

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

9605

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

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID	<b>2</b> Total pages filed: 16
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Sally	<b>OFFICE USE ONLY</b>  Date Received  <b>FILED FOR RECORD</b> <b>2020 FEB 21 AM 9:09</b> <b>DALLAS COUNTY CLERK</b> <b>TRAVIS COUNTY, TEXAS</b>	
NICKNAME                      LAST                      SUFFIX Hernandez			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 152032  Austin, TX 78715	ZIP CODE	Date Held or Date Postmarked Receipt Amount Date Processed Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI  NICKNAME                      LAST                      SUFFIX		
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE		
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION		
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
<b>9</b> PERIOD COVERED	Month    Day    Year                      THROUGH                      Month    Day    Year 01/24/2020                      02/22/2020		
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 03/03/2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) Travis County Sheriff	<b>12</b> OFFICE SOUGHT (if known) Travis County Sheriff	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2  
2 of 16

13 C / OH NAME Hernandez, Sally	14 Filer ID
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15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,335.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	56,472.68
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	59,398.62
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 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 24 day of February, 2020, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering

Lee A Calaway  
Printed name of officer administering

Chief of Staff  
Title of officer administering oath

# SUBTOTALS - C/OH

<b>18 FILER NAME</b> Hernandez, Sally	<b>19 Filer ID</b>
<b>20 SCHEDULE SUBTOTALS</b>	<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,335.00
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 FROM POLITICAL CONTRIBUTIONS	\$ 44,714.18
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 11,758.50
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/16
<b>2</b> FILER NAME Hernandez, Sally		<b>3</b> Filer ID
<b>4</b> Date 02/22/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Cathy	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code 43030 Canyonside Trail  Austin, TX 78731	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) None
Date 02/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Chris	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 1309 Bonham Terrace  Austin, TX 78704	
Principal occupation / Job title (See Instructions) Network Analyst		Employer (See Instructions) UT System
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Meg	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 6207 Peggy Street  Austin, TX 78723	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County
Date 02/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cofer, Rick	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 1621 Enfield Rd. Apt A Austin, TX 78703	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Rick Cofer, PLLC
Date 01/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado, Santiago	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 5602 Palisade Ct  Austin, TX 78731	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/16
2 FILER NAME Hernandez, Sally		3 Filer ID
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Kenneth	7 Amount of Contribution (\$)  \$25.00
	6 Contributor address; City; State; Zip Code 7100 Whispering Oaks Dr  Austin, TX 78745	
8 Principal occupation / Job title (See Instructions) Executive Assistant		9 Employer (See Instructions) City of Austin
Date 02/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Einhorn, Peter	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code 5903 Duncanville Pass  Austin, TX 78745	
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) Travis County
Date 02/03/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Margaret	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code 6916 Larue Belle Cv.  Austin, TX 78739	
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 02/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giblin, Gina	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code 2367 Ashley Park Drive  Plano, TX 75074	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) United States
Date 02/07/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Javier	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code 5933 Red Bud Ridge Ln.  Austin, TX 78744	
Principal occupation / Job title (See Instructions) CSM II		Employer (See Instructions) Parexel

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/16
2 FILER NAME Hernandez, Sally		3 Filer ID
4 Date 02/22/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Leon	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 10705 Leafwood Ln  Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 02/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khataw, Ali	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 7914 Bee Caves Rd  Austin, TX 78746	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Encotech Engineering
Date 02/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larum, Glen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 6716 Brannrust Dr.  Austin, TX 78744	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 01/30/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Lonnie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3503 Kay St.  Austin, TX 78702	
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Dieste Inc.
Date 02/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loewy, Adam	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code 7305 Vista Mountain  Austin, TX 78731	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Loewy Law Firm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/16
2 FILER NAME Hernandez, Sally		3 Filer ID
4 Date 02/05/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenz, Perry ..... 6 Contributor address; City; State; Zip Code 1311- A East 6th St.  Austin, TX 78702	7 Amount of Contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self
Date 02/18/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McRae, Pete ..... Contributor address; City; State; Zip Code 915 S. College  Georgetown, TX 78626	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 02/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minns, Rain ..... Contributor address; City; State; Zip Code 4412 Spicewood Springs Rd. #500 Austin, TX 78759	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Rain Minns Law Firm
Date 02/05/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, John ..... Contributor address; City; State; Zip Code 810 Blue Spring Circle  Round Rock, TX 78681	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 02/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattera, Leo ..... Contributor address; City; State; Zip Code 6711 Poncha Pass  Austin, TX 78749	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Texas Workforce Commission

