### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

				OOVER OHEET PG T	
The C/OH Instruction	Guide explains how to comple	te this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRS	ST .	MI	OFFICE USE ONLY	
NAME	٤	) (ga	M.	Date Received	
	NICKNAME LAST	1	SUFFIX	1	
	He	rnande	2	01-15-15P02:02 RCV	/D
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #	Λ	STATE; ZIP CODE		
MAILING	731 Clower	Son An	tonio.Tx	Date Hand-delivered or Postmarked	_
ADDRESS  change of address	131	W 1985- 4		Data Halla delivered of 1 contrained	
5 CANDIDATE/	AREA CODE PHONE NUM	nco	78212	Receipt # Amount	
OFFICEHOLDER			EXTENSION	Date Processed	-
PHONE		0763			
6 CAMPAIGN TREASURER	MS) MRS / MR FIRS		MI	Date Imaged	
NAME	NICKNAME JEANET	ite	SUFFIX		لــــا
		22/02	Surrix		
	X 12	zalez			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE		CITY; STATE;	ZIP CODE	
ADDRESS (residence or business)	368	Ma-	rdalay		
	San	Anton	ico , Tx	18212	
8 CAMPAIGN	AREA CODE PHONE NUM		EXTENSION		
TREASURER PHONE	(210) 872.	-2953			
				*	
9 REPORT TYPE	January 15 30th o	day before election	Runoff	15th day after campaign treasurer appointment (officeholderonly)	
	July 15 Bth da	y before election	Exceeded \$500	Final report (Atlach C/OH - FR)	
			limit		
10 PERIOD COVERED	Month Day Year		Month Day	Year	
	07/01/14	THROUGH	12/31	12014	
		1)			
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE  Primary			
		riniay	Runoff ,	General Special	
		- 10 1 <del>20 10 2 - 10 2</del>			
12 OFFICE	OFFICE HELD (if any)	4	13 OFFICESOUGHT (if known	)	- 105
	SAISD Tr	ustee			
	SAISD Tre	G		¥ v	
	<u> </u>	GO TO PAG	F 2	***************************************	
		SOTOFAG	These first		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ga M. t	ternandez 15	ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM	P				
POLITICAL COMMITTEE(S)		CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH			
	COMMITTEE TYPE	COMMITTEE NAME	of Godiffer Englishes.		
	GENERAL	Olga M. Hernandez	2		
	SPECIFIC	731 Clower; San Antoni	2V.		
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		Ms. Jeanette Gonzal	e 2		
			78212		
17 CONTRIBUTION		<u> </u>			
TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6222.60		
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3583, 93		
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 12.018-23		
OUTSTANDING LOAN TOTALS	6. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ \$		
18 AFFIDAVIT					
Not	SANDRA URIBE BARY Public, State of T My Commission explo May 14, 2018	me under Title 15, Election Code.	formation required to be reported by		
		Signature of Candid	late or Officeholder		
AFFIX NOTARY STAMI		0/- 11/1	pro a la		
167h	Sworn to and subscribed before me, by the said this the day of Sangary, 20 15, to certify which, witness my hand and seal of office.				
Signature of officer admir	Uribe	Sandra Uribe	Notary		
y since admin	natering dath	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	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	7.01		3 ACCOUNT # (E	Ethics Commission Filers)
	Olga M. Hernand	dez		
4 Date	5 Full name of contributorout-of-state PAC(ID#:	)	7 Amount of	8 In-kind contribution
		in + Sampson LL	contribution (\$)	description (if applicable)
2/11/11/	6 Contributor address: City: State: Zin Code			
1/14/19	Linebarger Goggan Blace 6 Contributor address; City; State; Zip Code POBOK 17428	*	500.00	!
	Austin , Tx 7870	40		of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
H	Horneys	Sam	e	
Date	Full name of contributor Out-of-state PAC (ID#:	Y	Amount of	In-kind contribution
	John F Hard	'n	contribution (\$)	description (if applicable)
7/14/14	Contributor address: City: State: Zip Code		Tr or	
	Contributor address; City; State; Zip Code FM 13	46	50.00	l
	Saint Hedwig TX	18152		
	3, 17		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor  out-of-state PAC (ID#:	The state of the s	Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
/ /	LILV L. Querra	_		
10/14/14	Lily L. Guerra Contributor address; City; State; Zip Code		- 470	44
1, 1, 1, 1, 1		es at	100.00	ï
	5107 Queen Be		•	
	San Antonia, Tx	78228	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
1	usiness Duner	Se	18	
			A	
Date	Full name of contributor out-of-state PAC (ID#:_	<u>-</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Dans lalla Dant	0-1-1	σοπιισατιστή (φ)	doscription (ii applicable)
. 7	Dependable Pest. Contributor address; City; State; Zip Code	C.B.M Tr.O. 1.		1
10/23/14	Contributor address, City, State, Zip Code	-1 240	75,00	
10/23/19	727 W. Rosewo	Da HAR	1 3.	1
	0 1 . T.	00010		I
		18212		of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	same.	5e1f		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
1 1	Edward Garzo	_		
10/25/14	Contributor address; City; State; Zip Code		100.00	
19001	1903 W. magnoli	a Ave	100.00	ĺ
	San Antonio, TX	78201	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
		**		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(TDD 1-800-735-2989)

exas Etnics Com	Hillssion F.O. Box 12070 Additit, Texas 707 17 2070	(0.12) 100 0000 (1.02 1.000 1.00 1.000)
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	SCHEDULE A
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME	Olga Mi Hernandez	3 ACCOUNT # (Ethics Commission Filers)
10/20/14	5 Full name of Contributor Out-of-state PAC(ID#:  Linebarger Goggan Blair + Sampson, Ll 6 Contributor address; City; State; Zip Code  P.O. Box 17428	7 Amount of contribution (\$) description (if applicable)
	Austin, Tx 78760	(If travel outside of Texas, complete Schedule T)
	oation / Job title (See Instructions)  orney 5  10 Employer (See Sam	
Date	Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
10/25/14	Contributor address; City; State; Zip Code 11022 Wilson Oaks Dr	28.00
	San Antonia Tx 78249	(If travel outside of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
10/25/14	Contributor address; City; State; Zip Code 223 Yellows fone	00.00
	San Antonio, Tx 78210	(If travel outside of Texas, complete Schedule T)
	pation / Job title (See Instructions)  Each er  Employer (See SAT	
Date	Full name of contributor	Amount of In-kind contribution contribution (\$) description (if applicable)
1	Marisa Porez	1

(If travel outside of Texas, complete Schedule T) Employer (See Instructions)
SATSD Principal occupation / Job title (See Instructions)

Educator - Gov In-kind contribution

description (if applicable) Mauricis Gonzale.
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 foradditional reporting requirements.

(512) 463-5800 (TDD 1-800-735-2989)

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Olga M. Hernan	lez	3 ACCOUNT # (E	thics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#_  Marisa G. Rodri  Contributor address; City; State; Zip Code  4542 Harrisbu	guez	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	San Antonio, TK	7822 <u>3</u> 10 Employer (See		l of Texas, complete Schedule T)
Date 10/25/14	Full name of contributor out-of-state PAC (ID#_  S, A. Navarno  Contributor address; City; State; Zip Code	PHD # 2745	Amount of contribution (\$)	In-kind contribution description (if applicable)
	San Antonio, Ty	78248 Employer (See I	(If travel outside of	of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#_	<u> </u>	Amount of	In-kind contribution
10/25/14	Contributor address; City; State; Zip Code 1426 W. Olmos	da Dr.	SOLSO	description (if applicable)
Principal occuj	San Antonia, Tx	18201 Employer (See I		l of Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC (1D#_Belinda Annedon	do	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/14	Contributor address; City; State; Zip Code  2638 Inwood Vis  San Antonio, TX	ew Dr. 78248	25.00	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 10/25/14	Full name of contributor out-of-state PAC(ID#_ Theresa Mende Contributor address; City; State; Zip Code 165 W. Rampar	て 本 103	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	San Antonio, Ty	28216 Employer (See I		of Texas, complete Schedule T)
If c	ATTACH ADDITIONAL COPIES O			requirements.

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS

Austin, Texas 78711-2070

### SCHEDULE A

(TDD 1-800-735-2989)

OTHER	THAN PLEDGES OR LOANS		OUTEDOLL 7
The	Instruction Guide explains how to complete this form.	1 Total pages Sch	edule A:
2 FILER NAME	Olga Mi Hernandez	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/25/14	Maj. Thomas C. Lopez  6 Contributor address; City; State; Zip Code  305 S. Nueces St.	100,00	
, ,	San Antonio, 1x 18207		of Texas, complete Schedule T)
	pation / Job title (See Instructions)  10 Employer (See	instructions)	
Date /	Full name of contributor   out-of-state PAC (ID#:)  Linda A. Rudriquez	Amount of contribution (\$)	In-kind contribution description (if applicable)
19/11/14	Linda A. Rodniquez  Contributor address: City: State: Zip Code,  4511 Albert Martin	14.00	
191	San Antonio, Tx 78253	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Tessica Y. Curbow	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/20/14	Contributor address; City; State; Zip Code 12451 Hart Elf	14.00	
	San Antonio, Tx 98249	<del></del>	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions) / Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/14	Contributor address; City; State; Zip Code 12206 Stable Square	25.00	<u> </u>
Principal occur	San Antonio, Ty 78249 pation / Job title (See Instructions)  Employer (See		of Texas, complete Schedule T)
T Intelpar occup			
Date	Full name of contributor   out-of-state PAC(ID#:)  Esther Z. De Leon	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/14	Contributor address; City; State; Zip, Code 715 Westwood Dr.	70.00	
	San Antonio /x 78212		of Texas, complete Schedule T)
Principal occup	Destron / Job title (See Instructions)  Employer (See	instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE		requirements

Austin, Texas 78711-2070

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Olga M. Hernan	nde-	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_	divar	7 Amount of contribution (\$)	8 In-kind contribution     description (if applicable)
1925/14	6 Contributor address; City; State; Zip Code	102	60.00	 
	Helotes, TY	18023	(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor [] out-of-state PAC(ID#_	2	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/28/14	Contributor address; City: State: Zip Code	1	28.00	
-	San Antonio, Tx	18201	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		, ionac, complete conductor i
Date	Full name of contributor out-of-state PAC (ID#_	<b>/</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/14	Contributor address; City; State; Zip Code	~ Dr	70.00	 
	San Hotoniolx	18216		of Texas, complete Schedule T)
	pation / Job title.(See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_	ruela	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/14	Contributor address; City; State; Zip Code 23507 Rockbrook	5 Cove	35.00	
	San Antonio, Ty	1826/	(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
10/25/14	Cindy San Migue Contributor address; City; State; Zip Code 23411 Treemont	Park	14.00	description (if applicable)
	San Antonio, TX	78261	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	de la companya de la	Leave the second		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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. Hernander	3 ACCOUNT # (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC(ID#:  Ronald R. Morgan  6 Contributor address; City: State: Zip Code  3500 Goliad Rd Lot 391  San Antonio TX 18223	7 Amount of solution (\$)   8 In-kind contribution (contribution (\$)   description (if applicable)
9 Principal occupation / Job title (See Instructions) 10 Employer (See	(If travel outside of Texas, complete Schedule T) Instructions)
Date Full name of contributor out-of-state PAC(ID#:)  Adela Raminez  Contributor address; City; State; Zip Code  337 E. Petaluma	Amount of contribution (\$) In-kind contribution description (if applicable)
San Antonio /x 78221	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	nstructions)
Date  Full name of contributor out-of-state PAC(ID#)  Various Attendees to BBQ  Contributor address; City; State; Zip Code Fundraiser  Punchases of BBQ Plates	Cash
Principal occupation / Job title (See Instructions) Employer (See I	(If travel outside of Texas, complete Schedule T) nstructions)
Date  Full name of contributor   out-of-state PAC(ID#:)  Anita Chavera  Contributor address; City; State; Zip Code  8510 Heath Circle  San Antonio 1x 78250	Amount of contribution (\$)   In-kind contribution (description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See I	(If travel outside of Texas, complete Schedule T) Instructions)
Date  Full name of contributor out-of-state PAC(ID# )  San Antoine Alliance  Contributor address; City; State; Zip Code  120 Adams  San Antonio 74 78210  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)   In-kind contribution description (if applicable)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

