SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Filed 10·26·26

Rebecca Huerta
City Secretary

Date Hand Delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 COMMITTEE NAME

Corpus Christi United PAC

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

401 Chaparral St. #225, Corpus Christi, TX 78401

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Trevor | MI:

NICKNAME | LAST: Slowik | SUFFIX:

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4014 Killarmet St., Corpus Christi, TX 78413

7 CAMPAIGN TREASURER MAILING ADDRESS

☐ Change of Address

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

4014 Killarmet St., Corpus Christi, TX 78413

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(361) 290-0030

9 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☒ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ Dissolution Report (Attached PAC-FR)
- ☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month / Day / Year: 10 / 15 / 2026 THROUGH 10 / 24 / 2026

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 03 / 2026

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other
- ☒ General
- ☐ Special

Description: _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME
Corpus Christi United PAC

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE
(Attach lists on plain paper to complete this report if necessary.)

- [X] SUPPORT (Candidate or Measure)
- [ ] OPPOSE (Candidate or Measure)
- [ ] ASSIST (Officeholder)

- [X] CANDIDATE
- [ ] OFFICEHOLDER
- [ ] MEASURE

CANDIDATE / OFFICEHOLDER NAME
Gil Hernandez

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
Mayor - Corpus Christi

BALLOT IDENTIFICATION / #

ELECTION DATE
Month / Day / Year

DESCRIPTION
Support pro-desalination candidates who also favor water source diversification and oppose the Inner Harbor desalination project.

15 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 160,600.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 10.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 160,000.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 590.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

16 SIGNATURE

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 Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is TREVOR SLOWIK, and my date of birth is [redacted].

My address is 4014 KILLARMET ST. (street), CORPUS CHRISTI (city), TX (state), 78413 (zip code), (country).

Executed in NUECES County, State of TX, on the 26TH day of OCTOBER (month), 2026 (year).

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC
COVER SHEET PG 3

17 COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
Corpus Christi United PAC	

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 40,600.00
2.	[X]	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 120,000.00
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[ ]	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
5.	[ ]	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
6.	[ ]	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	$
7.	[ ]	SCHEDULE E: LOANS	$
8.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 160,000.00
9.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
10.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
11.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
12.	[ ]	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
13.	[X]	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
14.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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 form.

1 Total pages Schedule A1:

2 FILER NAME
Corpus Christi United PAC

3 Filer ID (Ethics Commission Filers)

4 Date
10/15/2026

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Douglas A. Allison

6 Contributor address; City; State; Zip Code
[redacted] Corpus Christi, TX 78401

7 Amount of contribution ($)
$25,000.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Self

Date
10/15/2026

Full name of contributor ☐ out-of-state PAC (ID#:_____)
Ajit David

Contributor address; City; State; Zip Code
[redacted] Corpus Christi, TX 78412

Amount of contribution ($)
$15,600.00

Principal occupation / Job title (See Instructions)
Real Estate Development

Employer (See Instructions)
Self-employed

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A2:
2 FILER NAME Corpus Christi United PAC	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ 120,000.00

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
10/15/2026	Law Office of Thomas J. Henry **7** Contributor address; City; State; Zip Code [redacted] Corpus Christi, TX 78401	$120,000.00	Billboards, Print, TV/ Cable, Radio, Digital ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	**11** Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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
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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Corpus Christi United PAC	

4 Date	5 Payee name
10/15/26	The PM Group

6 Amount ($)	7 Payee address; City; State; Zip Code
$40,000.00	7550 W. Interstate 10, Suite 510, San Antonio, Texas 78229
	☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising and Consulting Expense	Billboards, Print, TV/Cable, Radio, Digital
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Gil Hernandez	Mayor - Corpus Christi	

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code
	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code
	☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED