

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

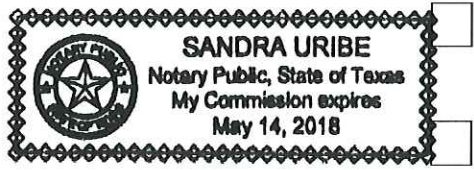
FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST		
			Olga	M.	10-04-16 P04:40 RCVD
		NICKNAME	LAST	SUFFIX	
		Hernandez			Date Hand-delivered or Date Postmarked
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> Other (specify)	Receipt #
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	General	Amount \$
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month
		5	1	2015	6
		THROUGH		2015	30

6 EXPLANATION OF CORRECTION Failed to report one 500.00 cash contribution, made correction to add the contribution to Form A1, made correction to Form F1 to show expenditures made with the 500 in cash, made correction to pg 2 to show increase of 500 to both the political contributions and to the political

7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected Expenditures report is true and correct.

Check ONLY if applicable:



Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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 4 day of October

2016 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
Community Relations Specialist Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Olga M. Hernandez 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

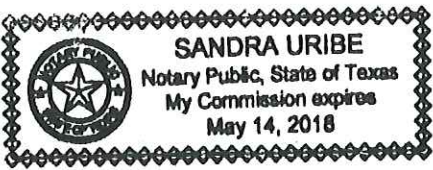
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME <u>Olga M. Hernandez Campaign</u>
	COMMITTEE ADDRESS <u>731 Clower, San Antonio, TX 78212</u>
	COMMITTEE CAMPAIGN TREASURER NAME <u>Jeanette Gonzalez</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <u>368 Mendalay San Antonio, TX 78212</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5139.88</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8471.57</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6301.89</u>
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 4 day of October, 2016, 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
Community Relations Specialist Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Olga M. Hernandez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>on or about May 6, 15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joshua Cerna</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>443 E. Gerald</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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>Olga M. Hernandez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5-9-15</i>	5 Payee name <i>Blanca Duran</i>
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6 Amount (\$) <i>200.00</i>	7 Payee address; City; State; Zip Code <i>715 Rosewood Avenue San Antonio, TX 78212</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense misc additional expenditures for Election Night Watch party.</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-9-15</i>	Payee name <i>Juanita S. Morales</i>
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Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>634 W. Hollywood San Antonio, TX</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense - and fuel to deliver sno-cones to poll workers.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-9-15</i>	Payee name <i>Sam's Club</i>
-----------------------	---------------------------------

Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>12919 San Pedro S.A. TX 78216</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gift/Awards - Thank you - IHOP gift cards for ladies who worked the 10 Early Vote days.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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
11 ELECTION	ELECTION DATE	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

OFFICE USE ONLY

Date Received: 07-15-15 10:34 RC D

Date Hand-delivered or Postmarked:

Receipt # Amount

Date Processed:

Date Imaged:

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 Campaign

COMMITTEE ADDRESS

*731 Clower
San Antonio, Tx 78212*

COMMITTEE CAMPAIGN TREASURER NAME

Jeanette Gonzalez

COMMITTEE CAMPAIGN TREASURER ADDRESS

*368 mandalay
San Antonio, 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)

\$

4639.88

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

7971.57

CONTRIBUTION
BALANCE

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

\$

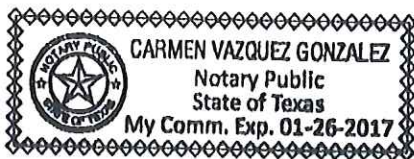
6301.89

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 _____, this the 15 day of July, 20 15, to certify which, witness my hand and seal of office.

Carmen Vazquez Gonzalez
Signature of officer administering oath

Carmen Vazquez Gonzalez
Printed name of officer administering oath

Executive Director
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>2</u>	
2 FILER NAME <u>Olga M. Hernandez</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5/6/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Walter Martinez</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>3014 Whisper Fern St. San Antonio, Tx 78230</u>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>5/6/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Lydia D. Mullen</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>2310 Fountain Way San Antonio, Tx 78248</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>5/6/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Robert J. Perez</u>	Amount of contribution (\$) <u>\$750.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>327 E. Huisache San Antonio, Tx 78212</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Self</u>	
Date <u>5/11/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>S.A. Alliance of Teachers + Support Personnel PAC</u>	Amount of contribution (\$) <u>350.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>120 Adams San Antonio, Tx 78210</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>PAC</u>		Employer (See Instructions) <u>PAC</u>	
Date <u>5/11/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Carmen Gomez</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>301 Squires Row San Antonio, Tx 78213</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Business Owner / law office</u>		Employer (See Instructions) <u>Self</u>	

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: <u>2</u>	
2 FILER NAME <u>Olga M. Hernandez</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5/11/15</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rosalba Diaz</u>	7 Amount of contribution (\$) <u>250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>8719 Chartres San Antonio, Tx 78240</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Business Manager</u>		10 Employer (See Instructions) <u>GED Testing Service</u>	
Date <u>5/27/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Baltazar R. Serna, Jr.</u>	Amount of contribution (\$) <u>300.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>126 Villita San Antonio, Tx 78205</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Attorney at Law</u>		Employer (See Instructions) <u>Self</u>	
Date <u>5/7/15</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>San Antonio Alliance of Teachers + Support</u>	Amount of contribution (\$) <u>1889.88</u>	In-kind contribution description (if applicable) <u>Campaign Mailer, Postage + Processing</u>
Contributor address; City; State; Zip Code <u>120 Adams San Antonio, Tx 78210</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>PAC</u>		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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
6 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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 5.	2 FILER NAME Olga M. Hernandez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/1/15	5 Payee name Cappanelli's	
6 Amount (\$) 260.87	7 Payee address; City; State; Zip Code 2524 N. main San Antonio, Tx 78212	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Expense	(b) Description (If travel outside of Texas, complete Schedule T) Dinner Meeting w/ Volunteers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/2/15	Payee name Bedoy's Bakery	
Amount (\$) 23.40	Payee address; City; State; Zip Code 802 W. Hildebrand 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) Sweet Bread for Volunteers
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/2/15	Payee name Texas Grassroots Services	
Amount (\$) 1600.00	Payee address; City; State; Zip Code 1331 W. Ridgewood San Antonio, Tx 78201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consultant Expenses	Description (If travel outside of Texas, complete Schedule T) Campaign svcs / voter contact/etc.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/2/15	Payee name Victoria Quiroz	
Amount (\$) \$72.00	Payee address; City; State; Zip Code 701 Santa Monica 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) BBQ Plates for Volunteers
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 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 F:	2 FILER NAME <i>Olga M. Hernandez</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>5/3/15</i>	5 Payee name <i>Sam's Club</i>
-------------------------	-----------------------------------

6 Amount (\$) <i>71.91</i>	7 Payee address; City; State; Zip Code <i>12919 San Pedro San Antonio, Tx 78216</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Supplies/snacks for Election Day</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>5/5/15</i>	Payee name <i>Plaza Mexican Restaurant</i>
-----------------------	---

Amount (\$) <i>\$25.75</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 (If travel outside of Texas, complete Schedule T) <i>Breakfast tacos for Volunteers</i>
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>5/9/15</i>	Payee name <i>Blanca Duran</i>
-----------------------	-----------------------------------

Amount (\$) <i>248.00</i>	Payee address; City; State; Zip Code <i>715 W. Rosewood San Antonio, Tx 78212</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>Expenses for Election Night Party</i>
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <i>5/6/15</i>	Payee name <i>HEB</i>
-----------------------	--------------------------

Amount (\$) <i>221.20</i>	Payee address; City; State; Zip Code <i>300 Olmos Dr 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>Election Day Prep/Dinner Expense</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 B(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)
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4 Date <i>5/6/15</i>	5 Payee name <i>Sem's Club</i>
-------------------------	-----------------------------------

6 Amount (\$) <i>167.12</i>	7 Payee address: City; State; Zip Code <i>12919 San Pedro San Antonio, TX 78214</i>
--------------------------------	--

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/7/15</i>	Payee name <i>Laura Barbarena</i>
-----------------------	--------------------------------------

Amount (\$) <i>426.40</i>	Payee address: City; State; Zip Code <i>8314 Dawnwood San Antonio, TX 78250</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>Pushcard design + Printing</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/7/15</i>	Payee name <i>Laura Barbarena</i>
-----------------------	--------------------------------------

Amount (\$) <i>300.00</i>	Payee address: City; State; Zip Code <i>8314 Dawnwood San Antonio, TX 78250</i>
------------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/7/15</i>	Payee name <i>Laura Barbarena</i>
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Amount (\$) <i>1891.65</i>	Payee address: City; State; Zip Code <i>8314 Dawnwood San Antonio, TX 78250</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>Marlen Design, Postage Processing + Printing</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 *Olga M. Hernandez* 3 ACCOUNT # (Ethics Commission Filers)

4 Date *5/6/15* 5 Payee name *Texas Grassroots Services*

6 Amount (\$) *1000.00* 7 Payee address; City; State; Zip Code
*1331 W. Ridgewood
San Antonio, Tx 78201*

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) *Consulting Expense* (b) Description (If travel outside of Texas, complete Schedule T) *Campaign Svcs/Voter Contact, etc.*

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

Date *5/7/15* Payee name *Plaza Mexican Restaurant*

Amount (\$) *154.00* Payee address; City; State; Zip Code
*2898 Blanco
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) *Breakfast Tacos for Election Day*

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

Date *5/8/15* Payee name *Sherry Brown*

Amount (\$) *310.00* Payee address; City; State; Zip Code
*7735 Beachnut Oak
San Antonio, Tx 78223*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Event Expense* Description (If travel outside of Texas, complete Schedule T) *T Shirts for Election Day*