 $If \ contributor \ is \ out-of-state \ PAC, \ please \ see \ instruction \ guide \ for additional \ reporting \ requirements.$ 

Austin, Texas 78711-2070

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

(TDD 1-800-735-2989)

OHILK	IIIAII I LLDOLO OIL LOTI			
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Olga Mitternan	dez	3 ACCOUNT# (E	thics Commission Filers)
4 Date 12/14/14	5 Full name of contributor out-of-state PAC (ID#_  Dana War  6 Contributor address; City; State; Zip Code  12301 Capes we	d st,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	San Antonio 1x	78249		of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 10/25/14	Full name of contributor out-of-state PAC(ID#_  Sam Muller  Contributor address; City; State; Zip Code  12758 Cimarron	7. Path #118	Amount of contribution (\$)	In-kind contribution description (if applicable) Chicken quarter and sausage links for BBO
	San Antonia, Tx	78249	(If travel outside o	Fundraiser of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See   Se	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Bringing occur	pation / Job title (See Instructions)	Employer (See	No. 10 Telephone and the control of	of Texas, complete Schedule T)
Fillicipal occup	pation 7 305 title (See Instructions)	Zimployer (dec		
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (S)	In-kind contribution description (if applicable)
		v	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
		E THE SCHEDING	ACMEEDED	

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

PLEDGED CONTRIBUTIONS			SCHEDULE B
The Instruction Guide explains how to complete thi	is form.	1 Total pages Scho	edule B:
2 FILER NAME Olga M. Hern	andez	3 ACCOUNT # (E	thics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES: ⇒	t) t) t)	D D	\$
5 Date 6 Full name of pledgor out-of-state PAC(ID#:		8 Amount of pledge (\$)	9 In-land description (if applicable)
7 Pledgor address; City; State; Zip Code			
10 Principal occupation / Job title (See Instructions)	11 Employer (See li	nstructions)	of Texas, complete Schedule T)
Date Full name of pledgor out-of-state PAC(ID#_		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		
Principal occupation / Job title (See Instructions)	Employ (0)	(If travel outside o	of Texas, complete Schedule T)
	Employer (See In	nstructions)	
Date  Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)
		(If traval outside a	E Tours
Principal occupation / Job title (See Instructions)	Employer (See In	nstructions)	f Texas, complete Schedule T)
Date Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; Stale; Zip Code	)	·	
Principal occupation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date  Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
	L	•	3
ATTACH ADDITIONAL COPIES  If contributor is out-of-state PAC, please see insti	OF THIS SCHEDULE ruction guide for ad-	AS NEEDED ditional reporting	requirements.

Te	xas Ethics Commis	ssion P.O. Box 12070 Austin	n, Texas 78711-2070 (5	12) 463-5800	(TDD 1-800-735-2989)
		31	**************************************		
	LOANS				SCHEDULE E
				1 Total no	ages Schedule E:
	The	Instruction Guide explains how to com	plete this form.	1 Total pa	ages scriedule E.
2	FILER NAME		/ 1	3 ACCOL	INT # (Ethios Commission Filers)
		Olga M. H	ternander		
4					
	ATOT	L OF UNITEMIZED LOANS:	4 4 4 4	₽	<b>38</b>
5	Date of loan	7 Name of lender	<b>—</b>		/
		, Hame Griender	Out-of-state PAC (ID#:	/ <sup>1</sup>	9 Loan Amount (\$)
6	Is lender	o landardi ana ana ana ana	10,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/	
	a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
	institution?				11 Maturity date
	Y N			/	11 Maturity date
12	Principal occupati	on / Job title (See Instructions)	13 Employer (See Instruction	ons)	
14	Description of Col	ateral	15 Check if personal funds v	were deposited	into political account
	none	Γ			
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (S)*,
	C and analizable	18 Guarantor address; City;	State; Zip Code		
	not applicable				
20	20 Principal Occupation (See Instructions) 21 Employer (See Instructions)				
				150	
	Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
-	Is lender	Lender address; City; State;	Zip Code		Interest rate
	a financial Institution?				moreoryate
	Y N				Maturity date
	20 20.004 		<del></del>		
	Frincipal occupati	on / Job title (See Instructions)	Employer (See Instruction	ns)	
	Description of Colla	aleral	Oh-ahii		
	none		Check if personal funds w	ere deposited	into political account
-	GUARANTOR	Name of guarantor			
	INFORMATION	, teme or guaranto,			Amount Guaranteed (S)
	/	Guarantor address; City:			
	not applicable	Guarantor address; City;	State; Zip Code		
	Principal Occupati	ion (See Instructions)	Employer (See Instruction	s)	
			]/	`	
			IES OF THIS SCHEDULE AS I		
	If lend	der is out-of-state PAC, please see inst	ruction guide for additional	reporting rec	uirements.
					Ñ

P.O. Box 12070

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking	Gitt/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Denations Made By
Event Expense	Polling Expense Travel In District Contributions/Donations Made By  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 ( / 3 ACCOUNT # (Ethics Commission Filers)
6	Olga M. Hernandez
4 Date	5 Payee name
9/22/14	Office Depot
6 Amount (\$)	7 Payee address; City; State; Zip Code 321 A) W Lepp 410, Ste 101
1201	321 NW Loop 410. TE 101
63.16	San Antonio Tx 28216
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)  (b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	00%
	Office Supplied Supplies
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held
Date / /	Payee name
10/24/15	Bill Millers B.B.Q.
Amount (\$)	Payee address; City; State; Zip Code
	2112 Blanco Rd.
H21 >9	
700,21	Sen Antonio, Tx 282/2
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Expense Food for volunteers
Complete ONLY if direct	Candidate / Office holder name Office sought Office held
expenditure to benefit C/C	Onice neigh
Date /	Payee name
9/29/14	Laurel Heighte Station
Amount (\$)	Payee address; City; State; Zip Code
Will SD	
\$441,00	San Antonio, 1x 78212-9998
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Postage Stamps for mail-out,
Complete ONLY if direct	Candidate / Office holder name Office sought Office held
expenditure to benefit C/C	
Date; /	
9/29/14	Payee name Office Max
Amount (\$)	Payee address; City; State; Zip Code
H -	255 & Basse
\$ 30.62	San Antonio, Tx 78209
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF	
EXPENDITURE	Haper Office Supplies Paper + Envelopes
Complete ONLY if direct expenditure to benefit C/	'Candidate / Officeholder name
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

A 90 2000 000 000	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Event Expense	Produzeverage Expense Travel In District Contributions/Donations Made By
Fees	Dieties Committee
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	2 FILER NAME (2) / 3 ACCOUNT # (Ethics Commission Filers)
	Olga III. Hernander
4 Date	5 Payee name
9130/14	Election Support Services
6 Amount (\$)	7 Payee address: City; State; Zip Code
1)	Devi D al Dace
DC. 88 A	
40012	San Antonio, 1x 78232
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing Expense Mail-out
9 Complete ONLY if direct	Candidate / Office holder name Office sought Office held
expenditure to benefit G/O	
Date	Payee name
10-7-14	Tak Cast Way a Line
Amount (\$)	Pouro address. City Dist. 77.0 d
/mount (a)	Payee address; City; State; Zip Code
\$ 100 70	7959 Fredericks burg Rd.
4 180.10	Sen Antonio Ix 18229
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF	Part - I
EXPENDITURE	Printing Expense Milail-out
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office holder hame Office sought Office held
Date /	Payee name / / / / / / / / /
10/5/14	Leticia Van de lutte for Lt. Gov.
Amount (\$)	Payee address; City; State; Zip Code
Hra Do	P.D. Box 8490
\$50.00	Car Delania Tue 2010
	Sen Hntonis/1x 18208
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Contribution Compaign Contribution
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/O	H Leticia Vande Putte for Lt. Gov.
Date / /	Payee name 11 5 0
10/6/14	HH B
Amount (\$)	
Amount (a)	Payee address; City; State; Zip Code
dor En	7 0001
J 65,5 1	San Hotonio, 14 18212
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	
	The state of the s
Complete ONLY if direct expenditure to benefit C/	Candidate / Office holder name Office sought Office held 1/0 lun 1007
	ATTACH ADDITIONAL CODIES OF THIS SCHEDUL E 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/Fundraising Expens Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete ti	Contributions/Donations Made By Candidate/Officeholder/Political Committee se OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME	M. Hernar	3 ACCOUNT # (Ethics Commission Filers)
4 Date /0/08/14	5 Payee name Beacon	Hill Stat	100
6 Amount (\$)		ate; Zip Code	
\$294.00	San Anto	nio Tx 78	201-9998
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule) (b) Descr	ption (Il travel outside of Texas, complete Schedule T)
EXPENDITURE	Postage Ex	pense 1	Postage for mail out
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office	sought Office held
Date /8/14	Payee name Wa	lmart	75,
Amount (\$)		ale; Zip Code	rson Rd.
\$33,10	$\alpha$ $n$ $1$		8213
PURPOSE	Category (See categories listed at the top		ption (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Supplie's	Env	elopes for mail-out.
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office	
Date / 0/15/14	Payee name . In 1	K Spot	Printing
Amount (\$)		ate; Zip Code	
140.23	79 59 Sen	Antonia.	Tx 78229
PURPOSE OF	Category (See categories listed at the top	of this schedule) Descr	ption (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Printing E	xpense	Printing
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	sought   Office held
Date . /5/14	Payee name Leficia	Vande Pu	tte for Lt. Gov.
Amount (\$)	Payee address: City: St.	ate; Zip Code X 8 4 9 0	D0 > D0
Di Inno -	San Hn	TONIO, 14	1820
PURPOSE OF	Category (See categories listed at the to		iption (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Contribution	,	mpayn. Donation
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office	sought U Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDUL	E AS NEEDED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense Travel In District Printing Expense Travel Out Of District Printing Expense The Instruction Guide explains how to see the form of the printing Expense Travel Out Of District Printing Expense Travel Out Of District OTHER (enter a category not listed above)
1 Total pages Schedule F:	The Instruction Guide explains how to complete this form.  2 FILER NAME  2 FILER NAME  2 FILER NAME  3 ACCOUNT # (Ethics Commission Filers)
4 Date / 10/25/14	5 Payee name  IHEB
# 300,00	7 Payee address: City; State: Zip Code 300 SIMOS Drive San Antonio, TX 78212
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct	(a) Category (See categories listed at the top of this schedule)  Supplies Fundraiser  Supplies for fundraiser  Candidate / Office holder name
expenditure to benefit C/0	OH Office held
Date 10/18/14	Payee name Sam's Club
Amount (5) 257.51	Payee address; City; State; Zip Code Pedro 12919 San Pedro San Antonio, TX 78216
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Fundraiser Expense Supplies for B, B, Q.
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office hold
Date 10/19/14	Payee name . Academy
Amount (\$) 154.83	Payee address; City; State; Zip Code 2643 NW Loop 410 Sen Antonio TX 78230
PURPOSE OF EXPENDITURE	Fundraiser Expense Supplies for BBQ
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office holder name Office sought Office held
16/22/14	Payee name Culebra Meat MKt.
Amount (\$) \$\\ 52.09	Payee address; City; State; Zip Code 3017 Blanco Rd, San Antonio TY 78212
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)  Even TExpense  Food for Volunters
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held  OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

	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 8 Deleted 5
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Mode Bu
Event Expense Fees	Travel Out Of District Candidate/Officeholder/Political Committee
1 663	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule F:	The Instruction Guide explains how to complete this form.
Total pages Schedule F:	2 FILER NAME () (GR M) (H2 IO) 3 ACCOUNT # (Ethics Commission Filers)
4 Date/	5 Payee name / Hernandez
10/23/14	HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
# 00	300 D/mos
\$79.5D	C= 11 1 71 20213
8 PURPOSE	(a) Category (Secretary) (Secretary) (Secretary)
OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Event Expense Supplies for Fundancien
9 Complete ONLY if direct	Candidate / Officeholdername
expenditure to benefit C/C	H Office sought Office held
Date /	Pauca
11/7/14	Payee name HRB
Amount (\$)	Payee address; City; State; Zip Code / m d S
10 5 11/	300 W. Olmos
175.14	San Antonio Tx 78212
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	C   C   C   C   C   C   C   C   C   C
	Event Expense Refreshments & Food.
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
experientate to belieff C/O	
Date	Payee name
11/12/14	. Cracker Barrel
Amount (\$)	Payee address; City; State; Zip Code
12/ 37	98 NE HWY 410
136,30	San Antonio Tx 78216
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EVDENDITUDE	
EXPENDITURE	Event Expense Bunco Event - Prizes
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Office holds Office sought Office hold
Date / /	Davis
11/16/14	Payee name HEB
Amount (\$)	Payee address; City; State; Zip Code
474 69 1	300 0/mos
1 11,01	Sen Antonio, (x 78212
PURPOSE	Category (See categories listed at the top of this schedule)  Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expenses Buses + + End
	The state of the s
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS VIEW PRO
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES FOR BOX 8 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 Guid	le explains how to complete this	form.
1 Total pages Schedule F:	2 FILER NAME D/ga	M. Hernand	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/30/14	5 Payee name	bra Meat	MK+
6 Amount (S)	7 Payee address; City; S	itate; Zip Code	1111111
115.82	3017 San	Blanco Rd	78212
8 PURPOSE	(a) Category (See categories listed at the to	on of this schedule) (b) Descript	on When a strict of Towns of the strict of Towns
OF EXPENDITURE	Event Exp	vense Fool	on (If travel outside of Texas, complete Schedule T) /uht
9 Complete <u>ONLY</u> if direct expenditure to benefit G/O	Candidate / Officeholder name	e Office so	ught Office held
Date / 18/14	Payee name Text	as Grassroof	Services
Amount (\$)	1	State; Zip Code Ridge u	1 0
700,00	1331 San 1	Intonio, TX	78201
PURPOSE	Category (See categories listed at the to		on (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting Exp	ense F	= -C S
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office so	ight Office held
Date	Payee name	5/	
Amount (\$)	Payee address; City; S	late; Zip Code	
PURPOSE OF EXPENDITURE	Category (See calegories listed at the to	op of this schedule) Descript	On (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office so	ught Office held
Date	Payee name		
Amount (S)	Payee address; City; S	tate; Zip Code	
PURPOSE OF EXPENDITURE	Category (Seecategories listed at the te	op of this schedule) Descript	On (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	e Office so	ight Office held
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE	AS NEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide  Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Politing Expense Travel Out Of District Office Overhead/Rental Expense The Instruction Guide explains how to complete this form.  Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER tenter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Of a M. Hernande 2 3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name
6 Amount (\$)	7 Payee address; City; State; Zip Code
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
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)
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)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

	<del></del>	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/R  The Instruction Guide explains how to	contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense Contract Canada 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 H:	2 FILER NAME	Hernander 3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (S)	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/O	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (5)	Business address; City; State; Zip Code	*2.
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/O	Candidate / Officeholder name	Office sought Office held
Date -	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories lister at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Dale	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 ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE !

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)	)
Advertising Expense	Giit/Awards/Niemorials Expense Salaries/Wages/Contr			Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundrals Travel In District	ing Expense	Transportation Equipment & Related Expense
Event Expense	Polling Expense	Travel Oul Of Distri	ct	Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re		OTHER (enter a category not listed above)
	The Instruction Guide	explains how to c	omplete this fo	rm.
1 Total pages Schedule I:	2 FILER NAME	20 11	1	3 ACCOUNT # (Ethics Commission Filers)
7	Olga 1	Il. Herna	ndez	
4 Date	5 Payee name	00 11		
8-15-14	Arthur	Hell		
6 Amount (S)	7 Payee address; Cily: Sta	011	Place	
Baro	803 West	HShby	Viace	-
43248	C = 0.1	. 7	- DP	2/2
	San Hnto	11001	/	
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(See instructions regarding type of information required.)
EXPENDITURE	Event Exa	pense	flow	vers
		rerize 1	1100	7613
Date	Payee name	11		
8-15-14	· Mychae	13	¥	*>.
Amount (\$)	Payee address; City; Sta	ate; Zip Code		Ste 120
1-060	255 %	Bass	e,	Ste 120
\$6000 15.13	$c$ $\tilde{\rho}$	/	Tu	78209
1317	San Hin	tonio	/ X	
PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(See Instructions regarding type of information required.)
OF EXPENDITURE	Gift - School	P) Doning	Boar	Con Paris and .
	OII) C JENOO!	opening)	Nags	for omneysals
Date /	Payee name •	- 100	v	7
8/18/14	Letic	ia YM	unoz	
Amount (\$)	Payee address; City; Sla	ate; Zip Code	1 /	
//	446 E	. Geral	d	
\$70.00	0	1 .	7	050 44
99 10	San An	tonio	1×	78214
PURPOSE OF	Calegory (See categories listed at the top	of this schedule)	Description	(See Instructions regarding type of information required.)
EXPENDITURE	Food Expens	o .	Cake	for Principals
			Cares	For Trivelpais
Date	Payee name	-	1 1.	
9/5/14	SATSD	Found	datio	n
Amount (\$)	Payee address; City; Str	ate; Zip Code		····
H	141 Lava	ca		
\$100.00	4 /	·	, 00	
8.10	San Anto	110,1		210
PURPOSE	Calegory (See categories listed at the top	of this schedule)	-	(See instructions regarding type of information required.)
OF EXPENDITURE	0 1 1 1	₩. 2	For Fo	x tech Student
	LONTRIBUTION		( gerard	o) going to A+M
E .	ATTACH ADDITIONAL CO		OUTEDAN PAGE	urrara :

Texas Ethics Commission

SCHEDULE |

Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking	Legal Services Solicitation/Fundralsing Expense Transportation Equipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By 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 3 ACCOUNT # (Ethics Commission Filers)
	Olga M. Hernandez
4 Dale//	5 Payee name
9/11/14	HEB
6 Amount (S)	7 Payee address; Cily: State: Zip Code
11	300 @1mos
\$104.32	
	San Antonio, K 18212
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)  (b) Description (See instructions regarding type of information required.)
EXPENDITURE	Bereavement Donation For Aquillon family
Date /	Payee name C / O / /
9/12/14	Sam's Club
Amount (S)	Payee address; City; State; Zip Code
# 5	12919 San Pedro
164.35	0 11 To 28211
	San Antonio, 1x 78216
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (See Instructions regarding type of information required.)
EXPENDITURE	Food Expense Food for Service
Date	Payee name
101-03/14	FIL D
Amount (\$)	Payee address; City: State; Zip Code
10000	300 01m0s
\$85.31	Son Antonio TX 78212
V - 2 - 7	Category (See categories listed at the top of this schedule)  Description (See instructions regerding type of information required.)
PURPOSE OF	Food Expense Holiday cakes for Bd Coleague
EXPENDITURE	Food Expense Ifoliday cakes for 150 Colley
Date / /	Payee name
10/1/14	
70/17	K. J. Publications
Amount (\$)	Payee address; City; State; Zip Code
11	P.O. Box 1692
\$250.00	
	Helotes, 1x 78023
PURPOSE OF	Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of Information required.)
EXPENDITURE	Contribution Edison H.S. Football Program Hd
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE !

Adverticing Evpance		CATEGORIES			
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Con		Loan Repayment/Reimburseme	
Accounting/Banking	Legal Services	Solicitation/Fundralsi Travel In District	ing Expense	Transportation Equipment & Re	
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	rt	Contributions/Donations Made Candidate/Officeholder/Poli		
Fees	Polling Expense Travel Out Of Distr Printing Expense Office Overhead/Re			OTHER (enter a category not I	and the second of the second o
ALL SHAPE MANAGEMENT	The Instruction Guide		& Crozz	Control of the Contro	motion andve)
1 Total pages Schedule I:					
i iotai pages scriedule I.	2 FILER NAME	M 11	1	3 ACCOUNT # (Ethics C	ommission Filers)
	Olgá	III. He	rnande	22	
4 Dale / /	5 Payee name		4		
10/4/14	Bear	Nation	Ath	letic 1455	Λ.
6 Amount (S)	7 Payee address; Cily; Sta		' / .		
2) _	455	Univer	2144		
450,00		01	4	T ADNA	, 1
41000	50 n	Hntoni		X 1830	
8 PURPOSE OF	(a) Category (See categories listed at the top	ol this schedule)	(b) Description	(See instructions regarding type of in	formation required.)
EXPENDITURE	Contribution	n l	Dona	tion to to	eam
Date , /	Payee name				
10/8/14		in P	TSA	1	<b>-</b> 5.
Amount (\$)			1,21	( )	
,		ate; Zip Code	Ponice	î.	
50 00	761 Ja	nta IV		_	
00.	San A	ntonio,	· CX	28212	
DUDDOCE	Lategory (See categories listed at the tor	of this schedule)	Description	(See Instructions regarding type of in	formation required 1
PURPOSE OF	Category (See categories listed at the top		î	(See Instructions regarding type of in	
	Category (See categories listed at the top		Membe	1	a from the anguired.)
OF	Contribution		î	1	
OF EXPENDITURE			î	1	
OF EXPENDITURE	Contribution		î	1	
OF EXPENDITURE	Payee address; City: Sta	SD, ale; Zip Code	î	1	
Date 10/11/14/	Payee address; City: Sta	SD, ale; Zip Code	î	1	
Date 10/44/14	Payee name SAT  Payee address; City: Sta	SD, ale; Zip Code Lavac	Membe Four	rship + don	ation
Date 10/11/14/	Payee address; City: Sta	SD, ale; Zip Code Lavac	î	1	ation
Date 10/44/14 Amount (\$) PURPOSE	Payee name SAT  Payee address; City: Sta	SD, ale; Zip Code Lavac Antor	Membe Four	rship + don	a tion
Date 10/41/14/ Amount (\$)  PURPOSE OF	Payee name  Payee address; City: Start  Category (See categories listed at the top	SD, ale; Zip Code Lavac Antor of this schedule)	Membe Four	rship + done  dation  Ty 1821  (See Instructions regarding type of i	a Fien
Date 10/44/14 Amount (\$) PURPOSE	Payee address; City: Sta	SD, ale; Zip Code Lavac Antor of this schedule)	Membe Four	rship + done  dation  Ty 1821  (See Instructions regarding type of i	a tion
Date 10/41/14 Amount (\$)  PURPOSE OF EXPENDITURE	Payee name  Payee address; City: Start  Category (See categories listed at the top	SD, ale; Zip Code Lavac Antor of this schedule)	Membe Four	rship + done  dation  Ty 1821  (See Instructions regarding type of i	a Fien
Date 10/41/14 Amount (\$)  PURPOSE OF EXPENDITURE	Payee name Shafe- Payee address; City: Sla  141 San  Category (See categories listed at the top	SD, ale; Zip Code Lava c Antor of this schedule)	Membe Four Description	rship + done  dation  Ty 1821  (See Instructions regarding type of i	a Fien
Date 10/41/14/ Amount (\$)  PURPOSE OF EXPENDITURE	Payee name Shafe- Payee address; City: Sla  141 San  Category (See categories listed at the top	SD, ale; Zip Code Lava c Antor of this schedule)	Membe Four	rship + done  dation  Ty 1821  (See Instructions regarding type of i	a Fien
Date 10/41/14 Amount (\$)  PURPOSE OF EXPENDITURE	Payee name  Payee address; City: Stant Category (See categories listed at the top Dona fior Payee name	SD, ale; Zip Code Lavac Antor of this schedule)  Acade ale; Zip Code	Membe Four Description In	rship + done  dation  Ty 1821  (See Instructions regarding type of i	a Fien
Date 10/11/14 Amount (\$)  PURPOSE OF EXPENDITURE  Date 10/14/14  Amount (\$)	Payee name  Payee address; City: Standard Category (See categories listed at the top Dona from Payee name  Payee address; City: Standard Payee address; City: Standard City	SD, ale; Zip Code Lavac Antor of this schedule)  Acade ale; Zip Code	Membe Four Description	rship + done  dation  Ty 1821  (See Instructions regarding type of i	a Fien
Date 10/11/14 Amount (\$)  PURPOSE OF EXPENDITURE  Date 10/14/14	Payee name  Payee address; City: Stant Category (See categories listed at the top Dona Fior Payee name	SD, ale; Zip Code Lavac Antor of this schedule)  Acade ale; Zip Code	Membe Four Description In	rship + done  I dation  Ty 1821  (See Instructions regarding type of i	a Fien
Date 10/11/14 Amount (\$)  PURPOSE OF EXPENDITURE  Date 10/14/14  Amount (\$)	Payee name  Payee address; City: Standard Category (See categories listed at the top Dona from Payee name  Payee address; City: Standard Payee address; City: Standard City	SD, ale; Zip Code Lavac Antor of this schedule)  Acade ale; Zip Code	Membe Four Description In	rship + done  dation  Ty 1821  (See Instructions regarding type of i	a Fien
Date 10/41/14 Amount (\$)  PURPOSE OF EXPENDITURE  Date 10/19/14 Amount (\$)  Amount (\$)	Payee name  Payee address; City: Standard Category (See categories listed at the top Dona from Payee name  Payee address; City: Standard Payee address; City: Standard City	SD, ale; Zip Code Lavac Antor of this schedule)  Acade ale; Zip Code Www.L Antonia	Membe Four a nio, Description In; my	rship + done  I dation  Ty 1821  (See Instructions regarding type of i	a tion  D  Information required.)  The tron
Date 10/11/14 Amount (\$)  PURPOSE OF EXPENDITURE  Date 10/14/14  Amount (\$)	Payee address; City: Standard Category (See categories listed at the top Dona first response payee address; City: Standard Category (See Categories listed at the top Dona first response payee address; City: Standard Category (See Categories listed at the top Dona first response payee address; City: Standard Category (See Categories listed at the top Dona first response payee address; City: Standard Category (See Categories listed at the top Dona first response payee)	SD, ale; Zip Code Lavac Antor of this schedule)  Acade ale; Zip Code Www.L Antonia	Membe Four a nio, Description In; my	rship + done  adation  Ty 1821  (See instructions regarding type of interpretation)  78230  (See instructions regarding type of interpretation)	a finn  D  Information required.)  Information required.)
Date 10/11/14/ Amount (\$)  PURPOSE OF EXPENDITURE  Date 10/19/19  Amount (\$)  39,99  PURPOSE	Payee address; City: Standard Category (See categories listed at the top Dona first response payee address; City: Standard Category (See Categories listed at the top Dona first response payee address; City: Standard Category (See Categories listed at the top Dona first response payee address; City: Standard Category (See Categories listed at the top Dona first response payee address; City: Standard Category (See Categories listed at the top Dona first response payee)	SD, ale; Zip Code Lavac Antor of this schedule)  Acade ale; Zip Code Www.L Antonia	Membe Four a nio, Description In; my	rship + done  adation  Ty 1821  (See instructions regarding type of interpretation)  78230  (See instructions regarding type of interpretation)	a tion  D  Information required.)  The tron

SCHEDULE |

NETTER NAMED NAMED 19	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Giil/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundralsing Expense Transportation Equipment 2 Related Expense	
Consulting Expense	Legal Services Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By	
Event Expense	Polling Expense Travel Oul 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 () / 3 ACCOUNT # (Ethics Commission Filers)	
	Ulga III, Hernandez	
4 Date	5 Payee name	
10/21/14	Bedoy's Bakery	
6 Amount (S)	7 Payee address; City: State: Zip Code	
#15.40	802 W. Hildebrand	
415110	500 Antonio Tx 78212	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)  (b) Description (See instructions regarding type of information required.)	
OF	(c) Description (communication required)	
EXPENDITURE	Food Expense Refreshments for Community	
Date /	Payee name	
10/23/14	Caladah	
10/20/11	Sam 3 Chao.	
Amount (S)	Payee address; City; State; Zip Code	
	12919 Sen Pedro	
108,23	San Antonio, Tx 78212	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)	
OF EXPENDITURE	1011/1011/11/11	
EXPENDITURE	Contribution Hee Chest donated to 131	4
Date / /	Payee name // // // // // // // // // // // // //	
10/3//14	Helamo Candy Company	
Amount (\$)	Payee address; City; Slate; Zip Code	
The state of the s	2738 Blanco Road	
01125		
24.35	San Antonio, 1x 78212	
PURPOSE	Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)	
OF EXPENDITURE	Contribution Candy for Story book Parade	_
	et Franklin Elementary	
Date /	Payee name ' /	
10/31/14	David Luna	
70131717		
Amount (\$)	Payee address; City; State; Zip Code	
\$ 100.00	1110 Clower	
AP 100.	San Antonio Tx 78201	
	San Antonio, 14 18201	2
PURPOSE	Calegory (See categories listed at the top of this schedule)  Description (See instructions regarding type of Information required.)	
OF EXPENDITURE	Contribution for Little Bears Fundral	SPT
	To Lille pears fundade	
	ATTACH ADDITIONAL CODIES OF THIS SCHEDILLE AS NEEDED	

SCHEDULE I

Advertising Expense Accounting/Banking Consulting Expense Event Expense	EXPENDITURE CATEGORIES FOR BOX 8(a)  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Rental Expanse OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule I:	2 FILER NAME SIga Mi Hernander 3 ACCOUNT # (Ethics Commission Filers)
1 Dale / 14	American Sunrise
S Amount (S)	7 Payee address; Cily: State: Zip Code 2007 W. Commerce St.
200.00	San Antonio Tx 78207
8 PURPOSE	(a) Category (See categories listed at the top of this schedule) (b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Contribution Donation for Fundraiser
Date / /	Payee name
11/13/14	Edison High School
Amount (\$)	Payee address; City; State; Zip Code
\$65,00	701 Santa Monica
	Jan Antonia, 14
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Description (See Instructions regarding type of information required.)  Student Tavanks quiving Even
<del></del>	
Date 14/14	Edison High School
Amount (\$)	Payee address; City: State; Zip Code
\$ 100.00	noi Senta Monica
	San Antonio /4 782/2
PURPOSE	Category (See categories listed at the top of this schedule)  Description (See instructions regarding type of information required.)
OF EXPENDITURE	Contribution Girls Athletics Fundraiser
Date / /	Payee name O D L /
12/4/14	Go Public
Amount (\$)	Payee address; City: State: Zip Code Sunnyview Trials
\$100,00	i e e e e e e e e e e e e e e e e e e e
A 100 100	San Antonio Tx, 78253

Calegory (See categories listed at the top of this schedule)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURPOSE OF EXPENDITURE Description (See instructions regarding type of Information required.)

