CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST Gilbert	MI	OFFICE USE ONLY
	Gil Hernandez	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY: STATE: ZIP CODE	Date Filed 1/18 23
Change of Address	4414 Lake Superior Dr., Corpu	us Christi, TX 78413	Retuerla
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (361) 779-1179	EXTENSION	Rebecca Huerta Date Gity Secretary marked
6 CAMPAIGN TREASURER NAME	Mr. Robert	MI	Receipt # Amount \$
	NICKNAME LAST Cagle	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SU 6322 Grandvilliers Dr.,	UITE #: CITY: STATE: Corpus Christi, TX 7	ZIP CODE 8414
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 815-9982	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 31 2022	THROUGH 12	Day Year 31 / 2022
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) City Council District 5	13 OFFICE SOUGHT (if knowi)
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Gil	Hernandez		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			
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES. LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZ	AN \$ 0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,000.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 4. TOTAL POLITICAL EXPENDITURES		\$ 288.21		
			\$ 436.71		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$18,499.96		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00		
18 AFFIDAVIT					
	MARIAH H MANI ID# 13368975-; Notary Public STATE OF TEXAS My Comm. Exp. 04-06-	true and correct and includes all info under Title 15. Election Code.	perjury, that the accompanying report is cormation required to be reported by me didate of Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsci	•	by the said <u>Gil Hernandez</u> to certify which, witness my hand and seal of office.	, this the		
Signature of officer a	elministering oath	Mayiah Mannino Printed name of officer administering oath	Notary public Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 File		20 Filer ID (Ethics Commission Filers)	er ID (Ethics Commission Filers)			
	Gil Hernandez					
21	SUBTOTAL AMOUNT					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,000.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL C	ONTRIBUTIONS \$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	. SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FRO	DM POLITICAL CONTRIBUTIONS \$ 148.50				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE	FROM POLITICAL CONTRIBUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CA	RD \$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FRO	M PERSONAL FUNDS \$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CON	TRIBUTIONS TO A BUSINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FF	OM POLITICAL CONTRIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS. RETURNED TO FILER	AND CONTRIBUTIONS \$				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1 of 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gil Hernandez 4 Date 5 Full name of contributor ___ out-of-state_PAC (!D#:_____ 7 Amount of contribution (\$) 11/02/22 Halff Associates - State PAC 6 Contributor address: City; State; Zip Code \$1,000.00 1201 NBowser Road, Richardson, TX 75081 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Engineering Full name of contributor Date __ out-of-state_PAC_(iD#:____ Amount of contribution (\$) 11/02/22 Diana E. Summers \$ 1,000.00 Contributor address: City; State; Zip Code 401 Santa Monica Pl., Corpus Christi, TX 78411 Principal occupation / Job title (See Instructions) Employer (See Instructions) Construction **Hogan Homes** Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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

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.			
Total pages Schedule F1:	² FILER NAME Gil Hernandez		3 Filer ID (Ethics Commission Filers)		
Date 11/17/22	5 Payee name Sam's Club				
Amount (\$)	7 Payee address; City: State; Zip Code				
\$ 47.31	4833 SPID, Corpus Christi, T	X 78411			
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Other (Supplies)	LJ Check if Austir	n. TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name 	Office sought	Office held		
Date	Payee name				
11/21/22	Cancun Mexican Restaurant				
Amount (\$)	Payee address; City: State: Zip Code				
\$ 101.19	6314 Yorktown, Corpus Christ	i, TX 78414			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		Check if travel ou	tside of Texas. Complete Schedule T.		
EXPENDITURE	Fundraising expense	Check if Austin.	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address: City: State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense			
1					