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

Date *5/11/15* Payee name *Adriana Torres - (Casbeers Owner)*

Amount (\$) *627.17* Payee address; City; State; Zip Code
*1719 Blanco Rd.
San Antonio, Tx 78212*

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) *Event Expense* Description (If travel outside of Texas, complete Schedule T) *Venue / Food / etc.*

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>5/12/15</i>	5 Payee name <i>Juanita S. Morales</i>	
6 Amount (\$) <i>150.00</i>	7 Payee address; City; State; Zip Code <i>634 W. Hollywood 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>Potato Salad for event.</i>
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date <i>5/12/15</i>	Payee name <i>Armando Sanchez</i>	
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>634 W. Hollywood 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>D.J. Expense</i>
	Candidate / Officeholder name Office sought Office held	
Date <i>5/25/15</i>	Payee name <i>Office Depot / Office Max</i>	
Amount (\$) <i>22.10</i>	Payee address; City; State; Zip Code <i>255 E. Basse San Antonio, TX 78209</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Office Supplies</i>	Description (If travel outside of Texas, complete Schedule T) <i>Envelopes</i>
	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)
	Candidate / Officeholder name Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX B(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	2 FILER NAME Olga M. Hernandez	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--	--

4 Date 5/2/15	5 Payee name Plazas Mexican Restaurant
-------------------------	--

6 Amount (\$) 21.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2898 Blanco Rd. San Antonio, Tx 78212
--	--

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

Date 5/4/15	Payee name Whataburger
-----------------------	----------------------------------

Amount (\$) 40.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5900 San Pedro 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) Lunch for "Early Vote" Volunteers
------------------------	---	---

Date 5/9/15	Payee name Church's
-----------------------	-------------------------------

Amount (\$) 124.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5903 San Pedro 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) Lunch for "Election Day" Volunteers
------------------------	---	---

Date 5/9/15	Payee name Plazas Mexican Restaurant
-----------------------	--

Amount (\$) 32.08 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2698 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) Block Walk Breakfast Meeting
------------------------	---	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

- 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 G: 2 FILER NAME *Olga M. Hernandez* 3 ACCOUNT # (Ethics Commission Filers)

4 Date *5/29/15* 5 Payee name *HEB*

6 Amount (\$) *39.65* 7 Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
300 Olmos San Antonio, Tx 78212

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)
Travel In-district Fuel

Date *6/8/15* Payee name *HEB*

Amount (\$) *34.25* Payee address; City; State; Zip Code
 Reimbursement from political contributions intended
300 Olmos San Antonio, Tx 78212

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code
 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
 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)

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 0(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 | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | 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	2 FILER NAME Olga M. Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/9/15	5 Payee name Edison High School
-------------------------	---

6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 701 Santa Monica San Antonio, TX 78212
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution	(b) Description (See instructions regarding type of information required.) Track Team Fundraiser
--------------------------	---	--

Date 5/15/15	Payee name Arthur Peil Flowers
------------------------	--

Amount (\$) 37.89	Payee address; City; State; Zip Code 803 West Ashby San Antonio, TX
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift Expense	Description (See instructions regarding type of information required.) Gift for Constituent/PTA Parent
------------------------	---	--

Date 5/26/15	Payee name HEB
------------------------	--------------------------

Amount (\$) 42.84	Payee address; City; State; Zip Code 300 Olmos San Antonio
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (See instructions regarding type of information required.) Snacks for Beacon H.H. Elem. Choir - Trip to State Capitol
------------------------	---	---

Date 5/19/15	Payee name Southwest Airlines
------------------------	---

Amount (\$) 629.00	Payee address; City; State; Zip Code On-line purchase
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Out-of-District Travel	Description (See instructions regarding type of information required.) Visited 3 Career Tech Campuses in Clark County ISD - hosted by Supt. Martinez
------------------------	---	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE II

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)
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4 Date <i>5/24/15</i>	5 Payee name <i>Party City</i>
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6 Amount (\$) <i>183.65</i>	7 Payee address; City; State; Zip Code <i>13419 San Pedro San Antonio, Tx 78216</i>
--------------------------------	--

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

Date <i>5/28/15</i>	Payee name <i>HEB</i>
------------------------	--------------------------

Amount (\$) <i>157.63</i>	Payee address; City; State; Zip Code <i>360 Olmos San Antonio, Tx 78212</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution/Donation</i>	Description (See instructions regarding type of information required.) <i>supplies + food for constituent in need.</i>
------------------------	--	---

Date <i>6/2/15</i>	Payee name <i>Islanders Cross Country Camp</i>
-----------------------	---

Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>6300 Ocean Drive Corpus Christi, Tx 78412</i>
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution/Donation</i>	Description (See instructions regarding type of information required.) <i>donations for student to participate in camp.</i>
------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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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

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:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> 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)	
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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

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