



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Gil Hernandez** 15 Filer ID (Ethics Commission Filers)

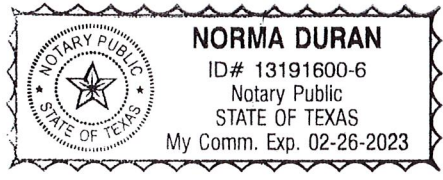
16 NOTICE FROM POLITICAL COMMITTEE(S)  
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,270.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 148.16
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,161.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,936.67
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 17, Election Code.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gilbert Hernandez, this the 31 day of October, 2022, to certify which, witness my hand and seal of office.

Norma Duran      Norma Duran      Notary 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**

<b>19 FILER NAME</b> Gil Hernandez		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,250.00
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	\$ 7,012.94
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

**10/19/22**

5 Full name of contributor

**Eloy Salazar**

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

6 Contributor address; City: State: Zip Code

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

7 Amount of contribution (\$)

**\$ 200.00**

8 Principal occupation / Job title (See Instructions)

**Small Business owner**

9 Employer (See Instructions)

Date

**10/19/22**

Full name of contributor

**Anna Salazar**

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

Contributor address; City: State: Zip Code

**8206 Campodolcino Dr., Corpus Christi, TX 78414**

Amount of contribution (\$)

**\$ 100.00**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**10/19/22**

Full name of contributor

**J&E Ranch Tracts LLC**

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

Contributor address; City: State: Zip Code

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

Amount of contribution (\$)

**\$ 150.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10/19/22**

Full name of contributor

**Oso Bridge Investors LLC**

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

Contributor address; City: State: Zip Code

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

Amount of contribution (\$)

**\$ 150.00**

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.

# 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

**10/19/22**

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

**Tierra Motors, LLC**

6 Contributor address; City: State: Zip Code

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

7 Amount of contribution (\$)

**\$ 150.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**10/27/22**

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

**Deven Bhakta**

Contributor address; City: State: Zip Code

**40 E. Bar Le Doc Dr. Corpus Christi, TX 78414**

Amount of contribution (\$)

**\$ 1,000.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10/027/22**

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

**Texas Association of Realtors PAC**

Contributor address; City: State: Zip Code

**P.O. Box 2246, Austin, TX 78768-2246**

Amount of contribution (\$)

**\$ 2,500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City: State: Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

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>10/13/20</b>	<b>5</b> Payee name <b>MSC Advertising &amp; Marketing</b>	
<b>6</b> Amount (\$) <b>\$ 3,500.00</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>Consulting 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>10/24/20</b>	Payee name <b>Grunwald Printing</b>	
Amount (\$) <b>\$ 2,262.94</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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>10/20/20</b>	Payee name <b>Corpus Christi Police Officers Association PAC</b>	
Amount (\$) <b>\$1,250.00</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>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
	<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**