

# 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:

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <p style="text-align: center; font-size: 1.2em;">Gilbert</p> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX Gil                      Hernandez	<b>OFFICE USE ONLY</b> Date Received <b>Date Filed 7/15/2024</b>  <b>Rebecca Huerta</b> City Secretary
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 4414 Lake Superior Dr., Corpus Christi, TX 78413	Date Hand-delivered or Date Postmarked
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 ) 779-1179	Receipt #                      Amount \$
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <p style="text-align: center; font-size: 1.2em;">Mr. Robert</p> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX Cagle	Date Processed
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 6322 Grandvilliers Dr.,    Corpus Christi, TX 78414	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 ) 815-9982	
<b>9 REPORT TYPE</b>	<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)	

<b>10 PERIOD COVERED</b>	Month                      Day                      Year 01 / 01 / 2024	THROUGH	Month                      Day                      Year 06 / 30 / 2024
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<b>11 ELECTION</b>	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
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<b>12 OFFICE</b> OFFICE HELD (if any) City Council District 5	<b>13 OFFICE SOUGHT (if known)</b>
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**GO TO 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.

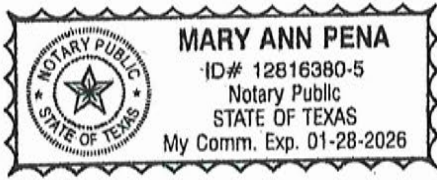
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)	\$ 12,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 185.33
	4. TOTAL POLITICAL EXPENDITURES	\$ 665.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 29,113.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

*[Signature]*  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gilbert Hernandez, this the 15th day of July, 2024, to certify which, witness my hand and seal of office.

*Mary Ann Pena* Signature of officer administering oath  
 Mary Ann Pena Printed name of officer administering oath  
 Notary Public Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME <b>Gil Hernandez</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,000.00
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 480.32
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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:  
**1 of 6**

2 FILER NAME

**Gil Hernandez**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/27/24**

5 Full name of contributor

**Laurie Mintz**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$ 2,000.00**

6 Contributor address;

City; State; Zip Code

██████████, **Corpus Christi, TX 78411**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**03/27/24**

Full name of contributor

**Laura Milby**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 500.00**

Contributor address;

City; State; Zip Code

██████████, **Corpus Christi, TX 78410**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/27/24**

Full name of contributor

**David Loeb**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 500.00**

Contributor address;

City; State; Zip Code

██████████, **Corpus Christi, TX 78411**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/27/24**

Full name of contributor

**Margo L. Moore**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 500.00**

Contributor address;

City; State; Zip Code

██████████, **Corpus Christi, TX 78418**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**2 of 6**

2 FILER NAME

**Gil Hernandez**

3 Filer ID (Ethics Commission Filers)

4 Date

03/27/24

5 Full name of contributor

**Kusumakar Sooda**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$ 1,000.00**

6 Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78413**

8 Principal occupation / Job title (See Instructions)

**Physician**

9 Employer (See Instructions)

Date

03/27/24

Full name of contributor

**Sean Strawbridge**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 500.00**

Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78404**

Principal occupation / Job title (See Instructions)

**Consultant**

Employer (See Instructions)

Date

03/27/24

Full name of contributor

**Richard Hood**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 200.00**

Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78713**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/24

Full name of contributor

**Mark Ellison**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 200.00**

Contributor address;

City; State; Zip Code

**Austin, TX 78745**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**3 of 6**

**2** FILER NAME

**Gil Hernandez**

**3** Filer ID (Ethics Commission Filers)

**4** Date

**03/27/24**

**5** Full name of contributor

**Diane Salinas**

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)

**\$ 1,000.00**

**6** Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78414**

**8** Principal occupation / Job title (See Instructions)

**Contractor**

**9** Employer (See Instructions)

Date

**03/27/24**

Full name of contributor

**Richard Milby**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 1,000.00**

Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78410**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**03/27/24**

Full name of contributor

**Anna Salazar**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 250.00**

Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78414**

Principal occupation / Job title (See Instructions)

