

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME John Frank Hernandez 15 ACCOUNT # (Ethics Commission filers)

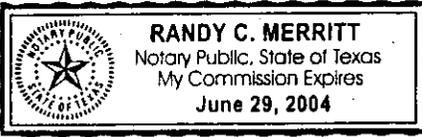
16 SUPPORTING POLITICAL COMMITTEE(S) ** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 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)	\$ 1170.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1492.17
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



John Hernandez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOHN HERNANDEZ this the 31st day of JAN. 192002, to certify which, witness my hand and seal of office.

Randy C. Merritt Signature of officer administering oath
RANDY C. MERRITT Print 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 Schedule A:	
2 FILER NAME <i>John Frank Hernandez</i>				3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/3/94</i>	5 Full name of contributor <i>TEXAS Association of Realtors</i> <input type="checkbox"/> out of state PAC	6 Contributor address; City; State; Zip Code <i>P.O. Box 1986 Austin TX 78767</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)	
9 Principal occupation <i>Association</i>			10 Employer (optional)		
Date <i>3/3/94</i>	Full name of contributor <i>Harry Starkey</i> <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code <i>10 Webberwood Oaks Elgin, TX 78621</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)	
Principal occupation <i>Construction</i>			Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		
Date	Full name of contributor <input type="checkbox"/> out of state PAC	Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occupation			Employer (optional)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME <i>John Frank Hernandez</i>			3 ACCOUNT # (Ethics Commission filers)		
4 Date <i>3/1/94</i>	5 Full name of contributor <i>AFL-CIO</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code <i>1625 L ST, N.W. Washington, DC 20036</i>					
9 Principal occupation <i>Union</i>			10 Employer (optional)		
Date <i>3/1/94</i>	Full name of contributor <i>Susan Engelking</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>20.00</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>1781 SPYGLASS #109 Austin TX 78746</i>					
Principal occupation <i>Public Relation</i>			Employer (optional)		
Date <i>2/2/94</i>	Full name of contributor <i>Mario Moharzel</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>7606 LUNAR DR. Austin TX 78745</i>					
Principal occupation <i>student</i>			Employer (optional)		
Date <i>3/3/94</i>	Full name of contributor <i>Charles Schutz</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>6300 Michlaus Austin TX 78746</i>					
Principal occupation <i>Retired</i>			Employer (optional)		
Date <i>3/3/94</i>	Full name of contributor <i>Robert Chapt</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code <i>2516 Mountain View Austin TX 78704</i>					
Principal occupation <i>Retired</i>			Employer (optional)		

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

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

\$

5 Date

6 Full name of pledgor out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation

11 Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Amount (\$)
3/1/94	Worley Printing 3217 N. FH 35 Austin TX 78722	557.42
8 Purpose of expenditure Printing		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
3/3/94	R B H Direct P.O. Box 2382 Austin TX 78768	527.00
Purpose of expenditure Art work / Consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
3/3/94	Smart Mail 2600 Mahale Ct Austin TX 78758	407.75
Purpose of expenditure Postage / Mail Out		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender out of state PAC

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender out of state PAC

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on C/OH page 1 is marked "Final Report" ••

1 C/OH NAME

John Frank Hernandez

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

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

John Frank Hernandez
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are a candidate ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

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

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

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

John Frank Hernandez
Signature of Candidate

5 OFFICEHOLDER

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

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder