

# 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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Diane	MI
	NICKNAME	LAST Hern	SUFFIX
<b>OFFICE USE ONLY</b>			
Date Received <b>26 APR 24 AM 9:46</b>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	Date Hand-delivered or Date Postmarked		Receipt #
	Date Processed		Amount
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Jean</i>	MI
	NICKNAME	LAST <i>Kim</i>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 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)		
9 PERIOD COVERED	Month	Day	Year
	03/24/2026	THROUGH	04/22/2026
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
05/02/2026		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
		<input type="checkbox"/> Other	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	Place 3 District Eanes Travis		

**GO TO PAGE 2**

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

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

2 of 15


<b>13 C / OH NAME</b> Hern, Diane	<b>14 Filer ID</b>
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.									
<table border="1" style="width:100%"> <tr> <td style="width:25%"><b>COMMITTEE TYPE</b></td> <td><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td></td> <td><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>								
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>								
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>								
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>									

<b>16 CONTRIBUTION TOTALS</b>	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)	\$ 5,750.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,868.08
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,806.32
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,500.00

**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 24<sup>th</sup> day of April, 2026, to certify which, witness my hand and seal of office.

Patricia Gray      Patricia Gray      EC Assb. Supt.  
 Signature of officer administering      Printed name of officer administering      Title of officer administering oath

# SUBTOTALS - C/OH

<b>18 FILER NAME</b> Hern, Diane	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,750.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	1,500.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	6,868.08
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/8 Rpt: 4/15
<b>2</b> FILER NAME Hern, Diane		<b>3</b> Filer ID
<b>4</b> Date 04/20/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bland-Ho, Heather	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code 2804 Regents Park  Austin, TX 78746		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brindley, Margie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 614 Beardsley Ln  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Jose	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3807 Toro Canyon Rd #8 Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowden, Michael	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3126 Eanes Circle  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deitch, Michele	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 727 E. Dean Keeton St.  Austin, TX 78705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/15
2 FILER NAME Hern, Diane		3 Filer ID
4 Date 04/01/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Drako, Ning	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 518 Buckeye Trail  Austin, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fox, Cara	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 103 McConnell Dr  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Golson, Nancy	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code 1034 Liberty Park Dr Apt 153 Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Golson, Nancy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1034 Liberty Park Dr Apt 153 Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greulich, Mo	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3517 Pinnacle Rd  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)


# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 6/15
<b>2</b> FILER NAME Hern, Diane		<b>3</b> Filer ID
<b>4</b> Date 04/15/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harakh, Bryan	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code 1906 Mistywood Dr  Austin, TX 78746		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris Odama, Karen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 9236 scenic bluff drive  Austin, TX 78733		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinton, Susan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2 Jeffery Cove  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinzie, Doug	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code PO Box 164343  Austin, TX 78716		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Rachel	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6208 Augusta National Dr  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/15
2 FILER NAME Hern, Diane		3 Filer ID
4 Date 04/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jayakumar, Shantheri <hr/> 6 Contributor address; City; State; Zip Code 3309 Park Hills Dr  Austin, TX 78746	7 Amount of Contribution (\$)  \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowin, Christi <hr/> Contributor address; City; State; Zip Code 2623 Demona Drive  Austin, TX 78733	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKaskle, Emily <hr/> Contributor address; City; State; Zip Code 1901 Calle Caliche  Austin, TX 78733	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McMath, Kim <hr/> Contributor address; City; State; Zip Code 	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miracle, Virginia <hr/> Contributor address; City; State; Zip Code 4000 Preservation Cv  Austin, TX 78746	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/15
2 FILER NAME Hern, Diane		3 Filer ID
4 Date 04/14/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Peggy	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 3514 Pinnacle Rd.  Austin, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Shawn	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 43 Rainey St Apt 903 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newberg, Jeffrey	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1606 Mount Larson Rd  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pai, Vidhya	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6905 Crosby Cir Apt3 Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pampe, Derek	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1715 Corto Ln  Austin, TX 78733		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/15
2 FILER NAME Hern, Diane		3 Filer ID
4 Date 03/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Jason	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2001 Real Catorce Dr  Austin, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Sheri	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1700 Yaupon Valley Rd  Westlake, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeser, Rose	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 303 Westhaven Dr  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romberg, Tom	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 450 Spiller Ln  West Lake Hills, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Monica	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6431 Ratter Pass  San Antonio, TX 78266		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/15
2 FILER NAME Hern, Diane		3 Filer ID
4 Date 04/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverberg, Rhoda	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 3102 Gentry Ave  Rollingwood, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, KJ	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code 6808 Cypress Point North  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornhill, Susie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1926 Cypress Pt W  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tung, Min	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 701 Beardsley Ln  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vescovo, Mindy	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 604 Rocky River Rd  Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/15
2 FILER NAME Hern, Diane		3 Filer ID
4 Date 04/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Maritza ----- 6 Contributor address; City; State; Zip Code 1709 Ben Crenshaw Way  Austin, TX 78746	7 Amount of Contribution (\$)  \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiese, Channing ----- Contributor address; City; State; Zip Code 2 Downie Pl  Austin, TX 78746	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbanks, Teresa ----- Contributor address; City; State; Zip Code 3002 Barton Point Dr  Austin, TX 78733	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Jill ----- Contributor address; City; State; Zip Code 2305A Westlake Dr  Austin, TX 78746	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Paula ----- Contributor address; City; State; Zip Code 6000 Cape Coral Dr  Austin, TX 78746	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule E: Sch: 1/1 Rpt: 12/15
2 FILER NAME Hern, Diane		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/15/2026	7 Name of lender Hern, Diane <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$1,500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 40px; margin: 5px 0;"></div>	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 13/15	<b>2</b> FILER NAME Hern, Diane	<b>3</b> Filer ID
<b>4</b> Date 03/25/2026	<b>5</b> Payee name AUSTIN TEXAS PRINT	
<b>6</b> Amount (\$) \$378.88	<b>7</b> Payee address; City; State; Zip Code 6448 E. Hwy 290 C102  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2026	Payee name AUSTIN TEXAS PRINT	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6448 E. Hwy 290 C102  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2026	Payee name AUSTIN TEXAS PRINT	
Amount (\$) \$898.39	Payee address; City; State; Zip Code 6448 E. Hwy 290 C102  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 14/15	<b>2</b> FILER NAME Hern, Diane	<b>3</b> Filer ID
<b>4</b> Date 04/20/2026	<b>5</b> Payee name AUSTIN TEXAS PRINT	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 6448 E. Hwy 290 C102  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/21/2026	Payee name AUSTIN TEXAS PRINT	
Amount (\$) \$1,167.57	Payee address; City; State; Zip Code 6448 E. Hwy 290 C102  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2026	Payee name Delwin Goss	
Amount (\$) \$1,752.00	Payee address; City; State; Zip Code 6410 Ponca St  Austin, TX 78741	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Installation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 15/15	<b>2</b> FILER NAME Hern, Diane	<b>3</b> Filer ID
<b>4</b> Date 04/20/2026	<b>5</b> Payee name HD Campaigns LLC	
<b>6</b> Amount (\$) \$352.66	<b>7</b> Payee address; City; State; Zip Code 4711 Spicewood Springs Road #227  Austin, TX 78759	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign management consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/22/2026	Payee name Super Cheap Signs	
Amount (\$) \$296.93	Payee address; City; State; Zip Code 12800 Anderson Mill Rd  Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lawn signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/27/2026	Payee name Trianon Coffee	
Amount (\$) \$21.65	Payee address; City; State; Zip Code 3654 Bee Caves Rd Ste A  Austin, TX 78746	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee meet and greet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held