

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7812

## 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 Hernandez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; P.O. Box 152032	APT / SUITE #;	CITY; STATE; ZIP CODE Austin, TX 78715
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 512 )	PHONE NUMBER 680-9968
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Cecilia	MI
	NICKNAME	LAST Crossley	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 3100 Catalina Dr.	APT / SUITE #;	CITY; STATE; ZIP CODE Austin, TX 78741
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 512 )	PHONE NUMBER 444-0956	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 1 / 1 / 12	THROUGH	Month Day Year 4 / 30 / 12
11 ELECTION	ELECTION DATE Month Day Year 5 / 29 / 12	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	

**OFFICE USE ONLY**

Date Received

Date Hand Delivered or Postmarked

Receipt #

Date Processed

Date Imaged

**FILED FOR RECORD**

**2012 APR 30 PM 2:40**

**Dana DeBeauvoir  
County Clerk  
Travis County Texas**

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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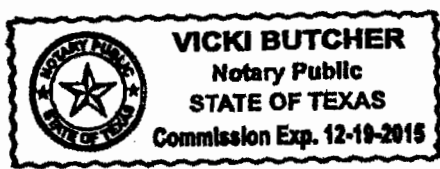
**16 NOTICE FROM POLITICAL COMMITTEE(S)**  
 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,311.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,690.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 328.82
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,777.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,966.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

**18 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 30<sup>th</sup> day of April, 20 12, to certify which, witness my hand and seal of office

*Vicki Butcher*                      Vicki Butcher                      Sr. Legal Secretary  
 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: 1 of 7

2 FILER NAME

Sally I. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/23/12

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

Gordon M. Rubinett

6 Contributor address; City; State; Zip Code  
3806 Hidden Hollow Austin, TX 78731

7 Amount of contribution (\$) **\$150.00**

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

2/23/12

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

Allan L. Williams

Contributor address; City; State; Zip Code

2400 Camino Alto Austin, TX 78746

Amount of contribution (\$) **\$500.00**

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

2/23/12

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

Jose & Elma Ballesteros

Contributor address; City; State; Zip Code

20512 Auk Rd Pflugerville, TX 78660

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

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

3/1/12

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

Ellen Halbert

Contributor address; City; State; Zip Code

5105 Scenic View Dr. Austin, TX 78746

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

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Date

3/2/12

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

Beverly Willis

Contributor address; City; State; Zip Code

7703 Creekbluff Dr. Austin, TX 78750

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

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

**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 7

2 FILER NAME

Sally I. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/22/12

5 Full name of contributor

Tex B. Martin

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
3301 Silk Oak Dr. Austin, TX 78748

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

1/30/12

William Krumpack

Contributor address; City; State; Zip Code

4104 Cat Mountain Dr. Austin, TX 78731

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/12

Full name of contributor

Louis Henna, Jr.

Contributor address; City; State; Zip Code

9011 Atwater Cove Austin, TX 78733

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/12

Full name of contributor

Hines, Ranc & Holub

Contributor address; City; State; Zip Code

1307 Nueces St. Austin, TX 78701

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/13/12

Full name of contributor

Tillman Braniff, PLLC

Contributor address; City; State; Zip Code

1405 Rio Grande Austin, TX 78704

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

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**

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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 7

2 FILER NAME

Sally I. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/23/12

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

Alfred Stanley

6 Contributor address; City; State; Zip Code

P.O. Box 5674 Austin, TX 78763

7 Amount of contribution (\$)

\$100.00

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

2/23/12

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

Michael & Rosetta Cervantez

Contributor address; City; State; Zip Code

13608 Briarcreek Loop Manor, TX 78653

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

2/23/12

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

Victoria Ashley

Contributor address; City; State; Zip Code

5427 Austral Loop Austin, TX 78739

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/12

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

Daniel & Barbara Fetonte

Contributor address; City; State; Zip Code

8301 Washita Dr. Austin, TX 78749

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

2/23/12

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

Cher & Xavier Montalvo

Contributor address; City; State; Zip Code

7501 Vol Walker Dr. Austin, TX 78749

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:

4 of 7

2 FILER NAME

Sally I. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/23/12

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

Gary Cobb

6 Contributor address; City; State; Zip Code

4325 Triboro Trail Austin, TX 78749

7 Amount of contribution (\$)

\$200.00

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

2/23/12

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 (\$)

\$60.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/12

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

Rickey Jones

Contributor address; City; State; Zip Code

P.O. Box 142416 Austin, TX 78714

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/12

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

Patricia Montemayor

Contributor address; City; State; Zip Code

203 N. 2<sup>nd</sup> St. A Pflugerville, TX 78660

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

2/23/12

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

Mr. & Mr. Harold Mathews

Contributor address; City; State; Zip Code

7106 Sansivera CV Austin, TX 78750

Amount of contribution (\$)

\$200.00

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:

