$1,000.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	loyer (See Instru	uctions)
Date	Full name of contributor Lauri & John	Kirgis			, and an estation (4)
02/03/2024	Contributor address;	City; San Angelo		Zip Code	\$200.00
Principal occup	pation / Job title (See Instructio	ns)	Emp	loyer (See Instr	uctions)
Date	Full name of contributor Kyle & Kimberly	□ out-of-state PA	AC (ID#		Amount of contribution (\$)
02/08/2024	Contributor address; 5815 Pecan Valley Ln	City; San Angelo		Zip Code 76904	\$300.00
Principal occup	pation / Job title (See Instructio	ns)	Emp	loyer (See Instr	uctions)

SCHEDULE A1

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

City; San Angelo Out-of-state PA Allison	State; TX 9 Emplo	Zip Code 76903 oyer (See Instru	Amount of contribution (\$) \$100.00
City; n Angelo out-of-state PA Reynolds City; San Angelo	State; TX 9 Emplo C (ID#	Zip Code 76903 oyer (See Instru Zip Code 76904 oyer (See Instru	47-4620107 7 Amount of contribution (\$) \$50.00 Amount of contribution (\$) \$100.00
City; n Angelo out-of-state PA Reynolds City; San Angelo	State; TX 9 Emplo C (ID#	Zip Code 76903 oyer (See Instru Zip Code 76904 oyer (See Instru	Amount of contribution (\$) \$100.00
City; n Angelo out-of-state PA Reynolds City; San Angelo out-of-state PA Allison	State; TX 9 Emplo C (ID#	Zip Code 76903 oyer (See Instru Zip Code 76904 oyer (See Instru	Amount of contribution (\$) \$100.00
City; San Angelo out-of-state PA Allison	State; TX Emplo	Zip Code 76904 Dyer (See Instru	Amount of contribution (\$) \$100.00
City; San Angelo out-of-state PA Allison	State; TX Emplo	Zip Code 76904 oyer (See Instru	\$100.00 ctions)
City; San Angelo Out-of-state PA Allison	State; TX Emplo	Zip Code 76904 byer (See Instru	\$100.00 ctions)
Allison			
Allison	AC (ID#)	Amount of contribution (\$)
City; San Angelo	State;		\$250.00
	Emplo	oyer (See Instru	octions)
out-of-state PA	AC (ID#)	Amount of contribution (\$)
City; San Angelo	-	The second second	\$300.00
TO THE TOTAL PROPERTY OF THE TOTAL PROPERTY	Emplo	oyer (See Instru	ctions)
	Holubec City;	Out-of-state PAC (ID# Holubec City: State: San Angelo TX 7	Out-of-state PAC (ID#) Holubec City; State; Zip Code

SCHEDULE A1

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

		The state of the s			
The	Instruction Guide explains how	w to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Michael	out-of-state PA)	7 Amount of contribution (\$) \$500.00
02/17/2024	6 Contributor address; 1414 Carnoustie Ct	city; an Angelo	State;		.,
8 Principal occu	pation / Job title (See Instructions)	9 Emp	ployer (See Instru	ictions)
Date	Full name of contributor Mickey & Judy	out-of-state PA			Amount of contribution (\$)
02/21/2024	Contributor address; PO Box 87	City, Knickerbocker	State;		\$100.00
Principal occup	pation / Job title (See Instructions)		Emp	oloyer (See Instru	ctions)
Date	Full name of contributor Rodney & Beverly	Mayberry)	, and an contribution (\$\psi\$)
02/22/2024	Contributor address: 4229 Pinon Ridge Dr	City; San Angelo		Zip Code 76904	\$500.00
Principal occup	pation / Job title (See Instructions)		Emp	oloyer (See Instru	ctions)
Date	Full name of contributor Gloria & Carlos	out-of-state PA	C (ID#)	Amount of contribution (\$)
2/22/2024	Contributor address; 5410 Bentwood Dr	City; San Angelo		Zip Code 76904	\$300.00
	pation / Job title (See Instructions)		Emp	oloyer (See Instru	ctions)

SCHEDULE A1

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

	The	Instruction Guide explains	how to complete th	is form.		1 Total pages Schedule A1:
2 FILER	NAME	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date		5 Full name of contributor out-of-state PAC (ID# Joann Landers				7 Amount of contribution (\$) \$250.00
02/22/2	2024		City: San Angelo	State;	Zip Code 76905	
8 Princip	pal occu	 pation / Job title (See Instructi	ons)	9 Emp	oloyer (See Instru	uctions)
Date	253000000000000000000000000000000000000	Full name of contributor Julia Brin	out-of-state P/)	Amount of contribution (\$)
02/22/2	2024	Contributor address; PO Box 60191	City; San Angelo	State;		\$100.00
Princip	al occup	pation / Job title (See Instructio	ns)	Emp	loyer (See Instru	ictions)
Date		Full name of contributor Jim	Hadley)	, and are of contribution (4)
02/22/2	2024	Contributor address: 3110 Palo Duro	City; San Angelo		Zip Code	\$100.00
Princip	al occu	pation / Job title (See Instruction	ens)	Emp	oloyer (See Instru	uctions)
Date		Full name of contributor	out-of-state PA	AC (ID#)	Amount of contribution (\$)
02/17/2	2024	Contributor address; 2700 Calvert St NW#211	City; Washington		Zip Code 20008	\$200.00
Princip	al occu	pation / Job title (See Instruction	ns)	Emp	loyer (See Instru	Ictions)

SCHEDULE A1

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

The 2 FILER NAME	Instruction Guide explains	how to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME					I
	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Manuel	out-of-state PA Diego	C (ID#		7 Amount of contribution (\$) \$250.00
02/25/2024	6 Contributor address; 5325 Fairway Dr	San Angelo	State;		
8 Principal occu	pation / Job title (See Instruction	ons)	9 Emp	ployer (See Instru	uctions)
Date	Date Full name of contributor out-of-state PAC (I			AC (ID#) Amount of contribution	
02/27/2024	Contributor address; 3553 Silver Spur Dr	City; San Angelo		Zip Code 76904	\$200.00
Principal occup	pation / Job title (See Instructio	ns)	Emp	loyer (See Instru	uctions)
Date	Full name of contributor	Lewis	C (ID#		Amount of contribution (\$)
02/13/2024	Contributor address; 6557 Spy Glass Dr	City; San Angelo	State;	Zip Code 76904	\$100.00
Principal occup	pation / Job title (See Instructio	ns)	Emp	oloyer (See Instru	uctions)
Date	Full name of contributor Dale	out-of-state PA	C (ID#		Amount of contribution (\$)
02/26/2024	Contributor address; 2030 Putter Dr	City; San Angelo		Zip Code 76904	\$200.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	oloyer (See Instru	uctions)

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Mike A Hernandez	3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date 5 Full name of contributor out-of-state PAC (ID#	\$500.00
00/04/0004	Code
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
O3/10/2024 Contributor address; City; State; Zip of 1425 S Jackson St San Angelo TX 769	\$200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	See Instructions)
Date Full name of contributor out-of-state PAC (ID# David Darnell	(c)
O3/11/2024 Contributor address: City: State; Zip Contributor address: San Angelo TX 76	
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)
O3/04/2024 Contributor address; City; State; Zip C 3337 Canyon Creek San Angelo TX 76904	\$100.00
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)

SCHEDULE A1

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

The	Instruction Guide explains h	now to complete th	is form.		1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor David	Hirschfe)	7 Amount of contribution (\$) \$500.00
03/26/2024		City: San Angelo	State;	Zip Code 76904	
8 Principal occu	upation / Job title (See Instruction	ns)	9 Emp	loyer (See Instru	ctions)
Date	Flor Leos Madero				Amount of contribution (\$)
04/02/2024	Contributor address; 3425 Clearview Dr	City, San Angelo			\$250.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	loyer (See Instru	ctions)
Date	Full name of contributor Hector & Juanita	Leos)	Amount of contribution (\$)
04/02/2024	Contributor address:	City; San Angelo	State;		\$50.00
Principal occu	pation / Job title (See Instruction	ns)	Emp	loyer (See Instru	ctions)
Date	Full name of contributor	out-of-state P/	AC (ID#)	Amount of contribution (\$)
03/20/2024	Contributor address; PO Box 1787	City;	State;	Zip Code 79831	\$250.00
Principal occu	pation / Job title (See Instruction	าร)	Emp	loyer (See Instru	ctions)

SCHEDULE A1

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

The	Instruction Guide explains h	1 Total pages Schedule A1:			
2 FILER NAME	Mike A Hernandez	3 Filer ID (Ethics Commission Filers) 47-4620107			
4 Date	5 Full name of contributor				7 Amount of contribution (\$) \$200.00
2/13/2024	6 Contributor address; 5601 Cross Creek Court	City;	State;	Zip Code 76904	, , , , , , , , , , , , , , , , , , , ,
Principal occu	pation / Job title (See Instruction	ns)	9 Em	oloyer (See Instru	uctions)
Date	Full name of contributor Guillermo	out-of-state PA	AC (ID#		Amount of contribution (\$)
3/15/2024	Contributor address; 10103 Norwood Canyon	City; San Antonio	State;	Zip Code 78255	\$1,500.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	oloyer (See Instru	uctions)
Date	Full name of contributor John	Cross			Amount of contribution (\$)
3/14/2024	Contributor address: 3417 Silver Spur Dr	City; San Angelo	State;		\$5,000.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	oloyer (See Instru	uctions)
Date	Full name of contributor Michael	out-of-state PA	C (ID#		Amount of contribution (\$)
3/28/2024	Contributor address; 2827 Canyon Creek	City; San Angelo		Zip Code 76904	\$100.00
Principal occup	pation / Job title (See Instruction	ns)	Emp	ployer (See Instru	uctions)

SCHEDULE A1

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

The	Instruction Guide explains ho	ow to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Kevin and Kim	out-of-state PA			7 Amount of contribution (\$) \$250.00
03/19/2024	6 Contributor address; 5610 Grey Charles Ct	City; San Angelo	State;		
8 Principal occu	pation / Job title (See Instruction	is)	9 Emp	oloyer (See Instru	ctions)
Date	Full name of contributor Michael & Susan	out-of-state PA	,		Amount of contribution (\$)
03/20/2024	Contributor address; 2638 Kings Road	City; San Angelo	State;	Zip Code 76904	\$250.00
Principal occu	pation / Job title (See Instructions	5)	Emp	loyer (See Instruc	ctions)
Date	Full name of contributor J. Michael & Lois	Cornell	C (ID#)	Amount of contribution (\$)
03/26/2024	Contributor address;	City; San Angelo	State;	Zip Code 76904	\$50.00
Principal occu	pation / Job title (See Instruction	s)	Emp	oloyer (See Instru	ctions)
Date	Full name of contributor Phil & Beverly	□ out-of-state PA	C (ID#)	Amount of contribution (\$)
03/25/2024	Contributor address; 5790 Green Oaks Dr	City; Christoval		Zip Code 76935	\$2,000.00
Principal occupation / Job title (See Instructions)			Emp	oloyer (See Instru	ctions)

SCHEDULE A1

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

The	Instruction Guide explains h	ow to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez			3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Chad	out-of-state P/	AC (ID#	7 Amount of contribution (\$) \$100.00
3/21/2024	6 Contributor address; 9803 Runion Rd	City; San Angelo	State; Zip Code TX 76905	
8 Principal occu	Lipation / Job title (See Instruction	ns)	9 Employer (See I	Instructions)
Date	Full name of contributor Kristi	Sparks	AC (ID#	Amount of contribution (\$)
)3/21/2024	Contributor address; 9803 Runion Rd	City, San Angelo	State; Zip Code	Y .
Principal occup	pation / Job title (See Instruction	s)	Employer (See I	nstructions)
Date	Full name of contributor Eric	Sanchez	AC (ID#	Amount of contribution (4)
3/22/2024	Contributor address; 1615 Pulliam Ranch Rd		State; Zip Code	\$100.00
Principal occu	pation / Job title (See Instruction	s)	Employer (See I	nstructions)
Date	Full name of contributor Patsy	out-of-state P/	AC (ID#) Amount of contribution (\$)
3/22/2024	Contributor address; 159 Las Lomas Dr	City; San Angelo	State; Zip Code TX 76904	\$50.00
	pation / Job title (See Instruction	is)	Employer (See I	nstructions)

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernand	3 Filer ID (Ethics Commission Filers) 47-4620107		
4 Date	5 Full name of contributor Stephen & Alvin	out-of-state PAC	(ID#)	7 Amount of contribution (\$)
12/20/2023	6 Contributor address; 2205 W Beaurgard Ave S	city; an Angelo	State; Zip Code 76901	\$1100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Full name of contributor David Hair		: (ID#)	Amount of contribution (\$)
02/09/2024	Contributor address; 2544 W Avenue J	City;	State; Zip Code	\$50.00
Principal occupation / Job title (See Instructions) Employe				ctions)
Date	Full name of contributor Cory	Solomon	(ID#)	Amount of contribution (\$)
12/20/2023	Contributor address; 1306 S Monroe	City; San Angelo	State; Zip Code 76901	\$250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAC	(ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
The state of the s	ATTACH ADDI	TIONAL COPIES (OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

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

2 FILER NAME N 4 Date 5 F 02/15/2024 6 P	Alike A Hernandez Full name of contributor Pierce & Betty Contributor address; O Box 3832 ion / Job title (See Instruction	_ out-of-state P/ Miller	AC (ID#		1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 47-4620107 7 Amount of contribution (\$)
M 4 Date 5 F F 02/15/2024 6 P	Full name of contributor Pierce & Betty Contributor address; PO Box 3832	Miller City;			47-4620107
02/15/2024 6 P	Contributor address; O Box 3832	Miller City;			7 Amount of contribution (\$)
Р	Contributor address; PO Box 3832	City;			\$200.00
8 Principal occupati	ion / Job title (See Instruction	_	State;	Zip Code 76902	
	in the contract of the contrac	ns)	9 Emp	oloyer (See Instru	ıctions)
Date	Full name of contributor	Bruton			Amount of contribution (\$)
02/16/2024 PC	Contributor address; D Box 49	City, Christoval			\$500.00
Principal occupation	on / Job title (See Instruction	s)	Emp	loyer (See Instru	ictions)
Date Ro	Full name of contributor oger & Jennifer	Spearman			(ψ)
02/16/2024	Contributor address; 9406 Hilltop Rd	City; Christoval	State;		\$250.00
Principal occupation	on / Job title (See Instruction	ns)	Emp	oloyer (See Instru	ictions)
Date Ro	Full name of contributor obert & Kimberly	out-of-state P/	AC (ID#		Amount of contribution (\$)
02/17/2024	Contributor address;	City; San Angelo		Zip Code 76903	\$500.00
Principal occupation	on / Job title (See Instruction	is)	Emp	oloyer (See Instru	ictions)

SCHEDULE A1

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

The	Instruction Guide explains	how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Mike A Hernandez		9	3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	Date 5 Full name of contributorout-of-state_PAC (ID#) Carol & Loyd Whitehead			¢500.00
03/31/2024		San Angelo	State; Zip Co	de
8 Principal occu	Lupation / Job title (See Instruction	ons)	9 Employer (Se	ee Instructions)
Date	Full name of contributor	Gustin	AC (ID#	Amount of contribution (\$)
3/26/24	Contributor address; 3309 Forest Hill Drive	City; San Angelo	State; Zip Co	\$100.00
Principal occu	pation / Job title (See Instructio	ns)	Employer (Se	e Instructions)
Date	Full name of contributor John	Fleming	AC (ID#:	(c)
3/23/24	Contributor address; 2201 West Avenue J	City; San Angelo	State; Zip Co	de \$100.00
Principal occu	pation / Job title (See Instruction	ens)	Employer (Se	e Instructions)
Date	Full name of contributor Jordan	□ out-of-state P	AC (ID#	Amount of contribution (\$)
3/21/24	Contributor address; 5609 Berwick Drive	City; San Angelo	State; Zip Coo	\$1,000.00
Principal occu	pation / Job title (See Instruction	ons)	Employer (Se	e Instructions)

SCHEDULE A1

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

7	The Instruction Guide explains ho	w to complete thi	is form.		1 Total pages Schedule A1:
2 FILER NAI	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Bronson	out-of-state PA	AC (ID#	•	7 Amount of contribution (\$) \$100.00
3/21/24	6 Contributor address; 5325 Pacific Rd	City; San Angelo	State;		
8 Principal o		5)	9 Em	ployer (See Instru	ctions)
Date	Full name of contributor Kendall	Hirschfeld)	Amount of contribution (\$)
3/21/24	Contributor address; PO Box 3085	City; San Angelo	State;		\$100.00
Principal oc	ccupation / Job title (See Instructions))	Emp	ployer (See Instruc	ctions)
Date	Full name of contributor Dianne	Bass	C (ID#:)	Amount of contribution (\$)
3/18/24	Contributor address: 2705 Santiago Canyon Trail	City;	State;	Zip Code 76904	\$200.00
Principal od	ccupation / Job title (See Instructions	-)	Emţ	ployer (See Instruc	ctions)
Date	Full name of contributor John	out-of-state PA	(C (ID#:)	Amount of contribution (\$)
3/13/24	Contributor address; 13822 S Dove Creek Rd	City; San Angelo		Zip Code 76904	\$500.00
Principal oc	ccupation / Job title (See Instructions	.)	Emp	ployer (See Instruc	ctions)

SCHEDULE A1

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

Ti	ne Instruction Guide explains h	ow to complete th	is form.		1 Total pages Schedule A1:
2 FILER NAM	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Elizabeth	out-of-state P/			7 Amount of contribution (\$) \$100.00
2/26/24	6 Contributor address;	City; San Angelo	State;		
8 Principal oc	cupation / Job title (See Instruction	าร)	9 Empl	oyer (See Instru	uctions)
Date	Full name of contributor Andrew & Priscilla	□ out-of-state P/			Amount of contribution (\$)
2/26/24	Contributor address; 3921 Blair Lane	City; San Angelo	State;	Zip Code 76904	\$250.00
Principal occ	cupation / Job title (See Instruction	s)	Empl	oyer (See Instru	ctions)
Date	Full name of contributor Carlos G	Mijares)	, and are of contribution (4)
2/22/24	Contributor address; 1802 Pine Valley St	City; San Angelo		Zip Code 76904	\$100.00
Principal occ	cupation / Job title (See Instruction	s)	Empl	oyer (See Instru	uctions)
Date	Full name of contributor Lindsey	McGuire)	Amount of contribution (\$)
2/22/24	Contributor address; 3337 Trinity ave.	City; San Angelo	State;	Zip Code '6904	\$100.00
Principal occ	cupation / Job title (See Instruction	s)	Empl	oyer (See Instru	octions)

SCHEDULE A1

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

Th	e Instruction Guide explains	how to complete th	is form.		1 Total pages Schedule A1:
2 FILER NAMI	Mike A Hernandez				3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Anamaria	out-of-state P/	10)	7 Amount of contribution (\$) \$300.00
2/21/24	6 Contributor address; 3802 Sunset Drive	City; San Angelo	State:	Zip Code 76904	4
8 Principal occ		ons)	9 Em	ployer (See Instru	ctions)
Date	Full name of contributor	Gesch)	Amount of contribution (\$)
2/19/24	Contributor address; 1646 Riverwood Drive	City; San Angelo	State		\$150.00
Principal occi	upation / Job title (See Instruction	ons)	Em	oloyer (See Instru	ctions)
Date	Full name of contributor Randy	Brooks)	Amount of contribution (\$)
2/14/24	Contributor address; 5401 Woodbine Lane			Zip Code	\$2,500.00
Principal occ	upation / Job title (See Instruction	ons)	Em	ployer (See Instru	ctions)
Date	Full name of contributor Wiley	□ out-of-state PA	AC (ID#)	Amount of contribution (\$)
2/5/24	Contributor address; 68 Loch Lomond Rd	City; San Angelo	State	Zip Code 76901	\$200.00
Principal occ	supation / Job title (See Instruction	ons)	Em	oloyer (See Instru	ctions)

SCHEDULE A1

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

т	he Instruction Guide explains I	now to complete th	is form.		1 Total pages Schedule A1:
2 FILER NAM	Mike A Hernandez			The state of the s	3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date	5 Full name of contributor Monica	out-of-state Pa		,	7 Amount of contribution (\$) \$50.00
1/26/24	6 Contributor address; 902 Amberton Parkway	City; San Angelo	State;	Zip Code 76901	. 400.00
8 Principal od	ccupation / Job title (See Instruction	ons)	9 Empl	oyer (See Instru	ctions)
Date	Full name of contributor	out-of-state P/	AC (ID#)	Amount of contribution (\$)
1/25/24	Contributor address; 1729 Loganwood Dr	City; San Angelo			\$100.00
Principal occ	cupation / Job title (See Instruction	ns)	Empl	oyer (See Instruc	ctions)
Date	Full name of contributor John	Berg			Amount of contribution (\$)
1/26/24	Contributor address; 103 Draper Ln	City; Bertram	State;	Zip Code 78605	\$100.00
Principal oc	cupation / Job title (See Instruction	ns)	Emple	oyer (See Instruc	otions)
Date	Full name of contributor Todd & Bonnie	out-of-state P/	AC (ID#)	Amount of contribution (\$)
12/2023	Contributor address; 17932 E. Helwig Rd	City; Miles		Zip Code '6861	\$250.00
Principal oc	cupation / Job title (See Instruction	ns)	Emple	oyer (See Instruc	I ctions)
	,				

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME	Ξ		3 Filer ID (Ethics Commission Filers)		
	MIKE HERNAUSEZ		,		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ \$1,000.00		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description		
1.23.24	7 Contributor address; City; State;	Zip Code	\$1,000.00 FOOD/ REVERAGE		
	3015 Shorwood Way		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	1	er (FOR NON-JUDICIAL) (See Instructions)		
	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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)	Amount of In-kind contribution Contribution \$ description		
	Steve Stephers		- 00 01 FOOD/		
2.13.24	Contributor address; City; State;	Zip Code	\$1,289.25 FOOD/ BENERAGE		
21.5.0	5733 Benficklin San Angelo, Tx.	76904	Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)		
	Dwner		BNB ventures		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED		

Forms provided by Texas Ethics Commission

SCHEDULE A2

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

		-			
TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Co	emmission Filers)	
	M IKE NERNAMBEZ		,	,	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$		
5 Date	6 Full name of contributor uut-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
2.22.24	7 Contributor address; City; State;	Zip Code	\$ 50.00	FUND SEVENAGE	
	The state of the s	16903	Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA		
40 Contributorio	Owner		eos Impont		
12 Contributors	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description	
	MICHELLE BABIAS H			F000/	
3.18.24	Contributor address; City; State;	Zip Code	\$ 200.00	BEVERAGE	
	2005. MAGDALEN SAN ANGEN,	Tx 76903	Check if travel outsi	de of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		yer (FOR NON-JUDICIAL)(See Instructions)		
	ONNER	860	LO CENTRAL FIRE HOUSE		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED		

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SCHEDULE A2

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
MILE HEAVENDEZ			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	JTIONS \$		
9603 RUNION RO. SANANGENITE. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) FIRM MAGE 12 Contributor's principal occupation (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL)	8 Amount of Contribution \$ In-kind contribution description P Code \$ 1000.00 FOOD FOOD FOOD FOOD FOOD Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) 3' 0' FOOD FOOD		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description ip Code In-kind contribution description Soo 0/asuguess		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			
Reticed	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)			
ATTACH ADDITIONAL COPIES OF TH			

Forms provided by Texas Ethics Commission

SCHEDULE A2

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

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Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAME	E		3 Filer ID (Ethics Co	mmission Filers)
	atike heavandez			·
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 3.25.14	6 Full name of contributor ut-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
). 00.01	2905 Old bola Rd. San Angelo,	Tu. 7690C		de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)		3 lu Star Cons	
12 Continuators	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	า of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description
	JATON HAMPTON			Eura /
2.13.24	Contributor address; City; State;	Zip Code	\$111.73	BEVERAGE
	4149 Auruma AD. San Angelu, Tx.	76904	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
	ER / MARILETING OV-UNINGOOD		MATTON KITCH	2.
	principal occupation (FOR JUDICIAL)			IDICIAL) (See Instructions)
				The state of the s
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		-	

	ATTACH ADDITIONAL CODIES OF T	THE SCHEDI	II E AS NEEDED	

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
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/Manes/Contract Labor. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		#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)
	MIKE HERNANDEZ	
4 Date	5 Payee name	<u> </u>
1.29.24	Shana's Cafe	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$959.00	1816w. Ave. N.	SanAngelo, Tx. 76904
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		
OF EXPENDITURE	Food Beverage Expense	Charcuterie Display
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3.19.24	U.S. Postal Service	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 136.00		San Angelo , Tx. 76903
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF EXPENDITURE	Stamps / travelopes	Stamps
	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	
4-4-24	McLaughlin Advertising	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 19,136.63	115 S. Park	San Angelo 178. 76901
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF EXPENDITURE	Advertising Expense	Signs/media
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	MIKE HERWANDEZ (CHIEF OF POLICE
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED