

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7615

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">12</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS/ <input checked="" type="radio"/> MRS/ MR      FIRST: <u>Sally</u> MI: <u>I</u> NICKNAME: _____      LAST: <u>Hernandez</u> SUFFIX: _____	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received: _____                      Date Hand-Delivered or Postmarked: _____                      Receipt # _____      Amount: _____                      Date Processed: _____                      Date Imaged: _____                 </div>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <u>P.O. Box 152032</u> <u>Austin, Tx 78715-2032</u>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <u>(512)</u> <u>680-9968</u>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS/ <input checked="" type="radio"/> MRS / MR      FIRST: <u>Cecilia</u> MI: _____ NICKNAME: _____      LAST: <u>Crossley</u> SUFFIX: _____		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <u>3100 Catalina Dr. Austin, Tx 78741</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <u>(512)</u> <u>444-0956</u>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year <u>01/24/2011</u> <u>6/30/2011</u>		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year <u>3/6/2012</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <u>Travis County Constable Pct #3</u>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name: _____ Address / PO Box;    Apt. / Suite #;    City;    State;    Zip Code: _____		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

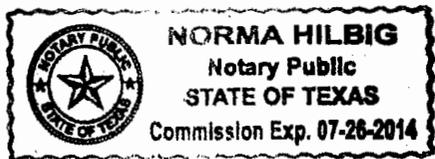
**15 C/OH NAME** Sally Hernandez **16 ACCOUNT # (Ethics Commission Filers)**

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

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

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,377 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,132 <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 269 <sup>49</sup>
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,845 <sup>87</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,286 <sup>13</sup>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

**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.

Sally Hernandez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sally I. Hernandez, this the 14<sup>th</sup> day of July, 20 11, to certify which, witness my hand and seal of office.

Norma Hilbig Norma Hilbig Notary  
Signature of officer administering oath 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 Schedule A: <b>1-7</b>	
2 FILER NAME <b>Sally Hernandez</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/19/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Xavier e Cher Montalvo</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>7501 Vol Walker Dr. Austin 78749</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>Investigator</b>		10 Employer (See Instructions)	
Date <b>4/13/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Gina Giblin</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11551 Forest Central Dr 101 Dallas, Tx 75243</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>Lawyer</b>		Employer (See Instructions)	
Date <b>4/14/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Karen Sonleitner</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1712 Pasadena Dr Austin, Tx 78757</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/14/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Sandra Ritz</b>	Amount of contribution (\$) <b>\$500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>902 Rio Grande Austin, Tx 78701</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/28/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Adan Munoz</b>	Amount of contribution (\$) <b>75.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2132 Dry Tortugas Dr Austin, Tx 78747</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2-7**

2 FILER NAME **Sally Hernandez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **4/28/11**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Cecilia Crossley**

7 Amount of contribution (\$) **5500**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**3100 Catalina  
Austin, Tx 78741**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **4/28/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Kelley Menefee**

Amount of contribution (\$) **10000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**3508 Great Valley Dr.  
Cedar Park, Tx 78613**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4/28/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Diana Medina**

Amount of contribution (\$) **10000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**4711 Hickory Holw  
Austin, Tx 78731**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4/28/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Charles Grant**

Amount of contribution (\$) **10000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**502 W 13th  
Austin, Tx 78701**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4/28/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Sam McPherson**

Amount of contribution (\$) **10000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1000 Chattanooga  
Llano, Tx 78643**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3-7

2 FILER NAME

Sally Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/28/11

5 Full name of contributor  out-of-state PAC (ID#)

Tan Forsyth

6 Contributor address; City; State; Zip Code

2916 Mossback Ln  
Austin, Tx 78739

7 Amount of contribution (\$)

\$100<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/28/11

Full name of contributor  out-of-state PAC (ID#)

Johnny Vega

Contributor address; City; State; Zip Code

10940 Colonel Winnloop  
Austin, Tx 78748

Amount of contribution (\$)

\$200<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/11

Full name of contributor  out-of-state PAC (ID#)

Howard Meyer

Contributor address; City; State; Zip Code

2306 Forest Bend Dr  
Austin, Tx 78704

Amount of contribution (\$)

\$200<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/11

Full name of contributor  out-of-state PAC (ID#)

Adolphus Wells

Contributor address; City; State; Zip Code

12500 Gun Metal Dr  
Austin, Tx 78739

Amount of contribution (\$)

\$250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/11

Full name of contributor  out-of-state PAC (ID#)

Duke Hildreth

Contributor address; City; State; Zip Code

806 W 11th  
Austin, Tx 78701

Amount of contribution (\$)

\$250<sup>00</sup>

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>4-7</u>	
2 FILER NAME <u>Sally Hernandez</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>4/28/11</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Travis County Sheriffs Officers Assoc PAC</u>	7 Amount of contribution (\$) <u>500<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>400 W. 14th St #220 Austin, TX 78701</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4/21/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Travis County Sheriffs Law Enforcement Assoc PAC</u>	Amount of contribution (\$) <u>2,500<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>8600 RR 620 N 210 Austin, TX 78726</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/28/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Brown McCarroll - PAC</u>	Amount of contribution (\$) <u>250<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>400 W 14th St, Suite 220 Austin, TX 78701</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/28/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Gary Cobb</u>	Amount of contribution (\$) <u>1,000<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>4325 Triboro Trl. Austin, TX 78749</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/29/11</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Bobby Cervantez</u>	Amount of contribution (\$) <u>\$100<sup>00</sup></u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>P.O. Box 731 Bastrop, TX 2773 N. Main St 78602</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5-7

2 FILER NAME

Sally Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/30/11

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Brian Roark

6 Contributor address: City: State: Zip Code

1307 West Ave  
Austin, TX 78701

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/28/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Denise Lozano

Contributor address: City: State: Zip Code

12600 Shasta Lane  
Austin TX 78729

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Kyle Collins

Contributor address: City: State: Zip Code

3102 Tom Green  
Austin TX 78705

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/6/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Vicki Skinner

Contributor address: City: State: Zip Code

4405 Travis Country Circle  
Austin, TX 78735

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/12/11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Wayne Meissner

Contributor address: City: State: Zip Code

812 San Antonio St. 400  
Austin, TX 78704

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6-7**

2 FILER NAME **Sally Hernandez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**5/16/11**

5 Full name of contributor  out-of-state PAC (ID#)

**Norma Hilbig**

7 Amount of contribution (\$)  
**\$100<sup>00</sup>**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**412 E. William Cannon 420  
Austin, Tx 78745**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**5/16/11**

Full name of contributor  out-of-state PAC (ID#)

**John Neal**

Amount of contribution (\$)  
**\$100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**810 Blue Spring Circle  
Round Rock, Tx 78681**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5/19/11**

Full name of contributor  out-of-state PAC (ID#)

**Dellé Kathy Shaw**

Amount of contribution (\$)  
**\$250<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**5 Curley Mesquite Cr  
Austin, Tx 78745**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5/27/11**

Full name of contributor  out-of-state PAC (ID#)

**Danny Hinkle**

Amount of contribution (\$)  
**\$200<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**380 Hwy 21 West  
Cedar Creek, Tx 78612**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**6/14/11**

Full name of contributor  out-of-state PAC (ID#)

**Allison Benesch**

Amount of contribution (\$)  
**\$100<sup>00</sup>**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**1710 W 29th St  
Austin, Tx 78703**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **7-7**

2 FILER NAME **Sally Hernandez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**6/11/11**

5 Full name of contributor  out-of-state PAC (ID#)  
**Joe & Tyna Rodriguez**

7 Amount of contribution (\$)  
**\$250.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**2305 Arnie Ln  
Round Rock, Tx 78664**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**6/30/11**

