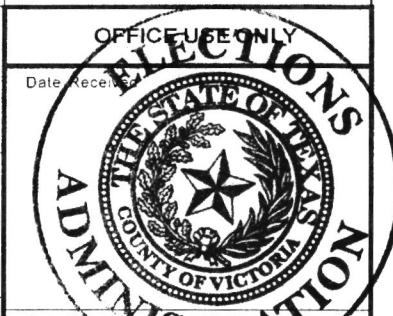


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST ASHLEY	MI M	 <small>Date Received</small> <small>Date Hand-delivered to Board of Ethics Commission</small> <small>Receipt #</small> <input type="text"/> <small>Amount \$</small> <input type="text"/> <small>Date Processed</small> <input type="text"/> <small>Date Imaged</small> <input type="text"/> <small>MD</small>		
	NICKNAME	LAST HERNANDEZ	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX. APT / SUITE #. CITY. STATE ZIP CODE 304 KINGWOOD FOREST DR VICTORIA TX 77904					
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 541-8244	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST LORI	MI J	<small>Date Hand-delivered to Board of Ethics Commission</small> <small>Receipt #</small> <input type="text"/> <small>Amount \$</small> <input type="text"/> <small>Date Processed</small> <input type="text"/> <small>Date Imaged</small> <input type="text"/> <small>MD</small>		
	NICKNAME	LAST PETERSON	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. 104 MASTERS CT VICTORIA, TX 77904				STATE ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 218-6211	EXTENSION			
9 REPORT TYPE	<input checked="" 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 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 1	Day / 1 /	Year 25	Month 12	Day / 31 /	Year 25
11 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special		
12 OFFICE	OFFICE HELD (if any) TAX ASSESSOR COLLECTOR			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.					
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME				
		COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

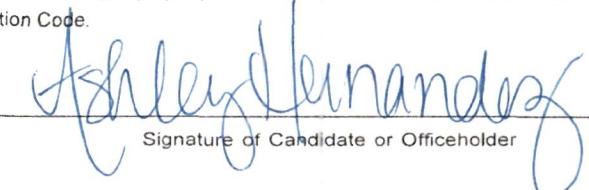
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

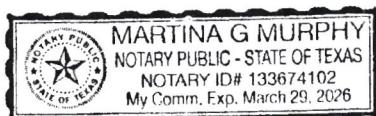
15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.
EXPENDITURE TOTALS	2.
CONTRIBUTION BALANCE	3.
OUTSTANDING LOAN TOTALS	4.
	5.
	6.

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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Ashley Hernandez this the 12 day of January,
20 26, to certify which, witness my hand and seal of office.

Martina G. Murphy Signature of officer administering oath

Martina G. Murphy Printed name of officer administering oath

Deputy 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)