**Real Estate Investor**

Employer (See Instructions)

Date

**03/27/24**

Full name of contributor

**Michael Bergsma**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 250.00**

Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78413**

Principal occupation / Job title (See Instructions)

**Geologist**

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**4 of 6**

2 FILER NAME

**Gil Hernandez**

3 Filer ID (Ethics Commission Filers)

4 Date

**03/27/24**

5 Full name of contributor

**Pamela Woods**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$ 50.00**

6 Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78411**

8 Principal occupation / Job title (See Instructions)

**Real Estate**

9 Employer (See Instructions)

Date

**03/27/24**

Full name of contributor

**Albert Kessler**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 250.00**

Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78468**

Principal occupation / Job title (See Instructions)

**Retail Store Owner**

Employer (See Instructions)

Date

**03/27/24**

Full name of contributor

**Eloy Salazar**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 250.00**

Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78415**

Principal occupation / Job title (See Instructions)

**Real Estate Investor**

Employer (See Instructions)

Date

**03/27/24**

Full name of contributor

**Raymond Gignac**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 250.00**

Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78412**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
**5 of 6**

**2** FILER NAME  
**Gil Hernandez**

**3** Filer ID (Ethics Commission Filers)

**4** Date  
**03/27/24**

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Virginia Trejo**

**7** Amount of contribution (\$)

**6** Contributor address; City; State; Zip Code  
[REDACTED] **Corpus Christi, TX 78414**

**\$300.00**

**8** Principal occupation / Job title (See Instructions)  
**Retired**

**9** Employer (See Instructions)

Date  
**03/27/24**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Linebarger, Goggan Blair & Sampson, LLC**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Corpus Christi, TX 78401**

**\$1,000.00**

Principal occupation / Job title (See Instructions)  
**Attorney**

Employer (See Instructions)

Date  
**04/05/24**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Raynaldo De Los Santos, Jr.**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Corpus Christi, TX 78468**

**\$500.00**

Principal occupation / Job title (See Instructions)  
**Consultant**

Employer (See Instructions)  
**Santos McBain**

Date  
**04/01/24**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Gloria Hicks**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
[REDACTED] **Corpus Christi, TX 78415**

**\$500.00**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**6 of 6**

2 FILER NAME

**Gil Hernandez**

3 Filer ID (Ethics Commission Filers)

4 Date

**04/17/24**

5 Full name of contributor

**H. Chuck Cazalas**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**\$ 500.00**

6 Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78414**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**04/26/24**

Full name of contributor

**Dan Leyendecker**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$ 400.00**

Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78418**

Principal occupation / Job title (See Instructions)

**Engineer**

Employer (See Instructions)

**Ardurra**

Date

**04/29/24**

Full name of contributor

**Shawn Flanagan**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**\$100.00**

Contributor address;

City; State; Zip Code

**Corpus Christi, TX 78411**

Principal occupation / Job title (See Instructions)

**Retired**

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**

**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  
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: <b>1 of 1</b>	<b>2</b> FILER NAME <b>Gil Hernandez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/11/24</b>	<b>5</b> Payee name <b>Nueces County Republican Party</b>	
<b>6</b> Amount (\$) <b>\$ 200.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>5151 Flynn Pkwy, Suite 103, Corpus Christi, TX 78411</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>Event Expense</b>	<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 _____ Office sought _____ Office held _____	
Date <b>02/08/24</b>	Payee name <b>Nueces County Republican Party</b>	
Amount (\$) <b>\$ 100.00</b>	Payee address; City; State; Zip Code <b>5151 Flynn Pkwy, Suite 103, Corpus Christi, TX 78411</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Advertising Expense (program ad)</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 _____ Office sought _____ Office held _____	
Date <b>02/20/24</b>	Payee name <b>Cancun Mexican Restaurant</b>	
Amount (\$) <b>\$ 180.32</b>	Payee address; City; State; Zip Code <b>6314 Yorktown Blvd #205, Corpus Christi, TX 78414</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Food &amp; Beverage 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
	<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**