Full name of contributor  out-of-state PAC (ID#)  
**Beverly Mathews Willis**

Amount of contribution (\$)  
**\$100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**7703 Creekbluff  
Austin, Tx 78750**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/28/11**

Full name of contributor  out-of-state PAC (ID#)  
**Dawn McLean**

Amount of contribution (\$)  
**\$25.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**154 Palo Duro Dr  
Cedar Creek, Tx 78612**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**6/30/11**

Full name of contributor  out-of-state PAC (ID#)  
**Dawn McLean**

Amount of contribution (\$)  
**\$50.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**154 Palo Duro Dr  
Cedar Creek, Tx 78612**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 occupation / Job title (See Instructions)

Employer (See Instructions)

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1-3	2 FILER NAME Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/27/11	5 Payee name Webhost4life
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6 Amount (\$) \$144.70	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Web page	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/19/11	Payee name Staples
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Amount (\$) 3.30	Payee address; City; State; Zip Code 4301 W. William Cannon Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Copies	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/16/11	Payee name Staples
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Amount (\$) \$19.24	Payee address; City; State; Zip Code 4301 W. William Cannon Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Supplies/Copies	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/11	Payee name Staples
----------------	-----------------------

Amount (\$) 85.60	Payee address; City; State; Zip Code 4301 W. William Cannon Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Supplies/ Ink	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2-3	<b>2</b> FILER NAME Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 4/15/11	<b>5</b> Payee name Check Mark Typesetting.
--------------------------	--

<b>6</b> Amount (\$) 182.94	<b>7</b> Payee address; City; State; Zip Code 3217 N. IH35 Austin, TX 78722
--------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense <sup>Printing</sup>	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/26/11	Payee name LULAC
-----------------	---------------------

Amount (\$) \$100.00	Payee address; City; State; Zip Code
-------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/sponsor	Description (If travel outside of Texas, complete Schedule T) Scholarship
------------------------	---	--

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

Date 4/26/11	Payee name Capital Area Progressive Democrats
-----------------	--

Amount (\$) \$100.00	Payee address; City; State; Zip Code
-------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising/sponsor	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

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

Date 4/28/11	Payee name Casa Garcia's
-----------------	-----------------------------

Amount (\$) \$350.00	Payee address; City; State; Zip Code 1000 South Lamar Austin, TX
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3-3	2 FILER NAME Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/22/11	5 Payee name Bruce Elfant's Ice Cream Social
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6 Amount (\$) \$100 <sup>00</sup>	7 Payee address; City; State; Zip Code P.O. Box 49051 Austin, TX 78765
--------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Austin Empty Donation Bowl Project	(b) Description (if travel outside of Texas, complete Schedule T) Hot meal, tutoring & a safe place
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought for school aged children	Office held
---	-------------------------------	---	-------------

Date 4/21/11	Payee name A & F Trophy
-----------------	----------------------------

Amount (\$) \$108 <sup>25</sup>	Payee address; City; State; Zip Code 4619 S Congress Ave Austin, TX 78745
------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (if travel outside of Texas, complete Schedule T)
------------------------	---	---

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

Date 6/27/11	Payee name Worley Printing
-----------------	-------------------------------

Amount (\$) \$835 <sup>69</sup>	Payee address; City; State; Zip Code 3217 N IH35 Austin, TX 78722
------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Supplies Printing	Description (if travel outside of Texas, complete Schedule T)
------------------------	--	---

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

Date 4/28/11	Payee name Check Mark Typesetting
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Amount (\$) 546 <sup>66</sup>	Payee address; City; State; Zip Code 3217 N IH35 Austin TX 78722
----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (if travel outside of Texas, complete Schedule T)
------------------------	---	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>1</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution?  Y    N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address;    City;    State;    Zip Code	
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;    City;    State;    Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

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

Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
----------------------------------	---------------------	---

<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
----------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
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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/OH	Candidate / Officeholder name	Office sought	Office held
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Date	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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

# CREDITS (optional)

# SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Payor name

8

Amount (\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		