

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

FIRST

MI

Johvonne

NICKNAME

LAST

SUFFIX

Hernandez-Howard

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

321 Banker, Laguna Vista TX 78578

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(954)

466-9717

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Frank

NICKNAME

LAST

SUFFIX

Davalos Jr.

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

805 Santa Isabel Laguna Vista TX 78578

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(954)

354-8334

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

/ / THROUGH / /

11 ELECTION

ELECTION DATE

Month

Day

Year

05/02/26

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Council Place 2

13 OFFICE SOUGHT (if known)

Council Place 2

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

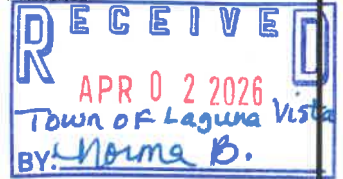
SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

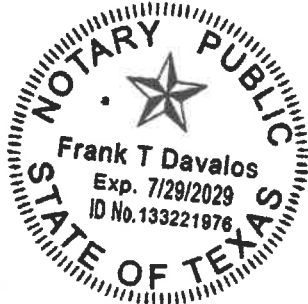
**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Johanne Howard **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)	\$ 2,931.59
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,931.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1294.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1294.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1437.59
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.



Johanne Howard
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Johanne Howard this the 31 day of March

26 to certify which, witness my hand and seal of office.

Frank Davalos Jr. FRANK DAVALOS JR. Notary Public
Signature of officer administering oath Printed name of officer administering oath 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

Johanne Howard

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2931.59
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,294.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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:
2 FILER NAME <i>Joe's Oyster Bar</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/20/26</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Joel's Oyster Bar</i>	7 Amount of contribution (\$) <i>\$1500.00</i>
6 Contributor address; City; State; Zip Code <i>Port Isabel TX 78578</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/10/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>E Medina Rodriguez</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>Port Isabel TX 78578</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/15/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Marsha Woney</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>Laguna Vista TX 78578</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/13/24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Davinos Properties</i>	Amount of contribution (\$) <i>\$1285.00</i>
Contributor address; City; State; Zip Code <i>Laguna Vista TX 78578</i>		
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 FILER NAME <i>Jonathan Saluenski</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/24/26</i>	5 Payee name <i>Jonathan Saluenski</i>	
6 Amount (\$) <i>430.29</i>	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Signs</i>	(b) Description <i>Campaign Signs</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/20/26</i>	Payee name <i>Jonathan Saluenski</i>	
Amount (\$) <i>173.20</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs</i>	Description <i>Campaign signs</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name <i>Frank Dawalus Jr</i>	
Amount (\$) <i>28.10</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Poles</i>	Description <i>Poles for 4x4 signs</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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 I:	2 FILER NAME <i>Johnnie Howard</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/15/24</i>	5 Payee name <i>Helen Delgado & Abel Delgado</i>
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6 Amount (\$) <i>500.00</i>	7 Payee address; City State Zip Code <i>Laguna Vista, TX 78578</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Campaign Signs</i>	(b) Description (See instructions regarding type of information required.)
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Date <i>3/15/24</i>	Payee name <i>Daniel Bryant & Donald Hayden</i>
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Amount (\$) <i>400.00</i>	Payee address; City State Zip Code <i>Laguna Vista TX 78578</i>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Campaign Literature</i>	Description (See instructions regarding type of information required.) <i>Flyers & Signs</i>
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Date <i>3/15/24</i>	Payee name <i>Natalie Ruiz</i>
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Amount (\$) <i>100.00</i>	Payee address; City State Zip Code <i>Laguna Vista TX 78578</i>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Campaign Signs</i>	Description (See instructions regarding type of information required.) <i>Signs</i>
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Date	Payee name
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Amount (\$)	Payee address; City State Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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