

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

9701

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Sally	MI
	NICKNAME	LAST Hernandez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 152032		ZIP CODE
	Austin, TX 78715		Date Hand Delivered or Date Postmarked
			Receipt Amount
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Cecilia	MI
	NICKNAME	LAST Crossley	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3100 Catalina Dr.		APT / SUITE #; CITY; STATE; ZIP CODE Austin TX 78745
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
8 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	02/23/2020		
	THROUGH		
			06/30/2020
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11/03/2020		
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other		
	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Travis County Sheriff		12 OFFICE SOUGHT (if known) Travis County Sheriff

FILED FOR RECORD
2020 JUN 15 AM 11:29
DANIEL BAUVOR
COUNTY CLERK
TRAVIS COUNTY TEXAS

GO TO PAGE 2

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

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

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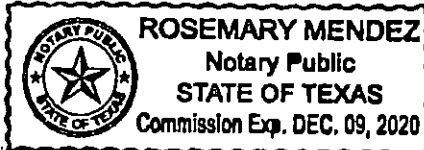
13 C / OH NAME Hernandez, Sally	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support 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.							
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS	
	COMMITTEE TYPE	COMMITTEE NAME						
	<input type="checkbox"/> GENERAL							
	<input type="checkbox"/> SPECIFIC							
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)	\$ 5,170.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,355.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,241.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sally Hernandez

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sally Hernandez, this the 15 day of July, 2020, to certify which, witness my hand and seal of office.

Rosemary Mendez

Signature of officer administering

Rosemary Mendez

Printed name of officer administering

Executive Asst.

Title of officer administering oath

SUBTOTALS - C/OHFORM **C/OH**
COVER SHEET PG 3

3 of 13

18 FILER NAME

Hernandez, Sally

19 Filer ID**20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,170.00
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	\$ 24,355.06
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/13
2 FILER NAME Hernandez, Sally		3 Filer ID
4 Date 02/27/2020	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 00002089) CWA-COPE PCC	7 Amount of Contribution (\$) \$750.00
6 Contributor address; City; State; Zip Code 501 3rd St. NW Washington, DC 20001		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/26/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Circle C Area Democrats	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 7008 Colberg Court Austin, TX 78749		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 02/25/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Gary	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1411 West Avenue Ste. 100 Austin, TX 78701		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 04/02/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Nichelle	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 4325 Triboro Trail Austin, TX 78749		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Office of the Attorney General
Date 02/25/2020	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/13
2 FILER NAME Hernandez, Sally		3 Filer ID
4 Date 02/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillard, Robert	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 117 Laura Lane Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) Real estate		9 Employer (See Instructions) Cielo
Date 02/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Carol	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 10 Woodstone Square Austin, TX 78703		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 02/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grasshoff, Rita	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3208 Doe Run Austin, TX 78748		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 02/27/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohamed, Basheer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1008 Lakewood Hills Terrace Austin, TX 78732		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 02/28/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prabhakar, Rao	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code 3818 Ross St Amarillo, TX 79118		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/13
2 FILER NAME Hernandez, Sally		3 Filer ID
4 Date 02/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Craig	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 105 snapper cove Georgetown, TX 78628	
8 Principal occupation / Job title (See Instructions) Deputy Sheriff		9 Employer (See Instructions) Travis County
Date 02/23/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timberlake, James	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 828 Ross Circle Lockhart, TX 78644	
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.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 7/13		2 FILER NAME Hernandez, Sally		3 Filer ID	
4 Date 03/04/2020		5 Payee name ActBlue			
6 Amount (\$) \$132.11		7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144			
8 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 Credit Card Processing Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 05/04/2020		Payee name ActBlue			
Amount (\$) \$37.50		Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144			
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 Credit Card Processing Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/04/2020		Payee name Cover 3			
Amount (\$) \$1,400.00		Payee address; City; State; Zip Code 1717 W. 6th St. #210R Austin, TX 78704			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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 Election Night Watch Party	
Complete <u>ONLY</u> 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.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 8/13		2 FILER NAME Hernandez, Sally		3 Filer ID	
4 Date 02/28/2020		5 Payee name GAHCC Foundation			
6 Amount (\$) \$150.00		7 Payee address; City; State; Zip Code 3601 Far West Blvd. #204 Austin, TX 78731			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 03/02/2020		Payee name Google LLC			
Amount (\$) \$6.50		Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Campaign Email	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/02/2020		Payee name Google LLC			
Amount (\$) \$6.50		Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Campaign Email	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 9/13	2 FILER NAME Hernandez, Sally	3 Filer ID
4 Date 05/04/2020	5 Payee name Google LLC	
6 Amount (\$) \$6.50	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Campaign Email
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2020	Payee name Google LLC	
Amount (\$) \$6.50	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Campaign Email
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2020	Payee name HEB	
Amount (\$) \$22.00	Payee address; City; State; Zip Code 2110 W. Slaughter Ln. Austin, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Postage
Complete <u>ONLY</u> 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.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 10/13	2 FILER NAME Hernandez, Sally	3 Filer ID
4 Date 03/16/2020	5 Payee name Hustle Inc.	
6 Amount (\$) \$695.58	7 Payee address; City; State; Zip Code 717 Market St. 5th Floor San Francisco, CA 94013	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Text Messages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/02/2020	Payee name Ironic Squid Design Studio	
Amount (\$) \$357.50	Payee address; City; State; Zip Code 3668 33rd Ave SW Seattle, WA 98126	
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 Graphic Design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2020	Payee name Kelly Graphics	
Amount (\$) \$11,758.50	Payee address; City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Campaign Mail Piece
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.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 11/13		2 FILER NAME Hernandez, Sally		3 Filer ID
4 Date 03/04/2020		5 Payee name Margie Becker & Associates		
6 Amount (\$) \$8,000.00		7 Payee address; City; State; Zip Code 1205 Kinney Ave. Unit A Austin, TX 78704		
8 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 Video Production	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/23/2020		Payee name National Women of Achievement		
Amount (\$) \$40.00		Payee address; City; State; Zip Code P.O. Box 141694 Austin, TX 78714		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising 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 Quarter Page Advertisement in Program	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 06/25/2020		Payee name Symbol Arts		
Amount (\$) \$1,479.00		Payee address; City; State; Zip Code 6083 S 1550 E Ogden, UT 84405		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Challenge Coins	
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
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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.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 12/13	2 FILER NAME Hernandez, Sally	3 Filer ID
4 Date 03/01/2020	5 Payee name Travis County Credit Union	
6 Amount (\$) \$0.10	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) 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2020	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	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/10/2020	Payee name Vantiv	
Amount (\$) \$201.57	Payee address; City; State; Zip Code 8500 Governors Hill Dr. Symmes Township, OH 45249	
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 Credit Card Processing Fees
Complete <u>ONLY</u> 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.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 13/13		2 FILER NAME Hernandez, Sally		3 Filer ID	
4 Date 05/11/2020		5 Payee name Vantiv			
6 Amount (\$) \$53.60		7 Payee address; City; State; Zip Code 8500 Governors Hill Dr. Symmes Township, OH 45249			
8 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 Credit Card Processing Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/09/2020		Candidate/Officeholder name Payee name Vantiv			
Amount (\$) \$1.00		Payee address; City; State; Zip Code 8500 Governors Hill Dr. Symmes Township, OH 45249			
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 Credit Card Processing Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 06/09/2020		Candidate/Officeholder name Payee name Vantiv			
Amount (\$) \$0.50		Payee address; City; State; Zip Code 8500 Governors Hill Dr. Symmes Township, OH 45249			
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 Credit Card Processing Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 06/09/2020		Candidate/Officeholder name Payee name Vantiv			
Amount (\$) \$0.50		Payee address; City; State; Zip Code 8500 Governors Hill Dr. Symmes Township, OH 45249			
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 Credit Card Processing Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					