

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	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 <p style="font-size: 1.5em; font-weight: bold;">Date Filed 1/15/2021</p> <p style="font-weight: bold;">Rebecca Huerta City Secretary</p> <hr/> Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border: none;">Date Processed</td> </tr> <tr> <td colspan="2" style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged			
Receipt #	Amount \$										
Date Processed											
Date Imaged											
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  4414 Lake Superior Dr., Corpus Christi, TX 78413										
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 ) 779-1179										
<b>6</b> CAMPAIGN TREASURER NAME	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 <p style="text-align: center; font-size: 1.2em;">Cagle</p>										
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  6322 Grandvilliers Dr.,    Corpus Christi, TX 78414										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 361 ) 815-9982										
<b>9</b> REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" 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 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)
<input checked="" 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 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</b> PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year 10 / 26 / 2020                      THROUGH                      12 / 31 / 2020										
<b>11</b> 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									
<b>12</b> OFFICE	OFFICE HELD (if any)  City Council District 5	<b>13</b> OFFICE SOUGHT (if known)									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

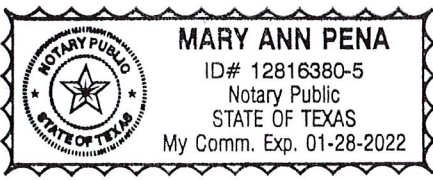
**FORM C/OH  
COVER SHEET PG 2**

<b>14 C/OH NAME</b> Gil Hernandez	<b>15 Filer ID</b> (Ethics Commission Filers)
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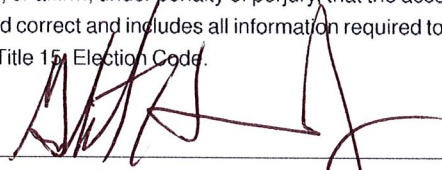
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S 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 type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,350.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 226.10
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 14,084.25
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,893.84
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18 AFFIDAVIT**

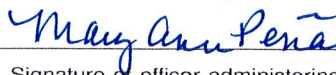


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gilbert Hernandez, this the 15<sup>th</sup> day of January, 20 21, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 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		\$ 5,350.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 1,000.00
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 14,084.25
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 2

2 FILER NAME

**Gil Hernandez**

3 Filer ID (Ethics Commission Filers)

4 Date

10/26/20

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

**Corpus Christi Police Officers Association PAC**

6 Contributor address; City; State; Zip Code

**3122 Leopard Street, Corpus Christi, TX 78408**

7 Amount of contribution (\$)

**\$ 1,000.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/28/20

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

**Tierra Motors LLC**

Contributor address; City; State; Zip Code

**2434 Sacky, Corpus Christi, TX 78475**

Amount of contribution (\$)

**\$ 350.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/20

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

**Douglas Allison**

Contributor address; City; State; Zip Code

**4920 Ocean Dr., Corpus Christi, TX 78412**

Amount of contribution (\$)

**\$ 1,000.00**

Principal occupation / Job title (See Instructions)

**Attorney**

Employer (See Instructions)

Date

10/30/20

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

**Rick Martinez**

Contributor address; City; State; Zip Code

**2434 Sacky, Corpus Christi, TX 78415**

Amount of contribution (\$)

**\$ 400.00**

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:  
**2 of 2**

2 FILER NAME

**Gil Hernandez**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/29/20**

5 Full name of contributor

**Eric Trejo**

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

6 Contributor address; City; State; Zip Code

**5334 Timbergate Dr, Corpus Christi, TX 78413**

7 Amount of contribution (\$)

**\$ 400.00**

8 Principal occupation / Job title (See Instructions)

**Engineer**

9 Employer (See Instructions)

**LNV, Inc.**

Date

**11/17/20**

Full name of contributor

**Hispanic Republicans of Texas PAC**

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

Contributor address; City; State; Zip Code

**P.O. Box 28881, Austin, TX 78755**

Amount of contribution (\$)

**\$ 500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/12/20**

Full name of contributor

**April Barrera**

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

Contributor address; City; State; Zip Code

**7966 Snake River Dr. Corpus Christi, TX 78414**

Amount of contribution (\$)

**\$ 1,500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/19/20**

Full name of contributor

**Rudy Garza**

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

Contributor address; City; State; Zip Code

**901 N. Upper Broadway #204, Corpus Christi, TX 78401**

Amount of contribution (\$)

**\$ 200.00**

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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>1 of 1</b>	
2 FILER NAME <b>Gil Hernandez</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date <b>08/30/20</b>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Warren Lynn Frazier</b>	8 Amount of Pledge \$ <b>\$1,000.00</b>	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code <b>713 Snug Harbor, Corpus Christi, TX 78402</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions) <b>Business owner</b>		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 3</b>	<b>2</b> FILER NAME <b>Gil Hernandez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/30/20</b>	<b>5</b> Payee name <b>Office Depot</b>	
<b>6</b> Amount (\$) <b>\$ 324.74</b>	<b>7</b> Payee address; City; State; Zip Code <b>3522 S. Alameda, Corpus Christi, TX 78411</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising 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>10/27/20</b>	Payee name <b>Grunwald Printing</b>	
Amount (\$) <b>\$ 2,362.30</b>	Payee address; City; State; Zip Code <b>1418 Morgan Ave, Corpus Christi, TX 78404</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>10/29/20</b>	Payee name <b>MSC Advertising &amp; Marketing</b>	
Amount (\$) <b>\$2,165.17</b>	Payee address; City; State; Zip Code <b>3522 S. Alameda, Corpus Christi, TX 78411</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>2 of 3</b>	<b>2</b> FILER NAME <b>Gil Hernandez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/30/20</b>	<b>5</b> Payee name <b>Grunwald Printing</b>	
<b>6</b> Amount (\$) <b>\$ 298.77</b>	<b>7</b> Payee address; City; State; Zip Code <b>1418 Morgan Ave, Corpus Christi, TX 78404</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising 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>11/06/20</b>	Payee name <b>Dreamwalkers Consulting</b>	
Amount (\$) <b>\$ 250.00</b>	Payee address; City; State; Zip Code <b>622 Bermuda Pl., Corpus Christi, TX 78411</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>11/17/20</b>	Payee name <b>Gil Hernandez</b>	
Amount (\$) <b>\$3,165.00</b>	Payee address; City; State; Zip Code <b>3522 S. Alameda, Corpus Christi, TX 78411</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Loan Repayment</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# 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>3 of 3</b>	<b>2</b> FILER NAME <b>Gil Hernandez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/23/20</b>	<b>5</b> Payee name <b>Ara's Restaurant</b>	
<b>6</b> Amount (\$) <b>\$ 392.91</b>	<b>7</b> Payee address; City; State; Zip Code <b>3522 S. Alameda, Corpus Christi, TX 78411</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food &amp; Beverage 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>11/23/20</b>	Payee name <b>MSC Advertising &amp; Marketing</b>	
Amount (\$) <b>\$ 2,500.00</b>	Payee address; City; State; Zip Code <b>3522 S. Alameda, Corpus Christi, TX 78411</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>12/16/20</b>	Payee name <b>MSC Advertising &amp; Marketing</b>	
Amount (\$) <b>\$2,625.36</b>	Payee address; City; State; Zip Code <b>3522 S. Alameda, Corpus Christi, TX 78411</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
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**