

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	2. Total pages filed 9	
3. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST NAME	MI	
	Date			
NICKNAME		LAST NAME	SUFFIX	
Home				
OFFICE USE ONLY				
26 MAR 31 AM 9:54				
4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Second Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	
	[REDACTED]		[REDACTED]	
5. CAMPAIGN TREASURER NAME				
MS / MRS / MR		FIRST	MI	
		Jean		
NICKNAME		LAST	SUFFIX	
		Kim		
6. CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>				
STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
7. CAMPAIGN TREASURER PHONE				
AREA CODE		PHONE NUMBER	EXTENSION	
[REDACTED]		[REDACTED]	[REDACTED]	
8. REPORT TYPE				
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Rolloff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
<input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report, Attach C/OH-28				
9. PERIOD COVERED				
Month Day Year		THROUGH		Month Day Year
01/01/2026				03/23/2026
10. ELECTION				
ELECTION DATE		ELECTION TYPE		
Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Rolloff <input type="checkbox"/> Other		
05/02/2026		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11. OFFICE				
OFFICE HELD (if any)		12. OFFICE SOUGHT (if known)		
Place 3 District Fanes Trave		Place 3 District Fanes		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 2

13 C/OH NAME Hern, Diane	14 Filer ID
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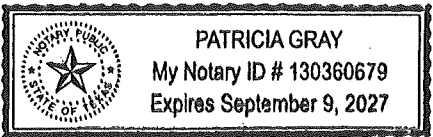
15 NOTICE FROM POLITICAL COMMITTEE(S)
 APPLICABLE

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.

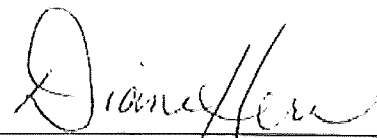
COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,023.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 599.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diane Hern, this the 31st day of March, 2026, to certify which, witness my hand and seal of office.

Patricia Gray
Notary Public
State of Texas

Patricia Gray
Printed name of officer administering

Exp 31st Sept.
Title of office or administering officer

SUBTOTALS - C/OH

18 FILER NAME Hein, Diane		19 Filer ID
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,023.70
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 F: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 599.30
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1 Sch. 115 Pgt. A19
2 FILER NAME Hern, Diane		3 Filer ID
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andruss, Valerie	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2002 Key West Cove Austin, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Best, Barbara	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 4283 Ponce Dr Palo Alto, TX 94306		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Breyfogle, Dawn	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6205 Indian Canyon Dr. Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grammer, Jonathan	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 24714 Fossil Trl Spicewood, TX 78669		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hasson, Newt	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2919 Thousand Oaks Dr Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages: Schedule A1
5ch 2/5 4pt 5/9

2 FILER NAME
Hem, Diane 3 Filer ID

4 Date 02/23/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hem, Diane	7 Amount of Contribution (\$) \$23.00
6 Contributor address; City, State, Zip Code [REDACTED] [REDACTED]		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hinton, John	Amount of Contribution (\$) \$100.00
Contributor address; City, State, Zip Code 2 Jeffery Cove Rollingwood, TX 78746		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howell, Heather	Amount of Contribution (\$) \$100.00
Contributor address; City, State, Zip Code 1700 Lemon Mint Ct Austin, TX 78746		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Lezlie	Amount of Contribution (\$) \$100.00
Contributor address; City, State, Zip Code 1303 Bowie Rd Austin, TX 78733		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeff, Mitchell	Amount of Contribution (\$) \$50.00
Contributor address; City, State, Zip Code 1450 Quaker Ridge Dr Austin, TX 78746		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total page: Schedule A1 Sch. 3/5 Page 6/9
2 FILER NAME Hern, Diane		3 Filer ID
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lamm, Jennifer	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 6502 Lost Cv Austin, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Min, Vivian	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 6301 Indian Canyon Drive Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Jackie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1400 Quaker Ridge Dr Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mitchell, Jackie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1400 Quaker Ridge Dr Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Romberg, Tom	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 450 Spiller Ln West Lake Hills, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1 Sched. A/G Rpt. 7/9
2 FILER NAME Horn, Diane		3 Filer ID
4 Date 03/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seade, Liz	7 Amount of Contribution (\$) \$160.00
6 Contributor address; City, State, Zip Code 4601 Dusik Ln Austin, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seade, Liz	Amount of Contribution (\$) \$250.00
Contributor address; City, State, Zip Code 4601 Dusik Ln Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpler, Jeff	Amount of Contribution (\$) \$250.00
Contributor address; City, State, Zip Code 1408 Patterson Rd Austin, TX 78733		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomson, Carol	Amount of Contribution (\$) \$100.00
Contributor address; City, State, Zip Code 3008 Edgewater Dr Austin, TX 78733		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villareal, Gavin	Amount of Contribution (\$) \$100.00
Contributor address; City, State, Zip Code 3310 Thousand Oaks Cv Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total page 2, Schedule A1 (See 5/9, Page 3/9)
2 FILER NAME Hern, Diane		3 Filer ID
4 Date 03/02/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Elizabeth	7 Amount of Contribution (\$) \$100.00
	6 Contributor address: City, State, Zip Code 1307 Shannon Oaks Trl Austin, TX 78746	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Webber, Julia	Amount of Contribution (\$) \$100.00
	Contributor address: City, State, Zip Code 15 Sugar Shack Dr West Lake Hills, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilken, Carrie	Amount of Contribution (\$) \$50.00
	Contributor address: City, State, Zip Code 832 Stonewall Ridge Ln Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) de Falco, Nora	Amount of Contribution (\$) \$50.00
	Contributor address: City, State, Zip Code 6504 Huckleberry Cv Austin, TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accountants' Fees
Contractual Expenses
Contributions (Members' Monthly Contributions, Officeholder/Officeholder's Contributions, and Payroll)

Direct Expenses
Fees
Fundraising Expenses
Gifts and Memorabilia Expenses
Travel Expenses

Food, Lodging, and Transportation
Office Expense (Rent of Office, Office Equipment, Office Supplies, Telephone, and Postage)
Printing Expenses
Travel Expenses
Travel Expenses

Conferences and Seminars
Entertainment Expenses (Travel, Lodging, and Transportation)
Fundraising Expenses
Fundraising Expenses
Fundraising Expenses
Fundraising Expenses

The Instruction Guide explains how to complete this form.

1 Total payee Schedule F1 Sch 1/1 Rpt 9/9	2 FILER NAME Hem, Diane	3 Filer ID
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4 Date 03/12/2026	5 Payee name Super Cheap Signs
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6 Amount (\$) \$573.32	7 Payee address: City State Zip Code 12800 Anderson Mill Rd Cedar Park, TX 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if based outside of Texas. Complete Schedule F1 <input type="checkbox"/> Check if Austin, TX, officeholder filing expense 4x4 sign printing
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/23/2026	Payee name Wix
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Amount (\$) \$25.98	Payee address: City State Zip Code 100 Gansevoort St New York, NY 10014
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PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if based outside of Texas. Complete Schedule F1 <input type="checkbox"/> Check if Austin, TX, officeholder filing expense web host fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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