#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Mr. Gilbert NAME Date Received LAST NICKNAME SUFFIX Gil Hernande 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE OFFICEHOLDER 4414 Lake Superior Dr. MAILING Corpus Christi, TX 78413 **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Carty ve correct arynarked **OFFICEHOLDER** (361 779-1179 PHONE Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN MI TREASURER Robert Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Cagle STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; CITY: ZIP CODE CAMPAIGN TREASURER 6332 Grandvillers Dr. ADDRESS Corpus Christi, TX 78414 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER (361 PHONE 815-9982 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Day Month Month Year COVERED 10 / 27 / 24 31 / 24 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Year Month Day Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE City Council, Dist. 5 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		0.00	
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,500.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	574.92	
	4. TOTAL POLITICAL EXPENDITURES	\$	4,022.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	20,311.92	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00	
	ARIAH H MANNINO ID# 13368975-7 Notary Public STATE OF TEXAS y Comm. Exp. 04-06-2026  Please complete either option below		officeholder	
Signature of officer administer  (2) Unsworn Declarati	before me by All Hernandez this the which, witness my hand and seal of office.  WAY AM MANAND  wring oath Printed name of officer administering oath  OR	NO Titt	ay of January,  tary Public  le of officer administering oath	
	, and my date of birth is	•	·	
My address is	(street) (city) (s	tate) (zip	code) (country)	
Executed in	County, State of, on the day of(month	, , ,	, , , , , , , , , , , , , , , , , , , ,	
	Signature of Candid	date/Officehol	lder (Declarant)	

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME Gilbert Hernandez	20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,500.00		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4. SCHEDULE E: LOANS	\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	ions \$ 3,447.08		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	BUTIONS \$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	SS OF C/OH \$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE TO FILER	TURNED \$		

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.							
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 1					
2 FILER NAME Gilbert Hei	nandez	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor out-of-state PA John Durham	7 Amount of contribution (\$)					
10/29/24	6 Contributor address; City; Port Arans	State; Zip Code Sas, TX 78373	500.00				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)							
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)				
11/22/24	Valero Political Action Committe  Contributor address; City; San Antor	State; Zip Code nio, TX 78269	1,000.00				
Principal occup	eation / Job title (See Instructions)	ions)					
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PA	9	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	l pation / Job title (See Instructions)	Employer (See Instruct	ions)				
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

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a categor)	mot listed above)		
1 Total pages Schedule F1:	2 FILER NAME Gilbert Hernandez	3 Filer ID (Ethics Commission Filers)				
4 Date 10/28/2024	5 Payee name Kingmaker Data	· · · · · · · · · · · · · · · · · · ·				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
2,500.00	1999 Bryan Street, Suite 900, Dallas,	TX 75201				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF	Advertising expense	text messages, data information				
EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense		
9 Complete ONLY if direct expenditure to benefit C/OF			Office held			
Date	Payee name					
10/31/2024	Walmart #5898					
Amount (\$)	Payee address;	City;	State;	Zip Code		
118.48 6101 Sqaratogs PI., Corpus Christi, TX 78414						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Other	Campaign supplies				
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held		
Date	Payee name					
	Katz 21					
Amount (\$)	Payee address;	City;	State;	Zip Code		
828.60	5702 Spohn Dr. Corpus Christi. TX 78	3414				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food & Beverage expense	supporter appreciation event				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense		
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						