5 of 7

2 FILER NAME

Sally I. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/23/12

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

Charles & Kristi Larkam

6 Contributor address; City; State; Zip Code

5600 Terravista Dr. Austin, TX 78735

7 Amount of contribution (\$)

\$100.00

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

2/23/12

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

Ian & Linda Forsyth

Contributor address; City; State; Zip Code

2916 Mossback Ln Austin, TX 78739

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

2/23/12

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

Mary Hernandez

Contributor address; City; State; Zip Code

7207 Bill Hughes Rd Austin, TX 78745

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

2/23/12

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

Rodney & Michele Bryant

Contributor address; City; State; Zip Code

920 Hermitage Dr. Austin, TX 78753

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

3/8/12

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

Mindy Montford

Contributor address; City; State; Zip Code

1100 Guadalupe St. Austin, TX 78701

Amount of contribution (\$)

\$125.00

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 of 7

2 FILER NAME

Sally I. Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/15/12

5 Full name of contributor

AFSCME People

out-of-state PAC (ID#: 11114)

7 Amount of contribution (\$)  
\$1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

11625 L Street NW  
Washington D.C. 20036

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/22/12

Full name of contributor

Brian Roark

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
\$350.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1307 West Ave. Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/12

Full name of contributor

Charles & Ann Brandt

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

12102 Chetland Chase Austin, TX 78727

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/12

Full name of contributor

Herring & Irwin, L.L.P.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

701 Brazos St. Suite 500 Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/12

Full name of contributor

Victoria Ashley

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)  
\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5427 Austral Loop Austin, TX 78739

(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 of 7

2 FILER NAME  
**Sally I. Hernandez**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**2/23/12**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ron & Kathy Rushing**

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

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**87 Firestone Place Meadow Lakes, TX 78654**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**4/19/12**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ron & Kathy Rushing**

Amount of contribution (\$) **\$30.00**

In-kind contribution description (if applicable)  
**500.00**

Contributor address; City; State; Zip Code  
**87 Firestone Place Meadow Lakes, TX 78654**

(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#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

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 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.

<b>1</b> Total pages Schedule F: 1 of 4	<b>2</b> FILER NAME Sally I. Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 1-3-2012	<b>5</b> Payee name Nicholas Chu
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<b>6</b> Amount (\$) 1,000.00	<b>7</b> Payee address; City; State; Zip Code Austin, TX
----------------------------------	---

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

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/12/2012	Payee name Travis County Democratic Party
-------------------	--

Amount (\$) \$125.00	Payee address; City; State; Zip Code 1311 E. 6 <sup>th</sup> Suite B Austin, TX 78702
-------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/12/2012	Payee name CAAAD
-------------------	---------------------

Amount (\$) 100.00	Payee address; City; State; Zip Code Austin, TX
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Sponsorship
-------------------------------	---	--

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

Date 1/21/2012	Payee name Home Depot
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Amount (\$) 86.17	Payee address; City; State; Zip Code 1200 Home Depot Blvd. Sunset Valley, TX 78745
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Supplies for signs
-------------------------------	---	---

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: <b>204</b>	2 FILER NAME <b>Sally I. Hernandez</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>1/6/2012</b>	5 Payee name <b>Worley Printing</b>	
6 Amount (\$) <b>125.57</b>	7 Payee address; City; State; Zip Code <b>3217 N. IH35 Austin, TX 78722</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Literature</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/1/201</b>	Payee name <b>Nicholas Chu</b>	
Amount (\$) <b>1,000.00</b>	Payee address; City; State; Zip Code <b>Austin, TX</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Management</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/1/2012</b>	Payee name <b>Billy Calve</b>	
Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code <b>Austin, TX</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contract labor</b>	Description (If travel outside of Texas, complete Schedule T) <b>Event</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>2/1/2012</b>	Payee name <b>K. T. Musselman</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>Austin, TX</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>Social Media</b>
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.

<b>1</b> Total pages Schedule F: 3 of 4	<b>2</b> FILER NAME Sally I. Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 2/10/2012	<b>5</b> Payee name Worley Printing	
<b>6</b> Amount (\$) 228.41	<b>7</b> Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Literature
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/13/2012	Payee name Austin Tejano 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	Description (If travel outside of Texas, complete Schedule T) Event Program
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/23/2012	Payee name Casa Garcia's	
Amount (\$) 460.38	Payee address; City; State; Zip Code 1000 South Lamar Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/12/2012	Payee name Home Depot	
Amount (\$) 31.04	Payee address; City; State; Zip Code 1200 Home Depot Blvd. Sunset Valley, 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) Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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**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: 4 of 4	<b>2</b> FILER NAME Sally I. Hernandez		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 4/3/2012	<b>5</b> Payee name Kelly Graphics		
<b>6</b> Amount (\$) 1,420.84	<b>7</b> Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Literature	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/4/2012	Payee name K. T. Musselman		
Amount (\$) 250.00	Payee address; City; State; Zip Code Austin, TX		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Contract Labor	Description (If travel outside of Texas, complete Schedule T) Social Media	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 4/18/2012	Payee name Travis County Democratic Party		
Amount (\$) 100.00	Payee address; City; State; Zip Code 1311 E. 6 <sup>th</sup> Suite B Austin, TX 78702		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Travis County Democratic Convention Event	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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/OH	Candidate / Officeholder name	Office sought	Office held

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