

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8721

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: 58
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 EXTENSION 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 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 7 / 1 / 2015    THROUGH    12 / 31 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 2014	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) Travis County Constable Precinct Three	13 OFFICE SOUGHT (if known) Travis County Sheriff	

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Postmarked

Receipt #

Date Processed

Date Imaged

2015 JAN 15 PM 4:57

FILED FOR RECORD

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**  
Hon. Sally Hernandez

**15 ACCOUNT #** (Ethics Commission Filers)

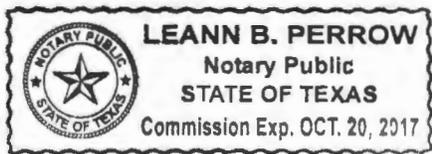
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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  <input type="checkbox"/> additional pages	<b>COMMITTEE TYPE</b>  COMMITTEE NAME <b>Sally Hernandez Campaign</b>
	COMMITTEE ADDRESS <b>P.O. Box 152032, Austin, TX 78717</b>
	COMMITTEE CAMPAIGN TREASURER NAME <b>Ms. Cecilia Crossley</b>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <b>3100 Catalina Dr., Austin, TX 78741</b>

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 46,083.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 41,493.06
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 36,302.62
<b>OUTSTANDING LOAN TOTALS</b>	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 15<sup>th</sup> day of January, 20 16, to certify which, witness my hand and seal of office.

*LeAnn B. Perrow*  
Signature of officer administering oath

LeAnn B. Perrow  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Hon. Sally Hernandez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>46,083.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>41,493.06</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 32	
2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/3/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shane Sexton</b> 6 Contributor address; City; State; Zip Code 4526 Secure Ln., Austin, TX 78725	7 Amount of contribution (\$) <b>\$50</b>	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 7/11/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Danielle Tierney</b> Contributor address; City; State; Zip Code 805 Post Oak St., Austin, TX 78704	Amount of contribution (\$) <b>\$50</b>	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)			
7/12/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hon. Hector Uribe</b> Contributor address; City; State; Zip Code 1105 Elm St., Austin, TX 78703	Amount of contribution (\$) <b>\$150</b>	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 8/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>George Thomas</b> Contributor address; City; State; Zip Code 923 E. 41 <sup>st</sup> , Austin, TX 78751	Amount of contribution (\$) <b>\$25</b>	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 8/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lawrence Sauer</b> Contributor address; City; State; Zip Code 1004 West Ave., Austin, TX 78701	Amount of contribution (\$) <b>\$150</b>	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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 32	
2 FILER NAME Hon. Sally Hernandez				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/18/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of Robert Smith</b>	6 Contributor address; City; State; Zip Code 1004 Nueces St., Austin, TX 78701	7 Amount of contribution (\$) <b>\$500</b>	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 8/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Turner</b>	Contributor address; City; State; Zip Code 1504 West Ave., Austin, TX 78701	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Corby Holcomb</b>	Contributor address; City; State; Zip Code 199 Wild Plum Way, Austin, TX 78701	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Shelby Goodrum</b>	Contributor address; City; State; Zip Code 1212 Grosvener Ct., Austin, TX 78746	Amount of contribution (\$) <b>\$300</b>	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/1/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bruce Fox, Attorney at Law</b>	Contributor address; City; State; Zip Code 404 W. 13 <sup>th</sup> St., Austin, TX 78701	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)	
			(If travel outside of Texas, complete Schedule T)		
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: 32	
2 FILER NAME  Hon. Sally Hernandez				3 ACCOUNT # (Ethics Commission Filers)	
4 Date  9/1/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Mark Littlefield		7 Amount of contribution (\$)  \$250		8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 7906 Henry Kinney Row, Austin, TX, 78749		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date  9/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  William Krumpack		Amount of contribution (\$)  \$1000		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 4104 Cat Mountain, Austin, TX, 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  9/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Janet Crawford		Amount of contribution (\$)  \$25		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 1706 Lloydminster Way, Austin,		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  9/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Gunter, Bennett, & Anthes		Amount of contribution (\$)  \$500		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 600 W. 9 <sup>th</sup> St., Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  9/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Louis Henna, Jr.		Amount of contribution (\$)  \$250		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code P.O. Box 15347, Austin, TX 78761		(If travel outside of Texas, complete Schedule T)	
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: 32	
2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/7/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom &amp; Robbie Ausley</b> 6 Contributor address; City; State; Zip Code 3707 Laurelledge Ln, Austin, TX 78731	7 Amount of contribution (\$) <b>\$250</b>  (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 9/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christopher Perri</b> Contributor address; City; State; Zip Code 7903 Swindon Ln., Austin, TX 78745	Amount of contribution (\$) <b>\$250</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/23/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Clair Dawson Brown</b> Contributor address; City; State; Zip Code 4009 Brookview Rd., Austin, TX 78722	Amount of contribution (\$) <b>\$100</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Virginia Koch Schilz</b> Contributor address; City; State; Zip Code 3616 Claburn Dr., Austin, TX 78759	Amount of contribution (\$) <b>\$50</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sandra Avila Ramirez</b> Contributor address; City; State; Zip Code 5910 West Gate Blvd., Austin, TX 78745	Amount of contribution (\$) <b>\$25</b>  (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: 32	
2 FILER NAME Hon. Sally Hernandez			3 ACCOUNT # (Ethics Commission Filers)		
4 Date 9/26/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Richard Schumacher		7 Amount of contribution (\$)  \$40	8 In-kind contribution description (if applicable)	
		6 Contributor address; City; State; Zip Code 1303 July Dr., Austin, TX 78753	(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 9/26/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Donna Beth McCormick		Amount of contribution (\$)  \$50	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code 5703 Shoalwood Ave., Austin, TX 78756	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/26/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Bryan Case		Amount of contribution (\$)  \$300	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code 3139 Montwood Trl., Austin, TX 78748	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/26/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Carol Mann		Amount of contribution (\$)  \$50	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code 2400 Trailside Dr., Austin, TX 78704	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/26/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Marjorie Wood		Amount of contribution (\$)  \$25	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code 2303 Comburg Castle Way, Austin, TX 78748	(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/26/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosalinda Fierro</b> 6 Contributor address; City; State; Zip Code 902 Plateau Circle, Austin, TX 78745	7 Amount of contribution (\$) <b>\$100</b>  (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 9/26/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Robertson</b> Contributor address; City; State; Zip Code 1010 Oak Meadow Dr., Dripping Springs, TX 78620	Amount of contribution (\$) <b>\$50</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lee Willis</b> Contributor address; City; State; Zip Code 7703 Creekbluff Dr., Austin, TX 78750	Amount of contribution (\$) <b>\$200</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bret Kadison</b> Contributor address; City; State; Zip Code 901 S. Mopac, Austin, TX 78701	Amount of contribution (\$) <b>\$100</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janet Dudley</b> Contributor address; City; State; Zip Code 1127 Coral Bay, San Antonio, TX 78251	Amount of contribution (\$) <b>\$25</b>  (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.				4 Total pages Schedule A: 32	
2 FILER NAME Hon. Sally Hernandez			3 ACCOUNT # (Ethics Commission Filers)		
4 Date 11/4/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Deborah McMullen</b>		7 Amount of contribution (\$) <b>\$25</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 8001 Hwy. 71 W., Apt. D-104, Austin, TX 78735		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cynthia Arevalo</b>		Amount of contribution (\$) <b>\$75</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 121 Lillie Robyn Ln., Buda, TX 78610		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Margarita Pena</b>		Amount of contribution (\$) <b>\$125</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 103 Awehi Ln., Bastrop, TX 78602		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rosetta Cervantez</b>		Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1100 San Augustine Dr., Austin, TX 78733		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alelhie Valencia</b>		Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 11110 Terrace Bluff Dr., Austin, TX 78754		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/4/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Javier Huerta Insurance Agency 6 Contributor address; City; State; Zip Code 13413 Kinder Pass, Austin, TX 78727	7 Amount of contribution (\$)  \$125  (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 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Raul Gonzalez Contributor address; City; State; Zip Code 1109 Blair Way, Austin, TX 78704	Amount of contribution (\$)  \$100  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Randy Moreno Contributor address; City; State; Zip Code 2210 S. 3 <sup>rd</sup> St., Austin, TX 78704	Amount of contribution (\$)  \$50  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Meza 2300 LLC Contributor address; City; State; Zip Code 2300 E. Cesar Chavez St., Austin, TX 78702	Amount of contribution (\$)  \$500  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Frank Ortega Contributor address; City; State; Zip Code 11915 Stonehollow Dr., #1623, Austin, TX 78758	Amount of contribution (\$)  \$25  (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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## SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 32	
2 FILER NAME  Hon. Sally Hernandez			3 ACCOUNT # (Ethics Commission Filers)		
4 Date  11/4/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Flynn Lee	7 Amount of contribution (\$)  \$30	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code  P.O. Box 202, Austin, TX 78767		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date  11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  John Castillo	Amount of contribution (\$)  \$25	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code  1106 Red River, Lockhart, TX 78644		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Dana Bartholomew	Amount of contribution (\$)  \$40	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code  P.O. Box 252, Pflugerville, TX 78691		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Joe Rodriguez	Amount of contribution (\$)  \$50	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code  2305 Arnie Ln., Round Rock, TX 78664		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Clara Carlos	Amount of contribution (\$)  \$25	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code  112 Bloomsbury Dr., Kyle, TX 78640		(If travel outside of Texas, complete Schedule T)			
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: 32	
2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/4/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose Hernandez</b> 6 Contributor address; City; State; Zip Code 5404 Pecan Brook Dr., Austin, TX 78724	7 Amount of contribution (\$) <b>\$30</b>  (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 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lee Ann Parrow</b> Contributor address; City; State; Zip Code 12701 Poquoson Dr., Austin, TX 78724	Amount of contribution (\$) <b>\$25</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Todd Sumrall</b> Contributor address; City; State; Zip Code 4416 Hunters Ledge Dr., Round Rock, TX 78681	Amount of contribution (\$) <b>\$20</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Schnautz</b> Contributor address; City; State; Zip Code 304 Comanche Circle, Hutto, TX 78634	Amount of contribution (\$) <b>\$20</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donnie Williamson</b> Contributor address; City; State; Zip Code 138 Black Bear Ct., Dripping Springs, TX 78620	Amount of contribution (\$) <b>\$70</b>  (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

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1 Total pages Schedule A:

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2 FILER NAME  
Hon. Sally Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
11/4/15

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

**Xavier Montalvo**

6 Contributor address; City; State; Zip Code

7501 Vol Walker Dr., Austin, TX 78749

7 Amount of contribution (\$)  
  
**\$55**

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  
11/5/15

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

**Jeannette McPherson**

Contributor address; City; State; Zip Code

1000 Chattanooga, Llano, TX 78643

Amount of contribution (\$)  
  
**\$50**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/5/15

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

**Mack Ray Hernandez**

Contributor address; City; State; Zip Code

901 S. Mopac Expy, Barton Oaks Plaza 1, Ste. 300,  
Austin, TX 78746

Amount of contribution (\$)  
  
**\$150**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/7/15

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

**Shane Sexton**

Contributor address; City; State; Zip Code

4526 Secure Ln., Austin, TX 78725

Amount of contribution (\$)  
  
**\$50**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/13/15

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

**Bonnie Mills**

Contributor address; City; State; Zip Code

4702 Shadow Ln., Austin, TX 78731

Amount of contribution (\$)  
  
**\$500**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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: 32	
2 FILER NAME Hon. Sally Hernandez			3 ACCOUNT # (Ethics Commission Filers)		
4 Date 11/18/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deborah Dunn	6 Contributor address; City; State; Zip Code 4902 Tortuga Trl., Austin, TX 78731	7 Amount of contribution (\$) \$35	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 11/19/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kenneth Evans	Contributor address; City; State; Zip Code 100 Silkstone, Hutto, TX 78634	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					
Date 11/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kathrin Brewer	Contributor address; City; State; Zip Code 714 Wayside Dr., Austin, TX 78731	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					
Date 11/23/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jessica Zak	Contributor address; City; State; Zip Code 2570 Los Alamos Pass, Round Rock, TX 78665	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					
Date 11/27/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rebecca Wolfe Spratlin	Contributor address; City; State; Zip Code 3403 Monte Vista Dr., Austin, TX 78731	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:  
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2 FILER NAME

Hon. Sally Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12/3/15

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

Fred Lewis

6 Contributor address; City; State; Zip Code

4902 Tortuga Trl., Austin, TX 78731

7 Amount of contribution (\$)

\$100

(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

12/3/15

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

Rossana Barrios

Contributor address; City; State; Zip Code

7452 Pusch Ridge Loop, Austin, TX 78749

Amount of contribution (\$)

\$100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/15

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

Janis Pinnelli

Contributor address; City; State; Zip Code

P.O. Box 50038, Austin, TX 78763

Amount of contribution (\$)

\$500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/15

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

Cecilia Crossley

Contributor address; City; State; Zip Code

3100 Catalina Dr., Austin, TX 78741

Amount of contribution (\$)

\$25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/3/15

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

Patsy Woods Martin

Contributor address; City; State; Zip Code

P.O. Box 5543, Austin, TX 78763

Amount of contribution (\$)

\$1000

(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: 32	
2 FILER NAME Hon. Sally Hernandez				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/3/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Agnew & Chuck Herring	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 1204 Castle Hill, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherri Tibbe	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1301 Rio Grande St., Austin, TX 78701		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm Nettles	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 2909 Riviera Rd., Austin, TX 78733		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy & Amar Doyen	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 2710 Bobby Ln., Austin, TX 78745		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Craig	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 913 Sirocco Dr., Austin, TX 78745		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/3/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Donna Beth McCormick 6 Contributor address; City; State; Zip Code 5703 Shoalwood Ave., Austin, TX 78756	7 Amount of contribution (\$)  \$50  (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 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Law Office of David Chambers, LLC Contributor address; City; State; Zip Code 1104 Nueces St., Austin, TX 78701	Amount of contribution (\$)  \$500  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Eliza May Contributor address; City; State; Zip Code 4813 Eagle Feather Dr., Austin, TX 78735	Amount of contribution (\$)  \$125  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Hon. Bill Aleshire Contributor address; City; State; Zip Code 3605 Shady Valley Dr., Austin, TX 78739	Amount of contribution (\$)  \$250  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Heather Busby Contributor address; City; State; Zip Code 10316 E. Rutland Vlg, Austin, TX 78758	Amount of contribution (\$)  \$50  (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

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2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/3/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Neal</b> 6 Contributor address; City; State; Zip Code 810 Blue Spring Circle, Round Rock, TX 78681	7 Amount of contribution (\$) <b>\$125</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of Betty Blackwell</b> Contributor address; City; State; Zip Code 1306 Nueces St., Austin, TX 78701	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>The Law Offices of Brian Roark, PC</b> Contributor address; City; State; Zip Code 1307 Nueces St., Austin, TX 78701	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Beverly Evans</b> Contributor address; City; State; Zip Code 113 Bluejack Pl., Cedar Park, TX 78613	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Whitley</b> Contributor address; City; State; Zip Code 535 S. Mesa Hills Dr., Apt. 1121, El Paso, TX 79912	Amount of contribution (\$) <b>\$100</b>	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: 32	
2 FILER NAME Hon. Sally Hernandez			3 ACCOUNT # (Ethics Commission Filers)		
4 Date 12/4/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Orr	6 Contributor address; City; State; Zip Code 1107 Nueces St., Austin, TX 78701	7 Amount of contribution (\$) \$500	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 12/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa Whaley	Contributor address; City; State; Zip Code 1403 Foxwood Cv., Austin, TX 78704	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					
Date 12/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Matthew Shrum, PLLC	Contributor address; City; State; Zip Code 808 West Ave., Suite A, Austin, TX 78701	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					
Date 12/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanca Zamora Garcia	Contributor address; City; State; Zip Code 1715 S. 1 <sup>st</sup> St., Austin, TX 78704	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					
Date 12/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Silas	Contributor address; City; State; Zip Code 1843 Coronado Hills Dr., Austin, TX 78752	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					
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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: 32	
2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/7/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Carol Ann & David Riedle 6 Contributor address; City; State; Zip Code 181 Hwy. 286 E, Conway, AR 72032	7 Amount of contribution (\$)  \$25	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 12/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Alide Webb Contributor address; City; State; Zip Code 1034 Liberty Park #1127, Austin, TX 78746	Amount of contribution (\$)  \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 12/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Ellen Halbert Contributor address; City; State; Zip Code 5105 Scenic View Dr., Austin, TX 78746	Amount of contribution (\$)  \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 12/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Ramey Ko Contributor address; City; State; Zip Code 4504 Ruiz St., Austin, TX 78723	Amount of contribution (\$)  \$103	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date 12/8/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Charlotte Herzele Contributor address; City; State; Zip Code 3916 Avenue H, Austin, TX 78751	Amount of contribution (\$)  \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/8/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Carol Vance 6 Contributor address; City; State; Zip Code 3233 Doe Run, Austin, TX 78738	7 Amount of contribution (\$)  \$250  (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 12/9/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Hon. Bruce Todd Contributor address; City; State; Zip Code 7629 Rockpoint Dr., Austin, TX 78731	Amount of contribution (\$)  \$100  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/9/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Marc & Suzanne Winkelman Contributor address; City; State; Zip Code 304 Hillcrest Ct., Austin, TX 78746	Amount of contribution (\$)  \$500  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Brenda Collier Contributor address; City; State; Zip Code P.O. Box 41418, Austin, TX 78704	Amount of contribution (\$)  \$100  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/11/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Leroy Nellis Contributor address; City; State; Zip Code 6418 Zadock Woods Dr., Austin, TX 78749	Amount of contribution (\$)  \$300  (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: 32	
2 FILER NAME Hon. Sally Hernandez			3 ACCOUNT # (Ethics Commission Filers)		
4 Date 12/11/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Rodriguez</b>	6 Contributor address; City; State; Zip Code 2305 Arnie Ln., Round Rock, TX 78664	7 Amount of contribution (\$) <b>\$50</b>	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 12/12/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve Turro</b>	Contributor address; City; State; Zip Code 404 W. 13 <sup>th</sup> St., Austin, TX 78701	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/13/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Law Office of James Gill</b>	Contributor address; City; State; Zip Code 2911 Kasserine Pass, Austin, TX 78704	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/13/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert McFarland</b>	Contributor address; City; State; Zip Code 4109 Rosedale Ave., Austin, TX 78756	Amount of contribution (\$) <b>\$250</b>	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/14/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Todd C. Harris</b>	Contributor address; City; State; Zip Code 1600 W. 38 <sup>th</sup> St., Ste. 305, Austin, TX 78731	Amount of contribution (\$) <b>\$1000</b>	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: 32	
2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/14/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Scott Blech 6 Contributor address; City; State; Zip Code 3503 Needles Dr., Austin, TX 78746	7 Amount of contribution (\$)  \$25  (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 12/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Deborah Tucker Contributor address; City; State; Zip Code 4612 Shoal Creek Blvd., Austin, TX 78756	Amount of contribution (\$)  \$25  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Samuel Bassett Contributor address; City; State; Zip Code 1100 Guadalupe St., Austin, TX 78701	Amount of contribution (\$)  \$500  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Vicki Skinner Contributor address; City; State; Zip Code 4405 Travis County Circle, Austin, TX 78735	Amount of contribution (\$)  \$100  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Beverly Dale Contributor address; City; State; Zip Code 1111 W. 12 <sup>th</sup> St., Apt. 115, Austin, TX 78703	Amount of contribution (\$)  \$1000  (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: 32	
2 FILER NAME Hon. Sally Hernandez				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/16/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher Perri	6 Contributor address; City; State; Zip Code 1504 West Ave., Austin, TX 78701	7 Amount of contribution (\$) \$100	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 12/16/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James Benson	Contributor address; City; State; Zip Code 2130 Lee Hwy., Arlington, VA 22201	Amount of contribution (\$) \$5	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					
Date 12/16/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joe Taylor	Contributor address; City; State; Zip Code P.O. Box 1521, Austin, TX 78767	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					
Date 12/16/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tex Martin	Contributor address; City; State; Zip Code 2006 Shephards Hill, Sugarland, TX 77479	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					
Date 12/17/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jade Chang Sheppard	Contributor address; City; State; Zip Code 12425 Dorsett Dr., Austin, TX 78727	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
(If travel outside of Texas, complete Schedule T)					

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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: 32	
2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/18/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Janis Pinnelli</b> 6 Contributor address; City; State; Zip Code P.O. Box 50038, Austin, TX 78767	7 Amount of contribution (\$) <b>\$5000</b>  (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 12/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Darwin McKee</b> Contributor address; City; State; Zip Code P.O. Box 14105, Austin, TX 78761	Amount of contribution (\$) <b>\$200</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Richard Cofer</b> Contributor address; City; State; Zip Code 1212 Castle Hill, No. 14, Austin, TX 78703	Amount of contribution (\$) <b>\$1000</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/20/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ann Brandt</b> Contributor address; City; State; Zip Code 12102 Shetland Chase, Austin, TX 78727	Amount of contribution (\$) <b>\$500</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/21/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Law Office of Rachel D. Rogers, PLLC</b> Contributor address; City; State; Zip Code 818 W. 10 <sup>th</sup> St., Austin, TX 78701	Amount of contribution (\$) <b>\$250</b>  (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

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2 FILER NAME Hon. Sally Hernandez				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/22/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reagan Reaud</b>	7 Amount of contribution (\$) <b>\$5000</b>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 98 San Jacinto Blvd., Ste. 1400, Austin, TX 78701		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 12/22/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tom Washmon</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 3116 Cavalcade Ct., Austin, TX 78746		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/28/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ryann Reaud</b>	Amount of contribution (\$) <b>\$3000</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 101 Colorado St., Apt. 1908, Austin, TX 78701		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Corby Holcomb</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 199 Wild Plum Way, Austin, TX 78737		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bennie Ray</b>	Amount of contribution (\$) <b>\$200</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 710 W. 14 <sup>th</sup> St., Suite C, Austin, TX 78701		(If travel outside of Texas, complete Schedule T)			
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: 32	
2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/29/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gunter, Bennett, &amp; Anthes</b> 6 Contributor address; City; State; Zip Code 600 W. 9 <sup>th</sup> St., Austin, TX 78701	7 Amount of contribution (\$) <b>\$500</b>  (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 12/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laura Hernandez Volluz</b> Contributor address; City; State; Zip Code 7309 Aemilian Way, Austin, TX 78730	Amount of contribution (\$) <b>\$1000</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Catherine Mauzy</b> Contributor address; City; State; Zip Code 5203 Shoal Creek Blvd., Austin, TX 78756	Amount of contribution (\$) <b>\$150</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/29/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Betty Kennedy</b> Contributor address; City; State; Zip Code 12013 Grey Rock Dr., Austin, TX 78750	Amount of contribution (\$) <b>\$25</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Adam Loewy</b> Contributor address; City; State; Zip Code 111 Congress Ave., Austin, TX 78701	Amount of contribution (\$) <b>\$1500</b>  (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:

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2 FILER NAME  
Hon. Sally Hernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
12/30/15