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/16
<b>2</b> FILER NAME Hernandez, Sally		<b>3</b> Filer ID
<b>4</b> Date 02/05/2020	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnelli, Janis <hr/> <b>6</b> Contributor address; City; State; Zip Code P. O. Box 50038  Austin, TX 78763	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) J Pinnelli Company LLC
Date 02/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seville, Meg <hr/> Contributor address; City; State; Zip Code 4612 Berkman Dr.  Austin, TX 78723	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) Travis County
Date 02/22/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Holly <hr/> Contributor address; City; State; Zip Code 9503 Tanager Way  Austin, TX 78748	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 9/16	<b>2</b> FILER NAME Hernandez, Sally	<b>3</b> Filer ID
<b>4</b> Date 02/05/2020	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$16.50	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2020	Payee name Austin Chronicle	
Amount (\$) \$4,635.00	Payee address; City; State; Zip Code P.O. Box 4189  Austin, TX 78765	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chronicle Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2020	Payee name Buying Time LLC	
Amount (\$) \$4,500.00	Payee address; City; State; Zip Code 650 Massachusetts Ave, NW Ste. 210 Washington, DC 20001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 10/16	<b>2</b> FILER NAME Hernandez, Sally	<b>3</b> Filer ID
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<b>4</b> Date 02/07/2020	<b>5</b> Payee name CheckMark Typesetting
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<b>6</b> Amount (\$) \$81.19	<b>7</b> Payee address; City; State; Zip Code 3217 S. IH-35 Frontage Rd.  Austin, TX 78722
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor Board
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/17/2020	Payee name Dialogue Institute Austin
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 12400 Amherst Dr. Ste. 108 Austin, TX 78727
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Annual Dinner
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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 02/02/2020	Payee name Google
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Amount (\$) \$6.50	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.  Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Email
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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 FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 11/16	<b>2</b> FILER NAME Hernandez, Sally	<b>3</b> Filer ID
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<b>4</b> Date 02/08/2020	<b>5</b> Payee name Greater Hispanic Chamber of Commerce Foundation
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<b>6</b> Amount (\$) \$230.00	<b>7</b> Payee address; City; State; Zip Code 3601 Far West Blvd. Suite 204 Austin, TX 78731
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Program Ad
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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 02/04/2020	Payee name Hustle
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 717 Market St. #500 San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messaging
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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 02/10/2020	Payee name InFocus Campaigns
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Amount (\$) \$3,865.36	Payee address; City; State; Zip Code P.O. Box 10726 Fort Worth, TX 76114
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign 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 FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 12/16	<b>2</b> FILER NAME Hernandez, Sally	<b>3</b> Filer ID
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<b>4</b> Date 02/07/2020	<b>5</b> Payee name Kelly Graphics
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<b>6</b> Amount (\$) \$3,559.41	<b>7</b> Payee address; City; State; Zip Code 1409 Quaker Ridge  Austin, TX 78746
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/13/2020	Payee name Kelly Graphics
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Amount (\$) \$26,947.02	Payee address; City; State; Zip Code 1409 Quaker Ridge  Austin, TX 78746
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
-----------------------------------------------------	-----------------------------	---------------	-------------

Date 02/13/2020	Payee name Pflugerville Area Democrats
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 4150 Beach Dr. SW Apt. 202 Seattle, WA 98116
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcard Program
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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 FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/7 Rpt: 13/16	<b>2</b> FILER NAME Hernandez, Sally	<b>3</b> Filer ID
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<b>4</b> Date 02/18/2020	<b>5</b> Payee name Sigler, Yunuen
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<b>6</b> Amount (\$) \$300.00	<b>7</b> Payee address; City; State; Zip Code 4510 Red River St.  Austin, TX 78751
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design Fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/18/2020	Payee name Travis County Credit Union
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Amount (\$) \$20.00	Payee address; City; State; Zip Code 1101 N. IH-35  Austin, TX 78702
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire Fee
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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 02/13/2020	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	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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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 FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 14/16	<b>2</b> FILER NAME Hernandez, Sally	<b>3</b> Filer ID
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<b>4</b> Date 02/12/2020	<b>5</b> Payee name Travis County Credit Union
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<b>6</b> Amount (\$) \$0.10	<b>7</b> Payee address; City; State; Zip Code 1101 N. IH-35  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) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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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 02/08/2020	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	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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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 02/04/2020	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	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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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 FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 15/16	<b>2</b> FILER NAME Hernandez, Sally	<b>3</b> Filer ID
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<b>4</b> Date 02/11/2020	<b>5</b> Payee name Vantiv
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<b>6</b> Amount (\$) \$2.80	<b>7</b> Payee address; City; State; Zip Code 8500 Governors Hill Dr.  Symmes Township, OH 45249
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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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 02/15/2020	Payee name Vela, Robert
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 11008 Marden Lane  Austin, TX 78739
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Placement
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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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# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 16/16	<b>2</b> FILER NAME Hernandez, Sally	<b>3</b> Filer ID
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date 02/21/2020	<b>6</b> Payee name Kelly Graphics
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<b>7</b> Amount (\$) \$11,758.50	<b>8</b> Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail
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<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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