### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

		COVER SHEET PG 1	
	Guide explains how to complete this form.  1 ACCOUNT # (Elhics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	SUCKNAME DIGA.	OFFICE USE ONLY  Date Received	
	Hernandez	01-15-14A10:08 RCVD	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS IPO BOX, APTISUITE#: CITY; STATE; ZIP CODE  731 Clower Sen Antonio Ty	Date Hand-delivered or Postmarked	
change of address	78212	Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE MUMBER EXTENSION (2/0) 733-0763 —	Receipt # Amount  Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Charlotte NICKNAME LAST SUFFIX Travis Ph. 1	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#; CITY: STATE;	ZIP CODE  8 2 / 2	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 733-0763		
9 REPORT TYPE	July 15  30th day before election  Runoff  Buth day before election  Exceeded \$500   limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Allach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day THROUGH 12 / 31 /	Year / 2013	
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff	General Special	
12 OFFICE	OFFICEHELD (If any)  SAISD Trustee - 13 OFFICESOUGHT (If known)  District 6		
GO TO PAGE 2			

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

		_	S.E. Griee, I.G.E.
14 C/OH NAME	0/90		OUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS TOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
			et
additional pages	Chartotte Travis, Ph.D.		
		731 Clower, S.A.Tx.	28212
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)  \$ /000.00		
EXPENDITURE TOTALS  3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ		OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES \$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$3729.98		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
18 AFFIDAVIT			
ALEJANDRA C LOPEZ  Notary Public State of Texas  My Comm. Exp. 01-26-2017			
U Signature of Candidate or Officeholder			
Sworn to and subscribed before me. by the said Oga M. Hernandiz this the day of and of 2014, 20 14, to certify which, witness my hand and seat of office.			
Dejandra CLopez Alejandra C. Lopez Notarry			
Signature of officer administering old the Printed name of officer administering oath 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 Sch	nedule A:
2 FILER NAME	Olga M. Herna	indez	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/17/13	Pablo Escamillo Contributor address; City; State; Zip Code 201 Strattord	St.	\$ 500.00	 
9 Principal occur	Dation / Job title (See Instructions)	100/e-3219	(If travel outside	of Texas, complete Schedule T)
o i ilicipal occup	9Honney	10 Employer (See	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/15/13	Contributor adeless; City; State; Zip Code 127 W. Woodlaw	neck	\$ 500.00	Territori (ii applicable)
	San Antonio Tx	78212		
Principal occur	pation / Job title (See Instructions)	Employer (See I	(If travel outside on the constructions)	of Texas, complete Schedule T)
Date	Full name of contributor  ut-of-state PAC(ID#:	, 1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (IDII:		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		I	
			!	
			(If travel outside o	of Toyan annulate Cahadula Ti
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor 🔲 out-of-state PAC(ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	2.00, 2.00, 2.00			
·				
Principal occur	pation / Job title (See Instructions)	Empleyer /Cr 1		of Texas, complete Schedule T)
	main roop die (dec mandendis)	Employer (See I	nstructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees  1 Total pages Schedule I:	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide explains how to complete this form.  Salaries/Wages/Contract Labor Loan Repayment/Relmbursement Transportation Equipment & Related Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)  3 ACCOUNT # (Ethics Commission Filers)	
4	Olga III, Hernando	
4 Dale 7/16/13	5 Payee name J HEB	
6 Amount (S)	300 W. Olmos, San Antonio, Tx 78212	
8 PURPOSE OF EXPENDITURE	(a) Calegory (See calegories listed at the top of this schedule)  Donation  Bereavement Service	
Date 7/16/13 Amount (\$)	Agora Ministries	
\$ 100.00	Payee address; City; State; Zip Code  1807 San Fernando  S.A. Tx 78207	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)  For Back to School Even to School Even to School Even to School Supplies Give-Aw.	
7/16/13	Office Depol	
Amount (\$)	Payee address; City: State; Zip Code 150 N. Chossroads Blud S.A. TX 78201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Office Overhead  Supplies  Supplies	
Date 8/7/13	Julian Castellano	
Amount (\$)	Payee address; City; State; Zip Code,  Ble 10 Buckeye  Sen Antonio, Tx 78201	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Contribution Student College Fund.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide  Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Printing Expense Travel Out Of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this form.  Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule I:	2 FILER NAME O (qa M. Hernande 2 3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/10/13	5 Payee name Office Depot	
6 Amount (S)	7 Payee address; Cily: State; Zip Code 32/ N. W. Loop 400 S.A. Tx 78216	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Office Overhead  Supplies	
Date 18/19//3 Amount (\$)	Payee name Valero Corner Stone	
\$34.03	Payee address; City; State; Zip Code  11 2 9 Fresno  San Antonio, Tx	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (See Instructions regarding type of information required.)  Fue	
Date 07 / 08 / 13 Amount (\$)	Payee name Valero Corner Store	
20.00	Payee address; City; State; Zip Code 5/26 Blanco Rd SIA, TY 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (See Instructions regarding type of information required.)  Fue/	
9/18/13	Blanco Cafe	
Amount (\$)	Payee address; City; Slate; Zip Code Rd  1720 Blanco Rd  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.)  Food Expense Lunch Meeting W/Constituent	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement  Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Transportation Equipment & Related Expense	
Event Expense	Polling Expense Travel Out Of District Candidate/Officeholder/Pollitical Committee	
Fees	Princing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)	
4 T-1-1	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule I:	2 FILER NAME (2) 3 ACCOUNT # (Ethics Commission Filers)	
	Uga M. Hernandez	
4 Date	5 Payee name	
8/16/13	Granden Ridge	
6 Amount (\$)	7 Payee address; Cily: State; Zip Code	
dar.	6840 NW LOOP 410	
P37/13	S.A.Tx 78238	
8 PURPOSE	(6) 0-1	
OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
EXPENDITURE	birt, Hwards, Expense Boskets for Principals -	
Date (	Payee name Welcone Back	
9/22/		
1/20/13	L. R. J. Publications	
Amount (\$)	Payee address; Cily; State; Zip Code	
v .	P.O. Box 56	
\$ 250,00		
η • Ο •	Bulverde, TX 78163	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (See Instructions regarding type of information required.)	
OF EXPENDITURE		
EXI LIADITORE	Printing Expense Ad in Football Program	
Date	Payee name	
10-27-13		
	yo Das Comeaux	
Amount (\$)	Payee address; City; State; Zip Code	
, _	700 W. French	
60,00		
<u> </u>	S, A. T4 78212	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (See Instructions regarding type of information required.)	
OF EXPENDITURE	Contribution Pat Clayworth Scholanshir	
	Contribution Pat Clayworth Scholarship	
Date / /	Payee name	
11/5/12	Sant	
11/0/13	Sprint	
Amount (\$)	Payee address; City: State: Zip Code Ste 1524	
1-11	255 E Basse, Ste 1524	
406.18	7 70 7	
	S, A, Tx 78209	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)	
OF EXPENDITURE		
	Office Overhead Data Suc + supplies	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

	<b>EXPENDITURE CATEGORIES</b>	FOR BOX 8(a)	
Advertising Expense Accounting/Banking	ense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimburseme		
Consulting Expense	Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District	alsing Expense Transportation Equipment & Related Expense	
Event Expense	Polling Expense Travel Out Of Dis	Contributions/Donations Made By trict Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/F	The state of the s	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule I:	2 FILER NAME	A ACCOUNT # (Ethics Commission Filers)	
	Dlga M. Hern	/1 1	
4 Date	5 Payee name		
11/8/13	DOLLAR Tree Stores		
6 Amount (\$)	7 Payee address; City; State; Zip Code	0.1	
\$18.40	1803 Vance Jacks	on, Ste 200	
	S.A. TX 78213		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)	
EXPENDITURE	Memorial Expense	Veterans Parade Expense	
Date /	Payee name		
12/29/13	. Culebra Meat	Market	
Amount (\$)	Payee address; City; State; Zip Code	Λ.	
0735	3017 Blanco R	-d	
83,23	San Antonia Tx	c 18212	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (See Instructions regarding type of information required.)	
EXPENDITURE	Event Expense	Erent supplies	
Date	Payee name		
·	•.		
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	•	= ==== (cost instabliants regarding type of information requireo.)	
EXPENDITURE			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
		•	
	Category (See categories listed at the top of this schedule)	Description in	
PURPOSE OF	(one engines usion at the tob of this scuedule)	Description (See instructions regarding type of information required.)	
EXPENDITURE	•		
ATTACH ADDITIONAL CODIES OF THE SOUTH AND TH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			