

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

Olga M. Hernandez

COMMITTEE ADDRESS

731 Clower
San Antonio, Tx 78212

COMMITTEE CAMPAIGN TREASURER NAME

Jeanette Gonzalez

COMMITTEE CAMPAIGN TREASURER ADDRESS

368 mandalay
San Antonio, Tx 78212

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ —

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ ~~125.00~~ ^{OK}

4. TOTAL POLITICAL EXPENDITURES

\$ 125.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

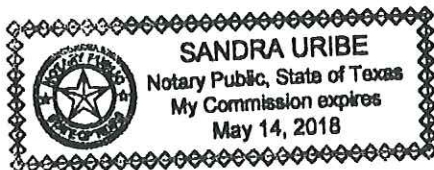
\$ 1846.45

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

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.

Olga M. Hernandez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Olga M. Hernandez*, this the *12th* day of *January*, 20 *17*, to certify which, witness my hand and seal of office.

Sandra Uribe
Signature of officer administering oath

Sandra Uribe Community Relations Specialist
Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ —
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	\$ 125.00
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,094.45
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1</i>	2 FILER NAME <i>Olga M. Hernandez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-15-16</i>	5 Payee name <i>Hillary Rodman Clinton</i>	
6 Amount (\$) <i>\$25.00</i>	7 Payee address; City; State; Zip Code <i>P.O. Box 1366 Merrifield, VA 22116-9559</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Hillary R. Clinton</i> Office sought: <i>POTUS</i> Office held: <i>—</i>	
Date <i>8-31-16</i>	Payee name <i>SAISD, Bond + T.R.E.</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 461753 San Antonio, TX 78212</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution to RAC for SAISD Bond + TRE election</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 4	2 FILER NAME Olga M. Hernandez		3 Filer ID (Ethics Commission Filers)
4 Date 8-6-16	5 Payee name mark martinez		
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1439 W. Wildwood San Antonio, TX 78212		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Contribution	(b) Description (See instructions regarding type of information required.) Contribution to college fund - Edison graduate.	
Date 8-11-16	Payee name H.E.B.		
Amount (\$) \$47.84	Payee address; City; State; Zip Code 300 Olmos Dr. S.A. TX 78212		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Contribution - Dinner	Description (See instructions regarding type of information required.) Dinner for 3 college bound Edison graduates - Mark, Paul, Julian	
Date 8/12/16	Payee name Leticia Munoz		
Amount (\$) \$115.00	Payee address; City; State; Zip Code 546 E. Gerald San Antonio, TX 78214		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Food Expense	Description (See instructions regarding type of information required.) Food expense for principals as welcome back gifts for start of school year.	
Date 8-31-16	Payee name S.A.I.S.D. Bonds + T.R.E. (Political)		
Amount (\$) 100.00	Payee address; City; State; Zip Code P.O. Box 461753 San Antonio, TX 78246		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Contribution to PAC Citizens for Quality - SAISD	Description (See instructions regarding type of information required.) Donation	

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Olga M. Hernandez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-4-16</i>	5 Payee name <i>Blanca Duran.</i>		
6 Amount (\$) <i>\$100.00</i>	7 Payee address; City; State; Zip Code <i>715 W. Rosewood San Antonio, Tx 78212</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Contribution to constituent for hosting National Nite Out</i>	(b) Description (See instructions regarding type of information required.) <i>Gift Card from H.E.B. Event.</i>	
Date <i>10-15-16</i>	Payee name <i>Edison Basketball Team</i>		
Amount (\$) <i>\$50.00</i>	Payee address; City; State; Zip Code <i>701 Santa Monica San Antonio, TX 78212</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Contribution</i>	Description (See instructions regarding type of information required.) <i>For team fundraiser.</i>	
Date <i>10-17-16</i>	Payee name <i>Edison P.T. S.A.</i>		
Amount (\$) <i>\$50.00</i>	Payee address; City; State; Zip Code <i>701 Santa Monica San Antonio, Tx 78212</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Contribution</i>	Description (See instructions regarding type of information required.) <i>Gift card to purchase items for Sp. Ed. Halloween Party.</i>	
Date <i>11-3-2016</i>	Payee name <i>Juanita S. Morales</i>		
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>634 W. Hollywood San Antonio, Texas 78212</i>		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Food Expense</i>	Description (See instructions regarding type of information required.) <i>Catering for VIP Reception at Alamo Stadium.</i>	

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**NON-POLITICAL EXPENDITURES
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SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Olga M. Hernandez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/3/16</i>	5 Payee name <i>Alamo College Fund - GED.</i>
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6 Amount (\$) <i>\$50.00</i>	7 Payee address; City; State; Zip Code <i>1819 N. Main San Antonio, TX 78212</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Contribution</i>	(b) Description (See instructions regarding type of information required.) <i>Donation to support women who attend ACCD-GED.</i>
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Date <i>12-4-16</i>	Payee name <i>Costco # 689</i>
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Amount (\$) <i>74.62</i>	Payee address; City; State; Zip Code <i>5611 UTSA Blvd. San Antonio, TX 78249</i>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Donation</i>	Description (See instructions regarding type of information required.) <i>Purchases of various gifts for needy families of Dist. 6.</i>
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Date <i>12/4/16</i>	Payee name <i>Target</i>
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Amount (\$) <i>\$55.42</i>	Payee address; City; State; Zip Code <i>Park North - Blanco San Antonio, TX. 78213</i>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Donation</i>	Description (See instructions regarding type of information required.) <i>purchases of various gifts for needy families of Dist 6.</i>
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Date <i>11/2/16</i>	Payee name <i>Panty City</i>
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Amount (\$) <i>94.00</i>	Payee address; City; State; Zip Code <i>13419 San Pedro San Antonio, TX 78216</i>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Event Expense</i>	Description (See instructions regarding type of information required.) <i>Expense's for Event Expense, VIP Reception @ Alamo Stadium</i>
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11-3-16</i>	5 Payee name <i>Culebra Market</i>
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6 Amount (\$) <i>27.41</i>	7 Payee address; City; State; Zip Code <i>3017 Blanco San Antonio, TX 78212</i>
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PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Food Expense</i>	(b) Description (See instructions regarding type of information required.) <i>Expenses for VIP Reception @ Alamo stadium.</i>
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Date <i>12-19-16</i>	Payee name <i>HEB</i>
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Amount (\$) <i>\$30.16</i>	Payee address; City; State; Zip Code <i>300 W. Olmos. San Antonio, TX 78212</i>
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Gifts</i>	Description (See instructions regarding type of information required.) <i>Gifts for Exec. PTSA Volunteers Holiday Social.</i>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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