

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: 19	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Diane	MI	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold;">23 APR 28 PM 1:23</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST Hern	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY, STATE; ZIP CODE	
	607 Beardsley Lane Austin TX 78746			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 964-8535	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Jean	MI	
	NICKNAME	LAST Kim	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY, STATE; ZIP CODE	
1906 Apricot Glen Drive Austin TX 78746				
8 CAMPAIGN TREASURER PHONE	AREA CODE (737)	PHONE NUMBER 336-1811	EXTENSION	
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	THROUGH	Month Day Year	
03 / 28 / 2023 04 / 26 / 2023				
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	<input checked="" type="checkbox"/> Other Description <u>Local Eanes School Board Trustee</u>	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		Eanes School Board Trustee Place 3		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<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 Diane Hern		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 64.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 8097.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2881.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Diane Hern, and my date of birth is 09/18/1971.

My address is 607 Beardsley Lane, Austin, TX, 78746, USA.

(street) (city) (state) (zip code) (country)

Executed in Travis County, State of Texas, on the 28 day of April, 2023.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Diane Hern

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$9425
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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$8032.69
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: 14
2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KJ Stanley	7 Amount of contribution (\$) 50
	6 Contributor address; City; State; Zip Code 6809 Cypress Point N Austin TX 78746	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston Doege	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 7407 Newhall Lane Austin TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nora de Falco	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 6504 Huckleberry Cove Austin TX 78746	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellie Walker	Amount of contribution (\$) 100
	Contributor address; City; State; Zip Code 432 Brady Lane Austin TX 78746	
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Brinkley <hr/> 6 Contributor address; City; State; Zip Code 3117 Above Stratford Place Austin TX 78746	7 Amount of contribution (\$) 250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula Hartman <hr/> Contributor address; City; State; Zip Code 12881 Park Drive Austin TX 78732	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christi Lowin <hr/> Contributor address; City; State; Zip Code 2623 Demona Drive Austin TX 78733	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Rizza <hr/> Contributor address; City; State; Zip Code 5805 Carry Back Lane Austin TX 78746	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dulce Stenglein 6 Contributor address; City; State; Zip Code 608 Furlong Drive Austin TX 78746	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renee Kilbride Contributor address; City; State; Zip Code 588 Cortona Drive Austin TX 78746	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rob Lane Contributor address; City; State; Zip Code 576 Lancelot Way Austin TX 78746	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Prosis Contributor address; City; State; Zip Code 1615 Patterson Road Austin TX 78746	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Jackson	7 Amount of contribution (\$) 250
6 Contributor address; City; State; Zip Code 6208 Augusta National Drive Austin TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saritha- Katikaneni	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 12 Sugar Shack Drive Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Nabors	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 700 Crystal Creek Drive Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helena Zheng	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 8110 Talbot Lane Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Abbott	7 Amount of contribution (\$) 25
6 Contributor address; City; State; Zip Code 3007 Barton Point Drive Austin TX 78733		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LuAnn Bundrant	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 1805 Randolph Ridge Trail Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hedwig Wenninger	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 1904 Big Canyon Drive Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) N Peng	Amount of contribution (\$) 150
Contributor address; City; State; Zip Code 518 Buckeye Trail Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixie McGrath	7 Amount of contribution (\$) 50
6 Contributor address; City; State; Zip Code 2102 Headwater Lane Austin TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose Ann Reeser	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 303 Westhaven Drive Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liz Walker	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 1307 Shannon Oaks Trail Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara Beechner	Amount of contribution (\$) 75
Contributor address; City; State; Zip Code 2909 Creeks Edge Parkway Austin TX 78733		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Breyfogle 6 Contributor address; City; State; Zip Code 6205 Indian Canyon Drive Austin TX 78746	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tami Blais Contributor address; City; State; Zip Code 2201 River Hills Road Austin TX 78733	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Pratt Contributor address; City; State; Zip Code 1600 Barton Springs Rd, #5106 Austin TX 78704	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liz Seade Contributor address; City; State; Zip Code 4601 Dusik Lane Austin TX 78746	Amount of contribution (\$) 500
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>		

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2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Wilbanks	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 3002 Barton Point Drive Austin TX 78733		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Abernathy	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 3216 Park Hills Drive Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose Ann Reeser	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 303 Westhaven Drive Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Cave	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 3106 Barton Point Circle Austin TX 78733		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yatin Hoskote	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 1916 Trillium Cove Austin TX 78733		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiren Majmudar	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 10701 Spiderling Court Austin TX 78733		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Reynolds	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 6400 Mauna Kea Drive Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alicia Carberry	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 2105 Ringtail Ridge Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jed Miracle	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 4000 Preservation Cove Austin TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles York	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 1206 Constant Springs Drive Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Carillo	Amount of contribution (\$) 50
Contributor address; City; State; Zip Code 3807 Toro Canyon Road, Unit 8 Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan G Hudson	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 427 Brady Lane Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Kush	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 1500 Wild Basin Ledge Austin TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Klaas	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 10612 Senna Hills Drive Austin TX 78733		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Rutherford	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 4100 Belmont Park Drive Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. W.R. Hudson	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 201 Almarion Way Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Silverberg	7 Amount of contribution (\$) 50
6 Contributor address; City; State; Zip Code 3102 Gentry Drive Austin TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peggy Romberg	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 450 Spiller Lane Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ning P. Drako	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 4611 Bee Caves Road, Suite 202 Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Sembera	Amount of contribution (\$) 300
Contributor address; City; State; Zip Code 406 Buckeye Trail Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 0424/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanthi Jayakumar	7 Amount of contribution (\$) 25
6 Contributor address; City; State; Zip Code 3309 Park Hills Drive Austin TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Davis	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code 419 Brady Lane Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Hinton	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 2 Jeffery Cove Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Barrett	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 3100 Brightwood Austin TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Diane Hern		3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Bame	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code 3014 Chatelaine Drive Austin TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Diane Hern	3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2023	5 Payee name Southern Combustion Creative	
6 Amount (\$) 1057.50	7 Payee address; City; State; Zip Code 1305 Richcreek Road Austin TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Graphic Art
	(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 04/07/2023	Payee name Delwin Goss	
Amount (\$) 560	Payee address; City; State; Zip Code 6410 Ponca Street Austin TX 78741	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description Sign Installation
	<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 04/17/2023	Payee name Super Cheap Signs	
Amount (\$) 150.47	Payee address; City; State; Zip Code 9200 Waterford Centre Blvd #100 Austin TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Signs
	<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

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Diane Hern	3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2023	5 Payee name Austin Texas Print	
6 Amount (\$) 6022.82	7 Payee address; City; State; Zip Code 6448 E. Highway 290 C102 Austin TX 78723	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Mailers
	(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 04/26/2023	Payee name Anedot	
Amount (\$) 241.90	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Payment processing fee
	<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