

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7714

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs. FIRST: Sally MI: I. NICKNAME: _____ LAST: _____ SUFFIX: _____ <p style="text-align: center;">Hernandez</p>	OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Postmarked: _____ Receipt # _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 152032 Austin, TX 78715		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 680-9968		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms. FIRST: Cecilia MI: _____ NICKNAME: _____ LAST: _____ SUFFIX: _____ <p style="text-align: center;">Crossley</p>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3100 Catalina Dr. Austin, TX 78741		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 444-0956		
9 REPORT TYPE	<input checked="" 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 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 2011 THROUGH 12 / 31 / 2011		
11 ELECTION	ELECTION DATE Month Day Year 04 / 03 / 2012	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Travis County Constable Pct. #3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <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		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME Sally I. 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.

additional pages

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 680.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$5,263.29
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 485.21
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,871.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,152.82
OUTSTANDING LOAN TOTALS	6. 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.

Sally I. 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 17th day of January, 20 12, to certify which, witness my hand and seal of office.

Norma Hilbig
Signature of officer administering oath

Norma Hilbig
Printed name of officer administering oath

NORMA HILBIG
Notary Public
STATE OF TEXAS
Commission Exp. 07-26-2014



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 4	
2 FILER NAME Sally I. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Progressive Action PAC 6 Contributor address; City; State; Zip Code 1307 West Avenue Austin, TX 78701	7 Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/2/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minton, Burton, Foster & Collins Contributor address; City; State; Zip Code 1100 Guadalupe Austin, TX 78701	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Wetzel Contributor address; City; State; Zip Code 1310 Shannon Oaks Trl. Austin, TX 78746	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. Bryan Case Contributor address; City; State; Zip Code 3139 Montwood Trl. Austin, TX 78748	Amount of contribution (\$) 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley Menefee Contributor address; City; State; Zip Code 3508 Great Valley Dr. Cedar Park, TX 78613	Amount of contribution (\$) 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	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:
2 of 4

2 FILER NAME

Sally I. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date
9/21/2011

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

John Neal

6 Contributor address; City; State; Zip Code

810 Blue Spring Circle
Round Rock, TX 78664

7 Amount of contribution (\$)

100.00

(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
9/22/2011

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

Joe and Tyna Rodriguez

Contributor address; City; State; Zip Code

2305 Arnie Lane
Round Rock, 78664

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/5/2011

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

Andrea Austin

Contributor address; City; State; Zip Code

141 Canterbury Dr.
Austin, TX 78737

Amount of contribution (\$)

75.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/18/2011

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

Patrick and Anna Lee McNelis

Contributor address; City; State; Zip Code

5302 Valburn Circle
Austin, TX 78731

Amount of contribution (\$)

250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/2/2011

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

Margie Johnson

Contributor address; City; State; Zip Code

4840 Twin Valley Dr. Austin, TX 78731

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
3 of 4

2 FILER NAME

Sally I. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/10/2011

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

Beverly Willis

6 Contributor address; City; State; Zip Code

7703 Creekbluff Dr.
Austin, TX 78750

7 Amount of
contribution (\$)

100.00

(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

11/14/2011

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

Travis County United Sheriff's Association PAC

Contributor address; City; State; Zip Code

508 W. 11th
Austin, TX 78701

Amount of
contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/2011

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

Randy Leavitt

Contributor address; City; State; Zip Code

1301 Rio Grande St.
Austin, TX 78701

Amount of
contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/2011

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

Gary Cobb

Contributor address; City; State; Zip Code

4325 Triboro Trl.
Austin, TX

Amount of
contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/22/2011

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

Blake Erskine

Contributor address; City; State; Zip Code

5811 River Place Blvd. Austin, TX 78730

Amount of
contribution (\$)

1,000.00

(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: 4 of 4	
2 FILER NAME Sally I. Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/01/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Dorbandt 6 Contributor address; City; State; Zip Code 603 W. 12th Austin, TX 78701	7 Amount of contribution (\$) 150.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Montemayor Contributor address; City; State; Zip Code 203 North 2nd Street #A Pflugerville, TX 78660	Amount of contribution (\$) 500.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Brandt Contributor address; City; State; Zip Code 12102 Shetland Chase Austin, TX 78727	Amount of contribution (\$) 300.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron Mueller Contributor address; City; State; Zip Code 605 W. 10th Street Austin, TX 78701	Amount of contribution (\$) 288.29 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable) Fundraising Event
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	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 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 of 2	2 FILER NAME Sally I. Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/5/2011	5 Payee name Postmaster
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6 Amount (\$) 42.00	7 Payee address; City; State; Zip Code Austin, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Postage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/1/2011	Payee name Postmaster
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Amount (\$) 1.48	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Postage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/17/2011	Payee name Postmaster
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Amount (\$) 145.00	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Postage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/12/2011	Payee name Capital Area Democratic Women
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Amount (\$) 100.00	Payee address; City; State; Zip Code Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sponsorship
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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

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: 2 of 2	2 FILER NAME Sally I. Hernandez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 08/09/2011	5 Payee name South Austin Democrats	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code Austin, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/12/2011	Candidate / Officeholder name Office sought Office held	
	Payee name CheckMark Typesetting	
Amount (\$) 2,743.87	Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/30/2011	Candidate / Officeholder name Office sought Office held	
	Payee name CheckMark Typesetting	
Amount (\$) 154.26	Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Mailers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/16/2011	Candidate / Officeholder name Office sought Office held	
	Payee name University of Texas Democrats	
Amount (\$) 100.00	Payee address; City; State; Zip Code Austin, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED