CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Suide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR OFFRST	М.	OFFICE USE ONLY
TV/SVILL	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	Hernandez ADDRESS / PO BOX APT / SUITE #: CITY: 731 Clower St. S, A:	STATE: ZIP CODE	7-15-13 AGG 49 RCVD
change of address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 733-0763	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/BAR Charlott MICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE#; M31 Clower	CITY: STATE: S.A. TX	ZIPCODE 78212
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 733-0763	EXTENSION	-
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderorly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 06/30/	Year / 2013
11 ELECTION	MONIN Cay Year ELECTION TYPE Primary	Runoff _	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)
	SAISD Trustee District Co		
1	GO TO PA	GE2	
L			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			4
			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	COMMITTEE NAME	of South Explanations.
	SENERAL	Olga M. Hernende	2 2
	SPECIFIC	COMMITTEE ADDRESS	
		731 Clower Street	
additional pages	İ	Charlotte Travis,	Ph.D.
		731 Clower St; SA	1.7x 78212
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	h1
<u> </u>	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$
	4. TOTAL	POLITICAL EXPENDITURES	Sc. 001 8
CONTRIBUTION BALANCE	5. TOTAL P OF REP	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRIVING PERIOD	DAY \$ 4,414.83
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	
18 AFFIDAVIT			
A A	LEJANDRA C LO Notary Public State of Texas	is true and correct and includes al me under Title 15, Election Code.	of perjury, that the accompanying report Il information required to be reported by
A CONTRACTOR OF THE PERSON OF	y Comm. Exp. 01-2	6-2017 8 C Q N	Hernande
			ndidate or Officeholder
AFFIX NOTARY STAM	- · · · · · · · · · · · · · · ·	0100 11 11	12/100 - 127
Sworn to and sub-	(Jen D.	12	my hand and seal of office.
L_Xleianda	act Ab	Alejandra C. Lopez	1 Notales -
Signature of officer admi	inistering oath	Printed name of officer administering oath	Title of officer administering oath

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense 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.

The Color to be Established	2 51 50 514 505	3 ACC	COUNT # (Ethics Commission Filers)
Total pages Schodule F:	2 FILER NAME		
2/22/13	5 Payee name Helen Ma	dla	
Amount (\$)	7 Payee address: City; State: Zip Code (2038 Reefro	Lae	
50.00		78242	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside Campaign	e of Texas, complete Schedule Ti
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH Helen Madla	Office sought $SSISI$	Office held Board Truste
Date 2/22/13	Payee names ROSE Marie	Martin	ez
Amount (\$)	Payee address; City; State; Zip Code	de Dr.	
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)
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Date	Payee name		
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel out	side of Texas, complete Schedule T)
Complete ONLY if dire expenditure to benefit	ct Candidate / Officeholder name	Office sought	Office held
CAPCITATION OF STREET	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDE	D

www.ethics.state.tx.us

Revised 09/28/2011

Advertising Expense

Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Salaries/Wages/Contract Labor

Loan Repayment/Relmbursement

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Gift/Awards/Memorials Expense

Legal Services

P.O. Box 12070

SCHEDULE !

Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundralsi		ensportation Equipment & Related Expense
Event Expense	Polling Expense	Travel in District Travel Out Of Distric	Co.	ntributions/Donations Made By Candidate/Officeholder/Political Committee
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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Date 3/22/20 (3) Amount (\$)	Category (See categories listed at the top of this schedule) Food Bevenege Expense of Payee name Midtown Smoke Payee address; City; State; Zip Code	Description (See instructions regarding type of information required.) For Munoz Family— On Stituent Bereavement.
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Date 3/22/20 3 Amount (\$) PURPOSE OF EXPENDITURE Date 4/16/2013	Category (See categories listed at the top of this schedule) Food Beverage Expense (I Payee name Midtown Smake Payee address; City; State; Zip Code 3119 Wogalitas S, A. Tx 782 Category (See categories listed at the top of this schedule) Food Beverage Expense Payee name Rd 1507 H Payee address; City; State; Zip Code	Description (See Instructions regarding type of information required.) For Mund & Family - Bonstituent Beneavement. house Description (See instructions regarding type of information required.) For Mund & Family Beneavement School
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE !

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

ine instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME D/ga M. Hernander 3 ACCOUNT # (Ethics Commission Filers)		
4/23/13	Fresta on Main Store		
6 Amount (S)	7 Payee address; City: State; Zip Code		
\$ 160.21	2025 N. NRIA		
	S. A. 1× 78212	Į	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (See instructions regarding type of information required)	į	
OF EXPENDITURE	(b) Description (See instructions regarding type of information required.) Even F Expense Supplies for School Parade and Flambeau Parade WEHS	ς.	
\$ 13/203	Payee name Student		
Amount (\$)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
\$100.00	Payee address; City; State; Zip Code		
<i>p</i> 700	San Antonio Tx 78210		
PURPOSE	Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Contribution Contribution for SAISD Scho	a) Ls	
5/21/2013	Period		
Amount (\$)	Payee address; City: State: Zip Code		
\$77.10	San Antonio, Tx 78212		
PURPOSE			
OF EXPENDITURE	Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.) Student Advisory Board Representative Graduation G	H	
Date /	Payee name	• •	
5/24/17	T.J.H.S H.P.S.		
Amount (\$)	Payee address; City; State; Zip Code		
25,00	clo 723 Donald SON		
20,	5. A.Tx 78228		
PURPOSE	Category (See categories listed at the top of this schedule) Description (See instructions regarding type of information required.)		
OF EXPENDITURE	Contribution To Jefferson Historical Society		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

(TDD 1-800-735-2989)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE!

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundralsing 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 about

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Pavee name	CTT RECOVER	
5/24/2013	Lasso Alumni	ASSN,	
6 Amount (\$)	7 Payee address; City: State; Zip,Code	V	
450.00	7 Payee address; City: State; Zip Code Co 723 Don a d S Or		
	S.A. Tx 782	228	
8 PURPOSE	(a) Category (Seccategories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Contribution	For Lasso & TIH.S	
Date	Payee name	1/.	
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Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (See Instructions regarding type of information required.)	
OF EXPENDITURE			
Date	Payee name		
Amount (\$)			
Amount (e)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See Instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
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	Category (See asserted live		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)	
	ATTACH ADDITIONAL COPIES OF THIS SO	HEDULE AS NEEDED	