

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <i>Olga</i> MI <i>M.</i> NICKNAME LAST <i>Hernandez</i> SUFFIX	OFFICE USE ONLY Date Received <i>01-15-15P02:02 RCVD</i> Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX,    APT / SUITE #,    CITY,    STATE,    ZIP CODE <i>731 Clower San Antonio, TX</i> <i>78212</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE    PHONE NUMBER    EXTENSION <i>(210) 733-0763</i> -		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <i>Jeanette</i> MI <i>Gonzalez</i> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #,    CITY,    STATE,    ZIP CODE <i>368 Mandalay</i> <i>San Antonio, TX 78212</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE    PHONE NUMBER    EXTENSION <i>(210) 872-2953</i>		
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year    THROUGH    Month    Day    Year <i>07 / 01 / 14</i> THROUGH <i>12 / 31 / 2014</i>		
11 ELECTION	ELECTION DATE Month    Day    Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>SAISD Trustee</i> <i>District 6</i>	13 OFFICESOUGHT (if known)	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Olga M. Hernandez*

15 ACCOUNT # (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE NAME

*Olga M. Hernandez*

COMMITTEE ADDRESS

*731 Clower; San Antonio, Tx 78212*

COMMITTEE CAMPAIGN TREASURER NAME

*Ms. Jeanette Gonzalez*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*368 Mandalay; S.A. Tx 78212*

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$           

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *6222.60*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$           

4. TOTAL POLITICAL EXPENDITURES

\$ *3583.93*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

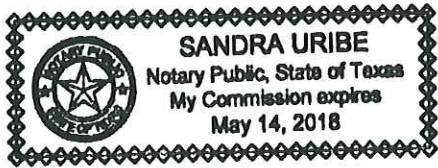
\$ *12,018.23*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$           

18 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.

*Olga M. Hernandez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Olga M. Hernandez* this the *15<sup>th</sup>* day of *January*, 20 *15*, to certify which, witness my hand and seal of office.

*Sandra Uribe*  
Signature of officer administering oath

*Sandra Uribe*  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <u>Olga M. Hernandez</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>7/14/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Linebarger Goggan Blair + Sampson, LLP</u>	7 Amount of contribution (\$) <u>500.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>PO Box 17428 Austin, TX 78760</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Attorneys</u>		10 Employer (See Instructions) <u>Same</u>	
Date <u>7/14/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John E. Hardin</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>14625 FM 1346 Saint Hedwig, TX 78152</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/14/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lily L. Guerra</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5107 Queen Bess Ct. San Antonio, TX 78228</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Business Owner</u>		Employer (See Instructions) <u>Self</u>	
Date <u>10/23/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dependable Pest Control</u>	Amount of contribution (\$) <u>75.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>727 W. Rosewood Ave San Antonio TX 78212</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Same</u>		Employer (See Instructions) <u>Self</u>	
Date <u>10/25/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Edward Garza</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1903 W. Magnolia Ave San Antonio, TX 78201</u>		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Olga M. Hernandez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/20/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lineberger Goggan Blair + Sampson, LLP</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin, Tx 78760</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Attorneys</i>		10 Employer (See Instructions) <i>Same</i>	
Date <i>10/23/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Vera</i>	Amount of contribution (\$) <i>28.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>11022 Wilson Oaks Dr San Antonio, Tx 78249</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jennifer A. Casanova</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>223 Yellowstone San Antonio, Tx 78210</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>SAISD</i>	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marisa Perez</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2311 W. Magnolia San Antonio, Tx 78201</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Educator - Govt. Relations</i>		Employer (See Instructions) <i>SAISD</i>	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mauricio Gonzales</i>	Amount of contribution (\$) <i>28.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>167 Mink San Antonio, Tx 78213</i>		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

*Olga M. Hernandez*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*10/25/14*

5 Full name of contributor

out-of-state PAC (ID#)

*Marisa G. Rodriguez*

6 Contributor address; City; State; Zip Code

*4542 Harrisburg  
San Antonio, TX 78223*

7 Amount of contribution (\$)

*28.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*10/25/14*

Full name of contributor

out-of-state PAC (ID#)

*S. A. Navarro, PHD*

Contributor address; City; State; Zip Code

*1540 W. Bitters, #2745  
San Antonio, TX 78248*

Amount of contribution (\$)

*200.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*UTSA Professor*

Employer (See Instructions)

*UTSA*

Date

*10/25/14*

Full name of contributor

out-of-state PAC (ID#)

*Yolanda Sepulveda*

Contributor address; City; State; Zip Code

*1426 W. Olmos Dr.  
San Antonio, TX 78201*

Amount of contribution (\$)

*50.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/25/14*

Full name of contributor

out-of-state PAC (ID#)

*Belinda Arnedondo*

Contributor address; City; State; Zip Code

*2638 Inwood View Dr.  
San Antonio, TX 78248*

Amount of contribution (\$)

*25.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/25/14*

Full name of contributor

out-of-state PAC (ID#)

*Theresa Mendez*

Contributor address; City; State; Zip Code

*165 W. Rampart #103  
San Antonio, TX 78216*

Amount of contribution (\$)

*15.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Olga M. Hernandez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/25/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maj. Thomas C. Lopez</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>305 S. Nueces St. San Antonio, TX 78209</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
Date <i>10/17/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda A. Rodriguez</i>	Amount of contribution (\$) <i>14.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4511 Albert Martin San Antonio, TX 78253</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/20/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Y. Curbow</i>	Amount of contribution (\$) <i>14.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12451 Hart Elf San Antonio, TX 78249</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gloria A. Sanchez</i>	Amount of contribution (\$) <i>25.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>12206 Stable Square San Antonio, TX 78249</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esther Z. Daleon</i>	Amount of contribution (\$) <i>70.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>715 Westwood Dr. San Antonio, TX 78212</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Olga M. Hernandez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/25/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Robert L. Zaldivar</i>	7 Amount of contribution (\$) <i>60.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>17510 CR 176 Helotes, TX 78023</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Business Owner</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Linda A. Sanchez</i>	Amount of contribution (\$) <i>28.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1650 W. Mulberry San Antonio, TX 78201</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Laura Salazar</i>	Amount of contribution (\$) <i>70.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>602 Northstar Dr San Antonio, TX 78216</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rosanne Valenzuela</i>	Amount of contribution (\$) <i>35.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>23507 Rockbrook Cove San Antonio, TX 78261</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cindy San Miguel</i>	Amount of contribution (\$) <i>14.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>23411 Treemont Park San Antonio, TX 78261</i>		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Olga M. Hernandez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/25/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ronald R. Morgan</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3500 Goliad Rd Lot 391 San Antonio, Tx 78223</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Adela Ramirez</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>339 E. Petaluma San Antonio, Tx 78221</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Various Attendees to BBQ</i>	Amount of contribution (\$) <i>2878.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>Fundraiser Purchases of BBQ Plates</i>		<i>Cash</i> (If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/12/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Anita Chavera</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8510 Heath Circle San Antonio, Tx 78250</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Director - Counseling</i>		Employer (See Instructions) <i>SAISD.</i>	
Date <i>11/12/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>San Antonio Alliance</i>	Amount of contribution (\$) <i>70.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>120 Adams San Antonio, Tx 78210</i>		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Olga M. Hernandez</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12/14/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dana Ward</i>	7 Amount of contribution (\$) <i>\$50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>12301 Capeswood St, San Antonio, Tx 78249</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Retired</i>		10 Employer (See Instructions)	
Date <i>10/25/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sam Mullen</i>	Amount of contribution (\$) <i>\$ 645.60</i>	In-kind contribution description (if applicable) <i>Chicken quarters and sausage links for BBQ Fundraiser</i>
Contributor address; City; State; Zip Code <i>12758 Cimarron Path #118 San Antonio, Tx 78249</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Business Owner</i>		Employer (See Instructions) <i>Self</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1

2 FILER NAME

*Olga M. Hernandez*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨      ⇨      ⇨      ⇨      ⇨      ⇨

\$

5 Date

6 Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address;      City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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.



**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <i>Olga M. Hernandez</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution?  Y    N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  18 Guarantor address;    City;    State;    Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Olga M. Hernandez	3 ACCOUNT # (Ethics Commission Filers)
--------------------------------	-----------------------------------	--

4 Date 9/22/14	5 Payee name Office Depot
-------------------	------------------------------

6 Amount (\$) 63.76	7 Payee address; City; State; Zip Code 321 NW Loop 410, Ste 101 San Antonio, TX 78216
------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Supplies	(b) Description (If travel outside of Texas, complete Schedule T) Supplies
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/24/15	Payee name Bill Millers B.B.Q.
------------------	-----------------------------------

Amount (\$) \$30.29	Payee address; City; State; Zip Code 2112 Blanco Rd. San Antonio, TX 78212
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (If travel outside of Texas, complete Schedule T) Food for volunteers
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9/29/14	Payee name Laurel Heights Station
-----------------	--------------------------------------

Amount (\$) \$441.00	Payee address; City; State; Zip Code San Antonio, TX 78212-9998
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage Stamps	Description (If travel outside of Texas, complete Schedule T) for mail-out.
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9/29/14	Payee name Office Max
-----------------	--------------------------

Amount (\$) \$30.62	Payee address; City; State; Zip Code 255 E. Basse San Antonio, TX 78209
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Paper Office Supplies	Description (If travel outside of Texas, complete Schedule T) Paper + Envelopes
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>9/30/14</i>	5 Payee name <i>Election Support Services</i>
--------------------------	--

6 Amount (\$) <i>\$88.20</i>	7 Payee address; City; State; Zip Code <i>2611 Rompel Pass San Antonio, Tx 78232</i>
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Mail-out</i>
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10-2-14</i>	Payee name <i>Ink Spot Printing</i>
------------------------	--

Amount (\$) <i>\$180.78</i>	Payee address; City; State; Zip Code <i>7959 Fredericksburg Rd. San Antonio, Tx 78229</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>mail-out</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/5/14</i>	Payee name <i>Leticia Van de Putte for Lt. Gov.</i>
------------------------	--

Amount (\$) <i>\$50.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 8490 San Antonio, Tx 78208</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Contribution</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Leticia Van de Putte for Lt. Gov.</i>	Office sought	Office held
---	---	---------------	-------------

Date <i>10/6/14</i>	Payee name <i>HEB</i>
------------------------	--------------------------

Amount (\$) <i>\$85.57</i>	Payee address; City; State; Zip Code <i>300 Olmos San Antonio, Tx 78212</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Refreshments for meeting for</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held <i>Volunteers</i>
---	-------------------------------	---------------	----------------------------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>10/08/14</i>	5 Payee name <i>Beacon Hill Station</i>
---------------------------	--

6 Amount (\$) <i>\$294.00</i>	7 Payee address; City; State; Zip Code <i>San Antonio, Tx 78201-9998</i>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Postage Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Postage for mail out</i>
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/8/14</i>	Payee name <i>Walmart</i>
------------------------	------------------------------

Amount (\$) <i>\$33.10</i>	Payee address; City; State; Zip Code <i>1603 Vance Jackson Rd. San Antonio, Tx 78213</i>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Supplies</i>	Description (If travel outside of Texas, complete Schedule T) <i>Envelopes for mail-out.</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/15/14</i>	Payee name <i>Ink Spot Printing</i>
-------------------------	--

Amount (\$) <i>\$140.23</i>	Payee address; City; State; Zip Code <i>7959 Fredericksburg San Antonio, Tx 78229</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Printing</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/15/14</i>	Payee name <i>Leticia Vande Putte for Lt. Gov.</i>
-------------------------	---

Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 8490 San Antonio, Tx 78208</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign Donation</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>10/25/14</i>	5 Payee name <i>HEB</i>
---------------------------	----------------------------

6 Amount (\$) <i>\$300.00</i>	7 Payee address; City; State; Zip Code <i>300 DIMOS Drive San Antonio, TX 78212</i>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Supplies/Fundraiser</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Supplies for fundraiser</i>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/18/14</i>	Payee name <i>Sam's Club</i>
-------------------------	---------------------------------

Amount (\$) <i>\$257.51</i>	Payee address; City; State; Zip Code <i>12919 San Pedro San Antonio, TX 78216</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraiser Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Supplies for B.B.Q.</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/19/14</i>	Payee name <i>Academy</i>
-------------------------	------------------------------

Amount (\$) <i>\$154.83</i>	Payee address; City; State; Zip Code <i>2643 NW Loop 410 San Antonio, TX 78230</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fundraiser Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Supplies for BBQ</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/22/14</i>	Payee name <i>Culebra Meat Mkt.</i>
-------------------------	--

Amount (\$) <i>\$52.09</i>	Payee address; City; State; Zip Code <i>3017 Blanco Rd. San Antonio, TX 78212</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Food for volunteers</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---------------------------------------	--

4 Date <i>10/23/14</i>	5 Payee name <i>HEB</i>
---------------------------	----------------------------

6 Amount (\$) <i>\$79.50</i>	7 Payee address; City; State; Zip Code <i>300 Olmos San Antonio, Tx 78212</i>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Supplies for Fundraiser</i>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>11/7/14</i>	Payee name <i>HEB</i>
------------------------	--------------------------

Amount (\$) <i>175.14</i>	Payee address; City; State; Zip Code <i>300 W. Olmos San Antonio, Tx 78212</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Refreshments + Food</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>11/12/14</i>	Payee name <i>Cracker Barrel</i>
-------------------------	-------------------------------------

Amount (\$) <i>136.30</i>	Payee address; City; State; Zip Code <i>98 NE Hwy 410 San Antonio, Tx 78216</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Bunco Event - Prizes</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>11/16/14</i>	Payee name <i>HEB</i>
-------------------------	--------------------------

Amount (\$) <i>\$74.69</i>	Payee address; City; State; Zip Code <i>300 Olmos San Antonio, Tx 78212</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Bunco Event - Food</i>
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>12/30/14</i>	5 Payee name <i>Culebra Meat Mkt.</i>
---------------------------	--

6 Amount (\$) <i>115.82</i>	7 Payee address; City; State; Zip Code <i>3017 Blanco Rd. San Antonio, TX 78212</i>
-----------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Food for Event for Supporters</i>
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>7/18/14</i>	Payee name <i>Texas Grassroot Services</i>
------------------------	---

Amount (\$) <i>700.00</i>	Payee address; City; State; Zip Code <i>1331 W. Ridgewood Ct. San Antonio, TX 78201</i>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fees.</i>
------------------------	---	---

Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY 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 (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY 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 PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Date; Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	<input type="checkbox"/> Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Date; Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	<input type="checkbox"/> Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Date; Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	<input type="checkbox"/> Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Date; Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	<input type="checkbox"/> Reimbursement from political contributions intended	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	---------------------------------------	--

4 Date	5 Business name
--------	-----------------

6 Amount (\$)	7 Business address; City; State; Zip Code
---------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 9	2 FILER NAME Olga M. Hernandez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8-15-14	5 Payee name Arthur Feil	
6 Amount (\$) \$3248	7 Payee address; City; State; Zip Code 803 West Ashby Place San Antonio, Tx 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (See instructions regarding type of information required.) flowers
Date 8-15-14	Payee name Michael's	
Amount (\$) <del>5000</del> 15.13	Payee address; City; State; Zip Code 255 E. Basse, Ste 120 San Antonio, Tx 78209	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift - School Opening	Description (See instructions regarding type of information required.) Bags for Principals
Date 8/18/14	Payee name Leticia Munoz	
Amount (\$) \$70.00	Payee address; City; State; Zip Code 446 E. Gerald San Antonio, Tx 78214	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	Description (See instructions regarding type of information required.) Cakes for Principals
Date 9/15/14	Payee name SAISD Foundation	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 141 Lavaca San Antonio, Tx 78210	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (See instructions regarding type of information required.) For Fox Tech Student (Gerardo) going to A+M

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date: <i>9/11/14</i>	5 Payee name <i>HEB</i>	
6 Amount (\$) <i>\$104.32</i>	7 Payee address; City; State; Zip Code <i>300 Olmos San Antonio, Tx 78212</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Bereavement Donation</i>	(b) Description (See instructions regarding type of information required.) <i>For Aguilon family</i>
Date <i>9/12/14</i>	Payee name <i>Sam's Club</i>	
Amount (\$) <i>\$64.35</i>	Payee address; City; State; Zip Code <i>12919 San Pedro San Antonio, Tx 78216</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Expense</i>	Description (See instructions regarding type of information required.) <i>Food for Service</i>
Date <i>12/03/14</i>	Payee name <i>HEB</i>	
Amount (\$) <i>\$85.37</i>	Payee address; City; State; Zip Code <i>300 Olmos San Antonio, Tx 78212</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Expense</i>	Description (See instructions regarding type of information required.) <i>Holiday cakes for Bd Colleagues</i>
Date <i>10/1/14</i>	Payee name <i>R.J. Publications</i>	
Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 1692 Helotes, Tx 78023</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (See instructions regarding type of information required.) <i>Edison H.S. Football Program Ad</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**SCHEDULE I**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10/4/14</i>	5 Payee name <i>Bear Nation Athletic Assn.</i>	
6 Amount (\$) <i>\$50.00</i>	7 Payee address; City: State: Zip Code <i>455 University San Antonio, Tx 78201</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contribution</i>	(b) Description (See instructions regarding type of information required.) <i>Donation to team</i>
Date <i>10/8/14</i>	Payee name <i>Edison P.T.S.A.</i>	
Amount (\$) <i>50.00</i>	Payee address; City: State: Zip Code <i>701 Santa Monica San Antonio, Tx 78212</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (See instructions regarding type of information required.) <i>membership + donation</i>
Date <i>10/11/14</i>	Payee name <i>S.A.F.S.D. Foundation</i>	
Amount (\$) <i>\$125.00</i>	Payee address; City: State: Zip Code <i>141 Lavaca San Antonio, Tx 78210</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Donation</i>	Description (See instructions regarding type of information required.) <i>Inspire Donation</i>
Date <i>10/14/14</i>	Payee name <i>Academy</i>	
Amount (\$) <i>39.99</i>	Payee address; City: State: Zip Code <i>2643 NW Loop 410 San Antonio, Tx 78230</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (See instructions regarding type of information required.) <i>Table for Edison Parent Room</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

*Room*



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>10/21/14</i>	5 Payee name <i>Bedoy's Bakery</i>
---------------------------	---------------------------------------

6 Amount (\$) <i>\$15.40</i>	7 Payee address; City; State; Zip Code <i>802 W. Hildebrand San Antonio, Tx 78212</i>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Expense</i>	(b) Description (See instructions regarding type of information required.) <i>Refreshments for Community Meeting</i>
--------------------------	---	---

Date <i>10/23/14</i>	Payee name <i>Sam's Club</i>
-------------------------	---------------------------------

Amount (\$) <i>108.23</i>	Payee address; City; State; Zip Code <i>12919 San Pedro San Antonio, Tx 78212</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (See instructions regarding type of information required.) <i>Ice Chest donated to EHS Athletics</i>
------------------------	---	---

Date <i>10/31/14</i>	Payee name <i>Alamo Candy Company</i>
-------------------------	--

Amount (\$) <i>24.35</i>	Payee address; City; State; Zip Code <i>2738 Blanco Road San Antonio, Tx 78212</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (See instructions regarding type of information required.) <i>Candy for Storybook Parade at Franklin Elementary</i>
------------------------	---	--

Date <i>10/31/14</i>	Payee name <i>David Luna</i>
-------------------------	---------------------------------

Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>1110 Clower San Antonio, Tx 78201</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (See instructions regarding type of information required.) <i>for "Little Bears" fundraiser</i>
------------------------	---	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>11/6/14</i>	5 Payee name <i>American Sunrise</i>
--------------------------	---

6 Amount (\$) <i>200.00</i>	7 Payee address; City: State: Zip Code <i>2007 W. Commerce St. San Antonio, TX 78207</i>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contribution</i>	(b) Description (See instructions regarding type of information required.) <i>Donation for Fundraiser</i>
--------------------------	---	--

Date <i>11/13/14</i>	Payee name <i>Edison High School</i>
-------------------------	---

Amount (\$) <i>\$65.00</i>	Payee address; City: State: Zip Code <i>701 Santa Monica San Antonio, TX 78212</i>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (See instructions regarding type of information required.) <i>Student Thanksgiving Event</i>
------------------------	---	---

Date <i>11/14/14</i>	Payee name <i>Edison High School</i>
-------------------------	---

Amount (\$) <i>\$100.00</i>	Payee address; City: State: Zip Code <i>701 Santa Monica San Antonio, TX 78212</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (See instructions regarding type of information required.) <i>Girls Athletics Fundraiser</i>
------------------------	---	---

Date <i>12/4/14</i>	Payee name <i>Go Public</i>
------------------------	--------------------------------

Amount (\$) <i>\$100.00</i>	Payee address; City: State: Zip Code <i>13450 Sunnyview Trails San Antonio, TX 78253</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution</i>	Description (See instructions regarding type of information required.) <i>Public School Marketing donation</i>
------------------------	---	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>12/18/14</i>	5 Payee name <i>Office Max</i>
---------------------------	-----------------------------------

6 Amount (\$) <i>\$82.86</i>	7 Payee address; City: State: Zip Code <i>255 E. Basse San Antonio, Tx 78212</i>
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (See instructions regarding type of information required.) <i>Holiday letter</i>
--------------------------	---	---

Date <i>12/18/14</i>	Payee name <i>HEB</i>
-------------------------	--------------------------

Amount (\$) <i>\$69.24</i>	Payee address; City: State: Zip Code <i>300 Olmos San Antonio, Tx 78212</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Gift Expense</i>	Description (See instructions regarding type of information required.) <i>Gift Cakes for SAISD staff + Secretaries</i>
------------------------	---	---

Date <i>12/19/14</i>	Payee name <i>MD Computer Technologies</i>
-------------------------	---

Amount (\$) <i>\$213.61</i>	Payee address; City: State: Zip Code <i>7222 Flaming Forest San Antonio, Tx 78250</i>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office</i>	Description (See instructions regarding type of information required.) <i>Computer Repair</i>
------------------------	---	--

Date <i>12/21/14</i>	Payee name <i>HEB</i>
-------------------------	--------------------------

Amount (\$) <i>\$39.21</i>	Payee address; City: State: Zip Code <i>300 Olmos San Antonio, Tx 78212</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Gift Expense</i>	Description (See instructions regarding type of information required.) <i>Holiday Cakes for Volunteers / Supporters</i>
------------------------	---	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--	--

4 Date <i>12/21/14</i>	5 Payee name <i>2nd Chance Democrats</i>
---------------------------	---

6 Amount (\$) <i>\$100.00</i>	7 Payee address; City; State; Zip Code <i>945 N. Flores San Antonio, Tx 78212</i>
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Contributions</i>	(b) Description (See instructions regarding type of information required.) <i>Holiday Gifts for Children of Incarcerated Parents</i>
--------------------------	--	---

Date <i>12-22-14</i>	Payee name <i>HEB</i>
-------------------------	--------------------------

Amount (\$) <i>\$96.23</i>	Payee address; City; State; Zip Code <i>300 Olmos San Antonio, Tx 78212</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution to Edison PTSA</i>	Description (See instructions regarding type of information required.) <i>Door Prizes = hams + plants</i>
------------------------	--	--

Date <i>7/14/14</i>	Payee name <i>Olga M. Hernandez</i>
------------------------	--

Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>731 Clower San Antonio, Tx 78212</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Reimbursement</i>	Description (See instructions regarding type of information required.) <i>Misc Receipts; Parking Fees, lunch meetings w/constituents, donation to Edison Parent room # 123.40</i>
------------------------	--	--

Date <i>10/21/14</i>	Payee name <i>Plaza Mex Restaurant</i>
-------------------------	---

Amount (\$) <i>\$66.35</i>	Payee address; City; State; Zip Code <i>2898 Blanco Rd San Antonio, Tx 78212</i>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Expense</i>	Description (See instructions regarding type of information required.) <i>Breakfast with Volunteers</i>
------------------------	---	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:           

2 FILER NAME

*Olga M. Hernandez*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME

*Olga M. Hernandez*

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G  
 Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.  
 -- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME**

*Olga M. Hernandez*

**2 ACCOUNT #** (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
 Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

 -- Complete A & B below *only* if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
 Signature of Candidate

**5 OFFICEHOLDER**

 -- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
 Signature of Officeholder