

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: 11			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received 04/26/2024 1:43 p.m. Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
					
NICKNAME	LAST	SUFFIX				
.....						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	1225 ST. ANDREWS RD. SAN ANGELO, TX. 76904					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(325) 253-6987					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
					
NICKNAME	LAST	SUFFIX				
.....						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE	
	6517 Green Oaks Dr. Christoval, TX. 76935					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(325) 234-1227					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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	Month	Day	Year
	3 / 26 / 24			THROUGH	4 / 24 / 24	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
5 / 4 / 24						
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
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.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME MIKE HERNANDEZ		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$ 8,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 38,282.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

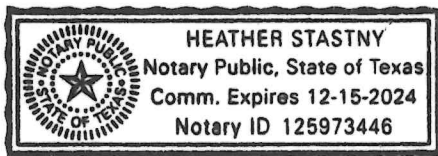
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mike Hernandez this the 26 day of April, 2024, to certify which, witness my hand and seal of office.

Heather Stastny Signature of officer administering oath
Heather Stastny Printed name of officer administering oath
City Clerk Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>MICHE HERNANDEZ</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8,600.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>38,282.99</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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: <i>1 of 6</i>
2 FILER NAME Mike A Hernandez		3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date 04/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Richard Baliko	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4035 Green Meadow Dr San Angelo, TX 76904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teresa McKinney	Amount of contribution (\$) \$1500.00
Contributor address; City; State; Zip Code 4710 Muirfield Ave San Angelo, TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jerry McKinney	Amount of contribution (\$) \$1500.00
Contributor address; City; State; Zip Code 4710 Muirfield Ave San Angelo, TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlos Rodriguez	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4072 Townview Ln San Angelo, TX 76901		
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

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: <i>2 of 6</i>
2 FILER NAME Mike A Hernandez		3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Parker	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code PO Box 1271 San Angelo, TX 76902		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ronnie Hawkins	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 5073 Pecan Ridge Rd San Angelo, TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valerie Priess	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 808 Humble Rd San Angelo, TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tony Villarreal	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1820 College Hills Blvd San Angelo, TX 76904		
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

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: 4 of 6
2 FILER NAME Mike A Hernandez		3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date 04/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin Stuart	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 1701 Amhurst Dr. San Angelo, TX 76901	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tim Pucci	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3510 Toyah St. San Angelo, TX 76904	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eduardo Salcido	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 6030 Lyndhurst Dr. San Angelo, TX 76901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lisa Ricci Brown	Amount of contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 5613 Woodbine Ln San Angelo, TX 76904	
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

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: <i>Self 6</i>
2 FILER NAME Mike A Hernandez		3 Filer ID (Ethics Commission Filers) 47-4620107
4 Date 04/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Martin	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1414 Hillary Ct San Angelo, TX 76901		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brandon Clark	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1217 S. Park St. San Angelo, TX 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Devin Bates	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 919 Alta Loma Cir San Angelo, Tx 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Al Gonzales	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 265 Nottingham Trail San Angelo, Tx 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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: <i>6 of 6</i>
2 FILER NAME <i>MIKE A. HERNANDEZ</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/26/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KIRK & PATSY CLEERE</i>	7 Amount of contribution (\$) <i>\$500.00</i>
	6 Contributor address; City; State; Zip Code <i>PO BOX 1622 SAN ANGELO, TX. 76902</i>	
8 Principal occupation / Job title (See Instructions) <i>OWNER</i>		9 Employer (See Instructions) <i>CLEERE RANCH</i>
Date <i>4/25/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BILLY SAWYER</i>	Amount of contribution (\$) <i>\$300.00</i>
	Contributor address; City; State; Zip Code <i>700 S. IRVING SAN ANGELO TX. 76903</i>	
Principal occupation / Job title (See Instructions) <i>OWNER</i>		Employer (See Instructions) <i>BILLY BOYS</i>
Date	Full name of contributor <input type="checkbox"/> out-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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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>MILICE HERNANDEZ</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-5-24</i>	5 Payee name <i>McLaughlin Advertising</i>	
6 Amount (\$) <i>\$17,291.76</i>	7 Payee address; City; State; Zip Code <i>115 S. Park San Angelo, Tx 76903</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <i>Political Ads</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4-18-24</i>	Payee name <i>McLaughlin Advertising</i>	
Amount (\$) <i>\$20,991.23</i>	Payee address; City; State; Zip Code <i>115 S. Park San Angelo, Tx. 76903</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Political Ads</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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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