

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR _____ FIRST <u>Olga</u> MI <u>M.</u> NICKNAME _____ LAST <u>Hernandez</u> SUFFIX _____	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>731 Clower</u> <u>San Antonio, Tx 78212</u>	Date Received  <u>07-13-16 A10:49 RCVD</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(210) 733-0763</u> _____	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR _____ FIRST <u>Jeanette</u> MI _____ NICKNAME _____ LAST <u>Gonzalez</u> SUFFIX _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>368 Mandalay</u> <u>San Antonio, Tx 78212</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(210) 872-2953</u>		
9 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)		
10 PERIOD COVERED	Month Day Year      Month Day Year <u>01 / 01 / 2016</u> THROUGH <u>06 / 30 / 2016</u> <u>Jan. / 01 / 2016</u>		
11 ELECTION	ELECTION DATE Month Day Year _____ / _____ / _____	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>SAISD Trustee</u> <u>District 6.</u>	13 OFFICE SOUGHT (if known) <u>_____</u>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

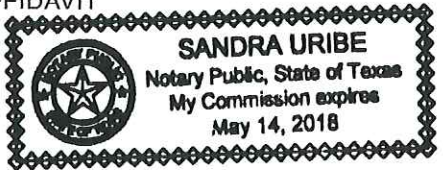
FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 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. 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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>Olga M. Hernandez</i>
		COMMITTEE ADDRESS <i>731 Clower, SA, Tx 78212</i>
		COMMITTEE CAMPAIGN TREASURER NAME <i>Jeanette Gonzalez</i>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <i>368 mandalay San Antonio, Tx 78212</i>	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>          </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>          </u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>100.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>          </u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,914.33</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>          </u>

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said *Olga M. Hernandez*, this the *13* day of *July*, 20 *16*, to certify which, witness my hand and seal of office.

*Sandra Uribe*  
Signature of officer administering oath

*Sandra Uribe*  
Printed name of officer administering oath

*Community Relations Specialist*  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <i>Olga M. Hernandez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u>      </u>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <u>      </u>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u>      </u>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <u>      </u>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>100.00</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <u>      </u>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>      </u>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <u>      </u>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u>      </u>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u>      </u>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>924.59</i>
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>200.00</i>

# 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.

<b>1</b> Total pages Schedule F1: <i>1</i>	<b>2</b> FILER NAME <i>Olga M. Hernandez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1-21-2016</i>	<b>5</b> Payee name <i>State Senator Jose Menéndez</i>	
<b>6</b> Amount (\$) <i>\$100.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 761780 San Antonio, Texas 78245</i>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <i>Contribution to Candidate/Office Holder</i>	<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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Jose Menéndez</i> Office sought: <i>State Senator</i> Office held: <i>State Senator</i>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> 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: 1 of 3		2 FILER NAME Olga M. Hernandez		3 Filer ID (Ethics Commission Filers)	
4 Date 1-26-16		5 Payee name Edison A.V.I.D. Program			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 701 Santa Monica San Antonio, TX 78212			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) Gift card for contribution for student field trip expense		(b) Description (See instructions regarding type of information required.) Supplies for students college field trip.	
Date 2-29-16		Payee name Edison Pep Squad			
Amount (\$) 100.00		Payee address; City; State; Zip Code 701 Santa Monica San Antonio, TX 78212			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Contribution		Description (See instructions regarding type of information required.) Contribution for Fundraiser	
Date 3/19/16		Payee name Edison Honey Bears			
Amount (\$) 25.00		Payee address; City; State; Zip Code 701 Santa Monica San Antonio, TX 78212			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Contribution		Description (See instructions regarding type of information required.) Contribution for School's Fund raiser at Edison H.S.	
Date 4-7-16		Payee name Olga M. Hernandez (Self)			
Amount (\$) 200.00		Payee address; City; State; Zip Code 731 Clower San Antonio, TX 78212			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) Travel Out of District		Description (See instructions regarding type of information required.) Cash advance to attend Natl School Board Conference. Reimbursed 6-11-16.	

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

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 2 of 3	<b>2</b> FILER NAME Olga M. Hernandez	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4-13-16	<b>5</b> Payee name S.A.I.S.D.
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<b>6</b> Amount (\$) 80.00	<b>7</b> Payee address; City; State; Zip Code 141 Lavaca San Antonio, Tx 78212
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.) Gift Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Purchased SAISD Fiesta Medals for volunteers/Parents
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Date 4-13-16	Payee name H.E.B.
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Amount (\$) 20.00	Payee address; City; State; Zip Code 300 Olmos Drive San Antonio, Tx 78212
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Other	Description (See instructions regarding type of information required.) Fuel expense
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Date 4-15-16	Payee name Edison High School
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Amount (\$) 100.00	Payee address; City; State; Zip Code 701 Santa Monica San Antonio, Tx 78212
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Contribution	Description (See instructions regarding type of information required.) School contribution for Walk with The Community/Principal Event.
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Date 4-24-16	Payee name HEB.
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Amount (\$) 55.96	Payee address; City; State; Zip Code 300 W. Olmos San Antonio, Tx 78212
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) Contribution for Memorial Expense	Description (See instructions regarding type of information required.) Contribution of supplies to Mrs Eller for Bereavement Service.
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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: <b>3 of 3</b>	2 FILER NAME <b>Olga M. Hernandez</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4-27-14</b>	5 Payee name <b>H.E.B.</b>
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6 Amount (\$) <b>\$64.36</b>	7 Payee address; City; State; Zip Code <b>300 W. Olmos San Antonio, Tx 78212</b>
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.) <b>Event Expense</b>	(b) Description (See instructions regarding type of information required.) <b>Cake + supplies for Secretaries Day celebration</b>
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Date <b>4-27-14</b>	Payee name <b>Edison High School</b>
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Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>701 Santa Monica San Antonio, Tx 78212</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>Contribution</b>	Description (See instructions regarding type of information required.) <b>Contribution to School for "Lift-a-thon" Fundraiser</b>
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Date <b>6-2-16</b>	Payee name <del>Edison</del> <b>HEB</b>
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Amount (\$) <b>\$79.27</b>	Payee address; City; State; Zip Code <b>300 W. Olmos San Antonio, Tx 78212</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.) <b>Contribution</b>	Description (See instructions regarding type of information required.) <b>Supplies for Edison Student celebration</b>
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME

*Olga M. Hernandez*

3 Filer ID (Ethics Commission Filers)

4 Date

*6/11/16*

5 Name of person from whom amount is received

*San Antonio F. S. D.*

6 Address of person from whom amount is received; City; State; Zip Code

*141 Lavaca  
San Antonio, TX 78210*

8 Amount (\$)

*200.00*

7 Purpose for which amount is received

Check if political contribution returned to filer

*Refund/Reimbursement for Travel-out-of-District for  
NetL School Board Conference.*

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

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