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

**Matt Buelow**

6 Contributor address; City; State; Zip Code  
2714 Bobby Ln., Austin, TX 78745

7 Amount of contribution (\$)  
**\$350**

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  
12/30/15

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

**Mark Sampson**

Contributor address; City; State; Zip Code  
605 W. Oltorf St., Austin, TX 78704

Amount of contribution (\$)  
**\$250**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/30/15

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

**Austin Kaplan**

Contributor address; City; State; Zip Code  
504 Leland Dr., Austin, TX 78704

Amount of contribution (\$)  
**\$100**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/31/15

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

**Andrea Meza**

Contributor address; City; State; Zip Code  
6805 Wood Hollow Dr., Apt. 219, Austin, TX 78731

Amount of contribution (\$)  
**\$25**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/31/15

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

**Gregory Burton**

Contributor address; City; State; Zip Code  
7121 Hart Ln. #1111, Austin, TX 78731

Amount of contribution (\$)  
**\$100**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Hon. Sally Hernandez			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/31/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alexandra Manautou</b>	7 Amount of contribution (\$) <b>\$5</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 10209 Milky Way Dr., Austin, TX 78730		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joe Bill Watkins</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 200 Sky Line Dr., Austin, TX 78746		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jaime Garcia</b>	Amount of contribution (\$) <b>\$25</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8507 Mahogany Ct., Laredo, TX 78045		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Grant Wiles</b>	Amount of contribution (\$) <b>\$10</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 8109 Sunscap Ct., Fort Worth, TX 76123		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela Moreno</b>	Amount of contribution (\$) <b>\$5</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 1809 Westview Terrance, Apt. X, Arlington, TX 76013		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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## SCHEDULE A

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2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/31/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Walter Timberlake</b> 6 Contributor address; City; State; Zip Code 2006 Bouldin Ave., Austin, TX 78704	7 Amount of contribution (\$) <b>\$50</b>  (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 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathryn Garza</b> Contributor address; City; State; Zip Code 6200 Pershing Ave., Fort Worth, TX 76116	Amount of contribution (\$) <b>\$10</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mark Hull</b> Contributor address; City; State; Zip Code 200 Congress Ave., Unit 13C, Austin, TX 78701	Amount of contribution (\$) <b>\$1000</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Billy Calve</b> Contributor address; City; State; Zip Code 4900 Medical Dr., San Antonio, TX 78229	Amount of contribution (\$) <b>\$25</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lindsey Quiroga</b> Contributor address; City; State; Zip Code 7708 Islander Dr., Austin, TX 78749	Amount of contribution (\$) <b>\$20</b>  (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: 32	
2 FILER NAME Hon. Sally Hernandez				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/31/15	5 Full name of contributor Jeff White <input type="checkbox"/> out-of-state PAC (ID# _____)	6 Contributor address; City; State; Zip Code P.O. Box 243, Driftwood, TX, 78619	7 Amount of contribution (\$) \$50  (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 12/31/15	Full name of contributor Cicely Kay <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address; City; State; Zip Code 706 W. Center St., Kyle, TX 78640	Amount of contribution (\$) \$15  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/31/15	Full name of contributor Larry Gilbert <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address; City; State; Zip Code 37 Doolittle, Wimberly, TX 78676	Amount of contribution (\$) \$250  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/31/15	Full name of contributor Andrew Simpson <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address; City; State; Zip Code 146 Mansfield #3, New Haven, CT 65110	Amount of contribution (\$) \$15  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/31/15	Full name of contributor Andrew Houston <input type="checkbox"/> out-of-state PAC (ID# _____)	Contributor address; City; State; Zip Code 3715 Tom Green, Unit B, Austin, TX 78705	Amount of contribution (\$) \$10  (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: <b>32</b>
2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)		
4 Date <b>12/31/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Karl-Thomas Musselman</b>	7 Amount of contribution (\$) <b>\$10</b>	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code <b>2819 Foster Ln. #F224, Austin, TX 78757</b>		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date <b>12/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Abdurrahman Allawala</b>	Amount of contribution (\$) <b>\$10</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>2665 Geneva Ave., Unit 321, Daly City, CA 94014</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>12/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jaustin Ohueri</b>	Amount of contribution (\$) <b>\$50</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>5749 Signal Point, Austin, TX 78724</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>12/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jessica Zak</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>3700 N. IH-35, Austin, TX 78705</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <b>12/31/15</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Linda &amp; Ian Forsyth</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code <b>2916 Mossback Ln., Austin, TX 78739</b>		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Hon. Sally Hernandez			3 ACCOUNT # (Ethics Commission Filers)		
4 Date 12/31/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Eva Gonzales</b>	7 Amount of contribution (\$) <b>\$50</b>	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 7100 Whispering Oaks Dr., Austin, TX 78745		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Dawn McLean</b>	Amount of contribution (\$) <b>\$100</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 154 Palo Duro Dr., Austin, TX 78612		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/31/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Cecil Scantlin</b>	Amount of contribution (\$) <b>\$1000</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 7503 Dawn Mist Ct., Austin, TX 77479		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/4/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Christopher Dorbandt</b>	Amount of contribution (\$) <b>\$500</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 7000 N. Mopac Expy #200, Austin, TX 78731		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 12/25/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Steve Silva</b>	Amount of contribution (\$) <b>\$25</b>	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 6315 Santee, San Antonio, TX 78240		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/26/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Judy Shipley</b> 6 Contributor address; City; State; Zip Code 1924 Sutherland Springs Rd., Floresville, TX 78114	7 Amount of contribution (\$) <b>\$100</b> <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 12/9/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lenora Hernandez</b> Contributor address; City; State; Zip Code 154 Palo Duro Dr., Austin, TX 78612	Amount of contribution (\$) <b>\$50</b> <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	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)	
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)	
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)	

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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: 1 of 23	<b>2</b> FILER NAME Hon. Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 7/1/15	<b>5</b> Payee name GNI Strategies
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<b>6</b> Amount (\$) \$1,425.15	<b>7</b> Payee address; City; State; Zip Code 401 W. 15 <sup>th</sup> St., Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<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) Communications Consultant
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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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<b>Date</b> 7/1/15	<b>Payee name</b> Carisa Lopez
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<b>Amount (\$)</b> \$563.27	<b>Payee address; City; State; Zip Code</b> 3200 S. 1 <sup>st</sup> St., Apt. 1002, Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Consulting Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Fundraising Consultant
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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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<b>Date</b> 7/8/15	<b>Payee name</b> CVS Pharmacy
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<b>Amount (\$)</b> \$19.60	<b>Payee address; City; State; Zip Code</b> 2101 S. Lamar Blvd., Unit B, Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Fees	<b>Description</b> (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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<b>Date</b> 7/8/15	<b>Payee name</b> Travis County Credit Union
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<b>Amount (\$)</b> \$0.10	<b>Payee address; City; State; Zip Code</b> 1101 N. IH-35, Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Accounting/Banking	<b>Description</b> (If travel outside of Texas, complete Schedule T) Fees
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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.

<b>1</b> Total pages Schedule F: 2 of 23	<b>2</b> FILER NAME Hon. Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 7/8/15	<b>5</b> Payee name HEB
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<b>6</b> Amount (\$) \$91.71	<b>7</b> Payee address; City; State; Zip Code 2701 E. 7 <sup>th</sup> St., Austin, TX 78702
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Food & Refreshments
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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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<b>Date</b> 7/9/15	<b>Payee name</b> Travis County Credit Union
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<b>Amount (\$)</b> \$0.10	<b>Payee address; City; State; Zip Code</b> 1101 N. IH-35, Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Accounting/Banking	<b>Description</b> (If travel outside of Texas, complete Schedule T) Fees
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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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<b>Date</b> 7/15/15	<b>Payee name</b> Carisa Lopez
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<b>Amount (\$)</b> \$564.70	<b>Payee address; City; State; Zip Code</b> 3200 S. 1 <sup>st</sup> St., Apt. 1002, Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Consulting Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Fundraising Consultant
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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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<b>Date</b> 7/17/15	<b>Payee name</b> GNI Strategies
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<b>Amount (\$)</b> \$2,016.93	<b>Payee address; City; State; Zip Code</b> 401 W. 15 <sup>th</sup> St., Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Consulting Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) Communication Consultant
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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.

<b>1</b> Total pages Schedule F: 3 of 23	<b>2</b> FILER NAME Hon. Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 7/19/15	<b>5</b> Payee name Liberal Austin Democrats		
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 19212 Jonah Lee Ct., Manor, TX 78653		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Gift/Award/Memorials Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Sponsorship	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/2/15	Payee name Stonewall Democrats		
Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 40898, Austin, TX 78704		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Gift/Award/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) Sponsorship	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/3/15	Payee name Carisa Lopez		
Amount (\$) \$550.00	Payee address; City; State; Zip Code 3200 S. 1 <sup>st</sup> St., Apt. 1002, Austin, TX 78704		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Fundraising Consultant	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8/3/15	Payee name CheckMark Typesetting		
Amount (\$) \$259.80	Payee address; City; State; Zip Code 3217 N. IH-35, Austin, TX 78722		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Event Sponsor board	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 23	<b>2</b> FILER NAME Hon. Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 8/13/15	<b>5</b> Payee name Carisa Lopez
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<b>6</b> Amount (\$) \$550.00	<b>7</b> Payee address; City; State; Zip Code 3200 S. 1 <sup>st</sup> St., Apt. 1002, Austin, TX 78704
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<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) Fundraising Consultant
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/13/15	Payee name GNI Strategies
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Amount (\$) \$2000.00	Payee address; City; State; Zip Code 401 W. 15 <sup>th</sup> St., Ste. 695, Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Communications Consultant
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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 8/22/15	Payee name USPS
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Amount (\$) \$56.00	Payee address; City; State; Zip Code 7310 Manchaca Rd., Austin, TX 78745
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Post Office Box
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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 9/1/15	Payee name Carisa Lopez
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Amount (\$) \$550.00	Payee address; City; State; Zip Code 3200 S. 1 <sup>st</sup> St., Apt. 1002, Austin, TX 78704
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Fundraising Consultant
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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.

<b>1</b> Total pages Schedule F: 5 of 23	<b>2</b> FILER NAME Hon. Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 9/2/15	<b>5</b> Payee name Pedro Villalobos
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<b>6</b> Amount (\$) \$1000.00	<b>7</b> Payee address; City; State; Zip Code 203 W. Odell St., Austin, TX 78752
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See categories listed at the top of this schedule) Consulting Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) Policy Analyst
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/15	Payee name AFL-CIO
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Amount (\$) \$310.00	Payee address; City; State; Zip Code P.O. Box 87, Austin, TX 78767
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Gift/Award/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) Annual Fish Fry Advertisement
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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 9/12/15	Payee name Texas Democratic Party
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Amount (\$) \$30.00	Payee address; City; State; Zip Code 1106 Lavaca St., Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Ticket Entry
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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 9/13/15	Payee name Travis County Credit Union
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Amount (\$) \$0.10	Payee address; City; State; Zip Code 1101 N. IH-35, Austin, TX 78702
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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.

<b>1</b> Total pages Schedule F: 6 of 23	<b>2</b> FILER NAME Hon. Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 9/12/15	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) \$49.00	<b>7</b> Payee address; City; State; Zip Code 6104 Old Fredericksburg Rd., Austin, TX 78749	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Postage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 9/15/15	Payee name Carisa Lopez	
Amount (\$) \$550.00	Payee address; City; State; Zip Code 3200 S. 1 <sup>st</sup> St., Apt. 1002, Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Consultant Expense	Description (If travel outside of Texas, complete Schedule T) Fundraising Consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 9/15/15	Payee name CheckMark Typesetting	
Amount (\$) \$160.21	Payee address; City; State; Zip Code 3217 N. IH-35, Austin, TX 78722	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Business Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 9/16/15	Payee name CVS Pharmacy	
Amount (\$) \$19.60	Payee address; City; State; Zip Code 2101 S. Lamar Blvd., Unit B, Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Postage
Complete <u>ONLY</u> 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: 7 of 23	<b>2</b> FILER NAME Hon. Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 9/17/15	<b>5</b> Payee name Travis County Credit Union	
<b>6</b> Amount (\$) \$0.10	<b>7</b> Payee address; City; State; Zip Code 1101 N. IH-35, Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 9/19/15	Payee name GNI Strategies	
Amount (\$) \$2,328.33	Payee address; City; State; Zip Code 401 W. 15 <sup>th</sup> St., Ste. 695, Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Communications Consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 9/25/15	Payee name CheckMark Typsetting	
Amount (\$) \$64.95	Payee address; City; State; Zip Code 3217 N. IH-35, Austin, TX 78722	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Event Sponsor Board
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 10/1/15	Payee name Carisa Lopez	
Amount (\$) \$550.00	Payee address; City; State; Zip Code 3200 S. 1 <sup>st</sup> St., Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Consultant Expense	Description (If travel outside of Texas, complete Schedule T) Fundraising Consultant
Complete <u>ONLY</u> 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: 8 of 23	<b>2</b> FILER NAME Hon. Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/5/15	<b>5</b> Payee name Pedro Villalobos	
<b>6</b> Amount (\$) \$1500.00	<b>7</b> Payee address; City; State; Zip Code 203 W. Odell St., Austin, TX 78752	
<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) Policy Analyst
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 10/19/15	Payee name Carisa Lopez	
Amount (\$) \$550.00	Payee address; City; State; Zip Code 3200 S. 1 <sup>st</sup> St., Apt. 1002, Austin, TX 78704	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Fundraising Consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 10/21/15	Payee name GNI Strategies	
Amount (\$) \$2135.08	Payee address; City; State; Zip Code 401 W. 15 <sup>th</sup> St., Ste. 695, Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Communications Consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 10/26/15	Payee name Black Austin Democrats	
Amount (\$) \$30.00	Payee address; City; State; Zip Code P.O. Box 212, Austin, TX 78767	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Annual Membership Dues
Complete <u>ONLY</u> 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: 9 of 23	<b>2</b> FILER NAME Hon. Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/26/15	<b>5</b> Payee name Liberal Austin Democrats	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 19212 Jonah Lee Ct., Manor, TX 78653	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Annual Membership Dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/26/15	Payee name South Austin Democrats	
Amount (\$) \$55.00	Payee address; City; State; Zip Code P.O. Box 152592, Austin, TX 78715	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift/Award/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/27/15	Payee name Travis County Credit Union	
Amount (\$) \$0.10	Payee address; City; State; Zip Code 1101 N. IH-35, Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 10/27/15	Payee name Travis County Credit Union	
Amount (\$) \$0.10	Payee address; City; State; Zip Code 1101 N. IH-35, Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
Complete <u>ONLY</u> 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: 10 of 23	<b>2</b> FILER NAME Hon. Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 11/3/15	<b>5</b> Payee name Juan in a Million	
<b>6</b> Amount (\$) \$476.30	<b>7</b> Payee address; City; State; Zip Code 2300 E. Cesar Chavez St., Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Food & Refreshments
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 11/4/15	Payee name Carisa Lopez	
Amount (\$) \$725.00	Payee address; City; State; Zip Code 3200 S. 1 <sup>st</sup> St., Apt. 1002, Austin, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Fundraising Consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 11/4/15	Payee name Pedro Villalobos	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 203 W. Odell St., Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Policy Analyst
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 11/11/15	Payee name CheckMark Typesetting	
Amount (\$) \$70.36	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) Event Sponsor Board
Complete <u>ONLY</u> 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: 11 of 23	<b>2</b> FILER NAME Hon. Sally Hernandez	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 11/23/15	<b>5</b> Payee name GNI Strategies	
<b>6</b> Amount (\$) \$2153.09	<b>7</b> Payee address; City; State; Zip Code 401 W. 15 <sup>th</sup> St., Austin, TX 78701	
<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) Communications Consultant
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 11/30/15	Payee name NAACP- Austin Chapter	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1709 E. 12 <sup>th</sup> St., Austin, TX 78702	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Ticket Entry
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 11/30/15	Payee name Travis County Credit Union	
Amount (\$) \$0.10	Payee address; City; State; Zip Code 1101 N. IH-35, Austin, TX 78702	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 12/3/15	Payee name OfficeMax	
Amount (\$) \$70.35	Payee address; City; State; Zip Code 907 W. 5 <sup>th</sup> St., Austin, TX 78701	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Office Supplies
Complete <u>ONLY</u> 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.

1 Total pages Schedule F: 12 of 23	2 FILER NAME Hon. Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/3/15	5 Payee name Travis County Credit Union
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6 Amount (\$) \$0.10	7 Payee address; City; State; Zip Code 1101 N. IH-35, Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Fees
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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 12/3/15	Payee name El Mercado-Uptown
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Amount (\$) \$1000.82	Payee address; City; State; Zip Code 1702 Lavaca St., Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Food & Refreshments
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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 12/3/15	Payee name Travis County Credit Union
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Amount (\$) \$0.10	Payee address; City; State; Zip Code 1101 N. IH-35, Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 12/3/15	Payee name Pedro Villalobos
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Amount (\$) \$525.00	Payee address; City; State; Zip Code 203 W. Odell St., Austin, TX 78752
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Policy Analyst
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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.

1 Total pages Schedule F: 13 of 23		2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/11/15		5 Payee name Travis County Credit Union			
6 Amount (\$) \$20.95		7 Payee address; City; State; Zip Code 1101 N. IH-35, Austin, TX 78702			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) Check Re-order	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/11/15		Payee name Travis County Democratic Party			
Amount (\$) \$1250.00		Payee address; City; State; Zip Code 1311 E. 6 <sup>th</sup> St., Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Filing Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/11/15		Payee name Travis County Democratic Party			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1311 E. 6 <sup>th</sup> St., Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Gifts/Awards/Memorial 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 12/15/15		Payee name USPS			
Amount (\$) \$19.60		Payee address; City; State; Zip Code 111 E. 17 <sup>th</sup> St., Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Other		Description (If travel outside of Texas, complete Schedule T) Postage	
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.

1 Total pages Schedule F: 14 of 23	2 FILER NAME Hon. Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/15/15	5 Payee name Jovita Pardo
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6 Amount (\$) \$1750.00	7 Payee address; City; State; Zip Code 115 Coleman St., Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Campaign Manager
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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 12/15/15	Payee name Jennifer Ramos
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Amount (\$) \$182.00	Payee address; City; State; Zip Code 501 E. Stassney, Apt. 630, Austin, TX 78745
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Field Organizer
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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 12/15/15	Payee name Antonio Hernandez
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Amount (\$) \$273.00	Payee address; City; State; Zip Code 2202 N. 44 <sup>th</sup> Ln., McAllen, TX 78501
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Field Organizer
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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 12/15/15	Payee name Fernando Domene
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Amount (\$) \$52.00	Payee address; City; State; Zip Code 2510 Leon St., Apt. #508, Brownsville, TX 78526
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Field Organizer
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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.

1 Total pages Schedule F: 15 of 23	2 FILER NAME Hon. Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/15/15	5 Payee name Dustin Greer	
6 Amount (\$) \$48.00	7 Payee address; City; State; Zip Code 4805 E. Oltorf St., Unit A, Austin, TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) Field Organizer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/15/15	Payee name Alexander Anstead	
Amount (\$) \$71.50	Payee address; City; State; Zip Code 4600 W. Guadalupe St., B141, Austin, TX 78751	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Field Organizer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/15/15	Payee name Tiana Lopez	
Amount (\$) \$108.00	Payee address; City; State; Zip Code 5100 Fairview Dr., Austin, TX 78731	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Field Organizer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/16/15	Payee name Travis County Credit Union	
Amount (\$) \$0.10	Payee address; City; State; Zip Code 1101 N. IH-35, Austin, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
Complete <u>ONLY</u> 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.

1 Total pages Schedule F: 16 of 23	2 FILER NAME Hon. Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/16/15	5 Payee name USPS
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6 Amount (\$) \$19.60	7 Payee address; City; State; Zip Code 111 E. 17 <sup>th</sup> St., Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Postage
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/17/15	Payee name CheckMark Typesetting
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Amount (\$) \$3,283.49	Payee address; City; State; Zip Code 3217 N. IH-35, Austin, TX 78722
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Yard Signs
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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 12/18/15	Payee name West Austin Democrats
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Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 50064, Austin, TX 78763
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Annual Membership Dues
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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 12/24/15	Payee name InFocus Campaigns
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Amount (\$) \$6,186.76	Payee address; City; State; Zip Code P.O. Box 10726, Fort Worth, TX 76114
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Voter Contact Calls
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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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**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: 17 of 23		2 FILER NAME Hon. Sally Hernandez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/24/15		5 Payee name Worley Printing			
6 Amount (\$) \$993.74		7 Payee address; City; State; Zip Code 3217 N. IH-35, Austin, TX 78722			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Collateral	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/28/15		Payee name Kelly Graphics			
Amount (\$) \$2,688.93		Payee address; City; State; Zip Code 1409 Quaker Ridge, Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Push Cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/29/15		Payee name CheckMark Typesetting			
Amount (\$) \$102.84		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) Collateral	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/30/15		Payee name Stonewall Democrats			
Amount (\$) \$30.00		Payee address; City; State; Zip Code P.O. Box 40898, Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Annual Membership Dues	
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.

1 Total pages Schedule F: 18 of 23	2 FILER NAME Hon. Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/30/15	5 Payee name Travis County Credit Union
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6 Amount (\$) \$0.10	7 Payee address; City; State; Zip Code 1101 N. IH-35, Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Fees
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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 7/3/15	Payee name Paypal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 7/11/15	Payee name Paypal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 8/6/15	Payee name Paypal
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Amount (\$) \$1.03	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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.

1 Total pages Schedule F: 19 of 23	2 FILER NAME Hon. Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/18/15	5 Payee name Paypal
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6 Amount (\$) \$4.65	7 Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/20/15	Payee name Paypal
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Amount (\$) \$6.10	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 8/28/15	Payee name Paypal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 9/1/15	Payee name Paypal
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Amount (\$) \$7.55	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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: 20 of 23	2 FILER NAME Hon. Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/4/15	5 Payee name Paypal
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6 Amount (\$) \$7.55	7 Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Fees
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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 9/15/15	Payee name Paypal
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Amount (\$) \$7.55	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 9/23/15	Payee name Paypal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 9/25/15	Payee name Paypal
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Amount (\$) \$1.03	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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.

1 Total pages Schedule F: 21 of 23	2 FILER NAME Hon. Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/26/15	5 Payee name Paypal
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6 Amount (\$) \$1.75	7 Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/3/15	Payee name Paypal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 11/4/15	Payee name Paypal
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Amount (\$) \$2.06	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 11/7/15	Payee name Paypal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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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# 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: 22 of 23	2 FILER NAME Hon. Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/13/15	5 Payee name Paypal
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6 Amount (\$) \$14.80	7 Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/20/15	Payee name Paypal
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Amount (\$) \$6.10	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 12/4/15	Payee name Paypal
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Amount (\$) \$20.90	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 12/7/15	Payee name Paypal
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Amount (\$) \$1.03	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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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# 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: 23 of 23	2 FILER NAME Hon. Sally Hernandez	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/8/15	5 Payee name Paypal
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6 Amount (\$) \$10.84	7 Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) Fees
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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 12/9/15	Payee name Paypal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 12/12/15	Payee name Paypal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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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 12/14/15	Payee name Paypal
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Amount (\$) \$15.01	Payee address; City; State; Zip Code 2211 N. 1 <sup>st</sup> ., San Jose, CA 95131
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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