SCHEDULE I

	EXPENDITURE CATEGORIES I	FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Con	
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundrals Food/Beverage Expense Travel In District	Transportation Equipment a Related Expense
Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of District	Contributions/Donations Made By fict Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/Re	armini programme and the contract of the contr
	The Instruction Guide explains how to o	, , , , , , , , , , , , , , , , , , , ,
Total pages Schedule I:	2 FILER NAME C / I/A //	A ACCOUNT # (Ethics Commission Filers)
	Olga IVI Her	nandez
Dale /	5 Payee name	runce
12/8/14	Office	Max
Amount (S)	7 Payee address; Cily; State; Zip Code	· ux
1 1 1	OFF FR	16 CSP
d 07.86	290 610	4 // C
# 82104	San Antoni	5,Tx 18212
3 PURPOSE	(a) Calegory (See calegories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	1 SE	1/
	I rinting Expense	Holiday lefter
Date /	Payee name	
12/18/14	I. HEB	
Amount (S)	Payee address; City; State; Zip Code	
W	300 Olmos	
1000		
461.24	San Antonio	) TX 78212
puppoer	Category (See categories listed at the top of this schedule)	Description (See Instructions regarding type of information required.)
PURPOSE OF	001 =	Gift o
EXPENDITURE	Gift Expense	Cakes for SAISD Staff +
Date /	Payee name	Secretori
12/11/11	$m \sim \ell$	7.11.
12/19/14	IND Ce	mputer lechnologies
Amount (\$)	Payee address; City; State; Zip Code	1, 5
d)	7222 Fla	ming torest
1213,61	$\sim 0.1$	· 7 00000
10017101	2011	110,/4 7825D
PURPOSE OF	Category (See categories listed at the top of this schedute)	Description (See Instructions regarding type of information required.)
EXPENDITURE	Office	Computer Repair.
Date /	Payee name	
12/2/11	1/ r R	
144114	HED	
Amount (\$)	Payee address; City; State; Zip Code	7
ï.	300 Olmos	
#39.21		
1 11.0	San Antonio, Ts	178212
	Calegory (See categories listed at the top of this schedule)	Description (See instructions regarding type of Information required.)
PURPOSE OF	C 10	
EXPENDITURE	Gift Expense	Holiday Cakes for Volunteers/ CHEDULE AS NEEDED Supporters
۵.	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED Supporters
-		The state of the s

SCHEDULE !

Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Cl Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	ontract Labor dising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/F The Instruction Guide explains how to		OTHER (enter a category not listed above) rm.	
1 Total pages Schedule I:	2 FILER NAME	ernande	3 ACCOUNT # (Ethics Commission Filers)	
4 Dale /2/2//14	F   Davids		emocrats	
6 Amount (S)	7 Payee address; Cily; State; Zip Code			
\$ 100,00	945 N. Fla	~	78212	
8 PURPOSE	San Antonio (a) Calegory (Sea calegories listed at the top of this schedule)			
OF EXPENDITURE	Contribution	Holida Of II	(See instructions regarding type of information required.)  y Gifts for Children  Y Cancerated Parents	
Date 12-14	Payee name HEB	*	**.	
Amount (\$)	Payee address; City; State; Zip Code	·		
\$96.23	San Anton	, ,-	14 78212	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution for Edison f	Description 5/A	(See Instructions regarding type of information required.)  Door Prizes = hams plant	- Fs
7/14/14	Payee name - Olga Mi He	rnend	lez	
Amount (\$)	Payee address; Cily: State; Zip Code			
\$100,00	San Antonu		78212	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(See instructions regarding type of information required.)	
OF EXPENDITURE	Reimbursement	Junch mee	Receipts; Parking Fees tings W/construents; donation	1
Date/ 10/21/14	Payee name Plaza Mex	to Edis Resta	on Parent room = 123.	40
Amount (\$)	Payee address; City; State; Zip Code	0.1		
\$ 66.35	Sen Antonio	o Rd	78212	
PURPOSE	Calegory (See categories listed at the top of this schedule)	Description	(See instructions regarding type of information required.)	
OF EXPENDITURE	Food Exponer	10 40	1 1 1 1	C
	Frood Expense	Dreakita	est with Volunteers	

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

### SCHEDULE K

The Instruction Guide explains how to complete this form.			
2 FILER NAME	Olga M. Hernandez	3 ACCOUNT # (EI	hics 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	

*** *** *** *** *** *** *** *** *** **	ONTRIBUTION OR POLITICAL EXPENDITURE SCH	IEDULE <b>T</b>
The Instru	ruction Guide explains how to complete this form.	
2 FILER NAME	DIga Mi Hernandez 3 ACCOUNT # (Ethics Commiss	sion Filers)
4 Name of Contributor /	/ Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expend	diture reported on:	
Sch	chedule A Schedule B Schedule C Schedule F Schedule F	Schedule G
	chedule 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 transportat	ation 11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor /	Corporation or Labor Organization / Pledgor / Payee	¥ş,
Contribution / Expendit	iture reported on:	
☐ Scl	chedule A Schedule B Schedule C Schedule D Schedule F	Schedule G
Scl	chedule 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	
	Destination city of frame 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 / Expendi	liture reported on:	
Sch	chedule A Schedule B Schedule C Schedule D Schedule F	Schedule G
Sch	chedule 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:

P.O. Box 12070

FORM CIOH

53	DES	IGNATION OF FINAL REPORT
		The Instruction Guide explains how to complete this form Complete only if "Report Type" on page 1 is marked "Final Report"
1	C/OH N	AME Elga Mitternander 2 ACCOUNT # (Ethics Commission Filers)
3	SIGNA	TURE
	report as	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a a final report terminates my campaign treasurer appointment. I also understand that may not accept any campaign contributions any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER lete A & B below <i>only</i> 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.
	В.	ASSETS
	Checi	t only one: I do not retain assets purchased with political contributions or interest or other income from political contributions.
		the netrotal access parameter with political contributions of interest of 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		EHOLDER  plete 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