# 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 Filed 10/31/2022	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  Rebecca Huerta City Secretary			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 361 ) 779-1179	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	Mr. Robert	MI	Receipt # Amount \$	
NAME	Mr. Robert	SUFFIX	Date Processed	
	Cagle	55	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUIT. 6322 Grandvilliers Dr., C		ZIP CODE 8414	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 361 ) 815-9982	EXTENSION		
9 REPORT TYPE	January 15 30th day before elect		15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 X 8th day before election	en Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 10 09 2022	THROUGH 10	Day Year 31 / 2022	
11 ELECTION	Month Day Year Primary  11 08 2022 X General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)	
	City Council District 5			
	GO TO P	AGE 2		



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME Gi	l Hernandez	1	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		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		OUMMETTEE CAMPAIGN THEASUREH NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS), UNLESS ITEMIZES.	AN \$	20.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,270.00
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED		\$	148.16	
	4. TOTAL POLITICAL EXPENDITURES \$ 7,161.10		7,161.10	
CONTRIBUTION BALANCE	5. TOTAL F	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$	16,936.67
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	0.00
18 AFFIDAVIT				
		I swear, or affirm, under benalty of p true and correct and includes all info		
NORMA DURAN Under Title 17. Election Code.				
Notary Public Notary Public				
STATE OF TEXAS My Comm. Exp. 02-26-2023 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Gilbert Hernandez, this the 3/				
day of October, 20 22, to certify which, witness my hand and seal of office.				
Moring Dusan Norma Duran Rotary Public				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

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

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		
	Gil Hernandez	,	
21	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,250.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	\$ 7,012.94	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ions \$	
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 BUSINESS (	OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ıs \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1 of 2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gil Hernandez 4 Date 5 Full name of contributor ut-of-state PAC (ID#: 7 Amount of contribution (\$) Eloy Salazar 10/19/22 6 Contributor address: \$ 200.00 City: State: Zip Code 2434 Sacky Dr., Corpus Christi, TX 78415 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Small Business owner Full name of contributor Date out-of-state PAC (ID#:\_ Amount of contribution (\$) Anna Salazar 10/19/22 Contributor address: City; State; Zip Code \$ 100.00 8206 Campodolcino Dr., Corpus Christi, TX 78414 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) J&E Ranch Tracts LLC 10/19/22 Contributor address: City; State; Zip Code \$ 150.00 2434 Sacky Dr., Corpus Christi, TX 78415 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Oso Bridge Investors LLC 10/19/22 Contributor address: City: State; Zip Code \$ 150.00 2434 Sacky Dr., Corpus Christi, TX 78415

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.

Principal occupation / Job title (See Instructions)

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 2 of 2
2 FILER NAME Gil Herna	andez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC (i	:D#:	7 Amount of contribution (\$)
10/19/22	Tierra Motors, LLC 6 Contributor address: City: State:	Zip Code	\$ 150.00
	2434 Sacky Dr., Corpus Christi, 7	ΓX 78415	
8 Principal occu		Employer (See Instructi	ons)
Date	Full name of contributor	D#	Amount of contribution (\$)
10/27/22	Contributor address; City; State;	Zip Code	\$ 1,000.00
	40 E. Bar Le Doc Dr. Corpus Chr	risti, TX 78414	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)
10/027/22	Contributor address; City; State;		\$ 2,500.00
	P.O. Box 2246, Austin, TX 78768	-2246	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor out-of-state_PAC (i	D#. )	Amount of contribution (\$)
	Contributor address; City: State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF	TUIC COUEDING A COM	FDFD
	If contributor is out-of-state PAC, please see instruc	tion guide for additional r	EDED eporting 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 o	complete this form.	
1 Total pages Schedule F1; 1 of 1	<sup>2</sup> FILER NAME Gil Hernandez		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/20	5 Payee name MSC Advertising & Marketing		
6 Amount (\$)	7 Payee address; City: State; Zip Code		
\$ 3,500.00	3522 S. Alameda, Corpus Christi, TX 78411		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense		utside of Texas. Complete Schedule T. n. TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/20	Grunwald Printing		
Amount (\$)	Payee address; City: State: Zip Code		
\$ 2,262.94 1418 Morgan Ave, Corpus Christi, TX 78404			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
OF EXPENDITURE	Advertising Expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/20/20	Corpus Christi Police Officers A	Association P/	AC
Amount (\$)	Payee address: City; State; Zip Code		
\$1,250.00	3522 S. Alameda, Corpus Christi, TX 78411		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	1	tside of Texas. Complete Schedule T. . TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED