

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Gilbert	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Gil Hernandez		
4 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	Date Filed 10/11/2022 <i>Rebecca Huerta</i> Rebecca Huerta City Secretary	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 779-1179	Date Hand Delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Robert	Receipt #	Amount \$
	NICKNAME LAST SUFFIX Cagle	Date Processed	
7 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		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 815-9982	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 01 / 2022 THROUGH 10 / 08 / 2022		
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 2022	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City Council District 5	13 OFFICE SOUGHT (if known)	

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.

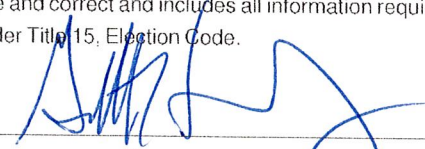
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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Additional Pages

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)	\$ 11,850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 256.91
	4. TOTAL POLITICAL EXPENDITURES	\$ 571.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,827.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

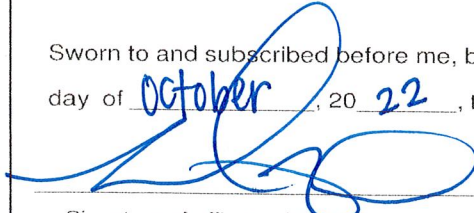
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gilbert Hernandez, this the 11 day of October, 20 22, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Mariah Mannino
Printed name of officer administering oath

Notary public
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME Gil Hernandez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,850.00
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	\$ 314.16
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 4

2 FILER NAME

Gil Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

07/01/22

5 Full name of contributor

Aldofo R. Escobedo

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 2,50.00

6 Contributor address;

City; State; Zip Code

7702 Freds Folly, Corpus Christi, TX 78414

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

07/14/22

Full name of contributor

Albert Kessler

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

P.O. Box 8810, Corpus Christi, TX 78468

Principal occupation / Job title (See Instructions)

Small Business owner

Employer (See Instructions)

Self Employed

Date

08/02/22

Full name of contributor

Christopher B. Hamilton

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

4517 Jericho Rd., Corpus Christi, TX 78413

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Self Employed

Date

09/22/22

Full name of contributor

Raynaldo De Los Santos Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500.00

Contributor address;

City; State; Zip Code

P.O Box 81431, Corpus Christi, TX 78468

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Santos McBain

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 4

2 FILER NAME

Gil Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

09/03/22

5 Full name of contributor

Robert C. Cagle

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

6322 Grandvilliers Dr, Corpus Christi, TX 78414

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

08/24/22

Full name of contributor

CC Professional Fire Fighters Association

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6014 Ayers, Corpus Chrisi TX 78415

Amount of contribution (\$)

\$ 2,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/07/22

Full name of contributor

Garry & Rrbecca Bradford

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5701 Oso Pkwy., Corpus Christi, TX 78414

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/20/22

Full name of contributor

Corpus Christi Police Officers Association PAC

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

3122 Leopard St., Corpus Christi, TX 78408

Amount of contribution (\$)

\$ 2,000.00

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 4

2 FILER NAME

Gil Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

09/20/22

5 Full name of contributor

Bryan Gulley

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

6421 Saratoga Blvd., Corpus Christi, TX 78414

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

09/14/22

Full name of contributor

Rajan Ahuja

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

29 E. Bar Le Doc Dr., Corpus Christi, TX 78414

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Oil & Gas Business Owner

Employer (See Instructions)

Date

09/19/22

Full name of contributor

Fred Braselton

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

6910 Sir Palleas St., Corpus Christi, TX 78413

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/22/20

Full name of contributor

Robert E. Parker

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

P.O. Box 9609, Corpus Christi, TX 78469

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

REPCON

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:
4 of 4

2 FILER NAME

Gil Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

09/29/22

5 Full name of contributor

Philp J. Ramirez

out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

322 Santa Monica Pl., Corpus Christi, TX 78411

7 Amount of contribution (\$)

\$ 2,000.00

8 Principal occupation / Job title (See Instructions)

Business Owner

9 Employer (See Instructions)

Turner Ramirez Architects

Date

10/03/22

Full name of contributor

Barton H. Braselton

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

5337 Yorktown Blvd., Corpus Christi, TX78413

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Land Developer

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)

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
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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 1	2 FILER NAME Gil Hernandez	3 Filer ID (Ethics Commission Filers)			
4 Date 08/22/22	5 Payee name Home Depot				
6 Amount (\$) \$ 314.16	7 Payee address: City: State: Zip Code 5041 SPID, Corpus Christi, TX 78411				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other (Campaign Supplies)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address: City: State: Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address: City: State: Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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