# 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: 8

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR | FIRST: Gilbert | MI

NICKNAME: Gil | LAST: Hernandez | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

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

4414 Lake Superior Dr., Corpus Christi, TX 78413

☐ Change of Address

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE | PHONE NUMBER | EXTENSION

( 361 ) 779-1179

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Dr. | FIRST: John | MI

NICKNAME | LAST: Sullivan | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)

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

7434 Lake Superior Dr., Corpus Christi, TX 78413

**8 CAMPAIGN TREASURER PHONE**

AREA CODE | PHONE NUMBER | EXTENSION

( 361 ) 877-6010

**OFFICE USE ONLY**

Date Received

**Date Filed** 10·26·26

for Rebecca Huerta

Date Hand-delivered or Date Postmarked

City Secretary

Receipt # | Amount $

Date Processed

Date Imaged

**9 REPORT TYPE**

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month Day Year: 10 / 05 / 26 THROUGH Month Day Year: 10 / 26 / 26

**11 ELECTION**

ELECTION DATE: Month Day Year: 11 / 03 / 26

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

**12 OFFICE**

OFFICE HELD (if any): City Council, District 5

**13** OFFICE SOUGHT (if known): Mayor

**14 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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☒ SPECIFIC

COMMITTEE NAME: Corpus Christi United PAC

COMMITTEE ADDRESS: 401 Chaparral St., #225, Corpus Christi, TX 78401

COMMITTEE CAMPAIGN TREASURER NAME: Trevor Slowick

COMMITTEE CAMPAIGN TREASURER ADDRESS: 4014 Killarmet St.,Corpus Christi, TX 78413

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | | |
|---|---|---|---|
| **15** C/OH NAME | Gil Hernandez | **16** Filer ID (Ethics Commission Filers) | |
| **17** CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 195.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 4,850.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 735.99 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 3,396.64 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 36,525.66 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0.00 |

**18** 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 Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

MARIAH H RESENDEZ
Notary Public, State of Texas
My Commission Expires
April 14, 2030
NOTARY ID 133689757

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Gilbert Hernandez this the 26th day of October, 20 26, 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 |
|---|---|---|
| | Mariah Resendez | Notary Public |

OR

**(2) Unsworn Declaration**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Gil Hernandez | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | [X] | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 4,850.00 |
| 2. | [X] | 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 CONTRIBUTIONS | $ 2,660.65 |
| 6. | [ ] | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | [ ] | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 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 CONTRIBUTIONS | $ |
| 12. | [ ] | 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: 4 |
|---|---|
| 2 FILER NAME: Gil Hernandez | 3 Filer ID (Ethics Commission Filers) |

| 4 Date | 5 Full name of contributor / ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 9/28/26 | Ramiro Munoz<br>[redacted] Corpus Christi, TX 78404 | $1,450.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Engineer | Munoz Engineering |

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 9/28/26 | David Engel<br>[redacted] Corpus Christi, TX 78404 | $500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | |

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 9/29/26 | Albert Kessler<br>[redacted] Corpus Christi, TX 78468 | $500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Business owner | Hest Fitness |

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 10/07/26 | Andy Taubman<br>[redacted] Corpus Christi, TX 78412 | $ 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Real Estate Investor | Self Employed |

**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**

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: 4

**2** FILER NAME: Gil Hernandez

**3** Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 7 Amount of contribution ($) |
|---|---|---|
| 10/08/26 | Sharon Gutierrez<br>6 Contributor address; City; State; Zip Code<br>[redacted] Corpus Christi, TX 78427 | $1,000.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 10/08/26 | Kevin Barker<br>Contributor address; City; State; Zip Code<br>[redacted] Corpus Christi, TX 78414 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 10/08/26 | Stacey Slater<br>Contributor address; City; State; Zip Code<br>[redacted] Corpus Christi, TX 78412 | $50.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 10/13/26 | Wayne Squires<br>Contributor address; City; State; Zip Code<br>[redacted] Corpus Christi, TX 78411 | $ 500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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**1** Total pages Schedule A1: 4

**2** FILER NAME: Gil Hernandez

**3** Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / ☐ out-of-state PAC (ID#:) | 7 Amount of contribution ($) |
|---|---|---|
| 10/15/26 | June Gildersleeve<br>6 Contributor address; City; State; Zip Code<br>[redacted] Corpus Christi, TX 78413 | $50.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| Retired | |

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 10/18/26 | WC Keenan<br>Contributor address; City; State; Zip Code<br>[redacted] Corpus Christi, TX 78414 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 10/21/26 | Jeffrey Walker<br>Contributor address; City; State; Zip Code<br>[redacted] Corpus Christi, TX 78418 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| Retired | |

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 10/21/26 | Jill Reed<br>Contributor address; City; State; Zip Code<br>[redacted] Corpus Christi, TX 78412 | $ 250.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

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# 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: 4

**2** FILER NAME: Gil Hernandez

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **7** Amount of contribution ($) |
|---|---|---|
| 10/22/26 | Michael Biddle<br>**6** Contributor address; City; State; Zip Code<br>[redacted] Corpus Christi, TX 78410 | $200.00 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>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#:_____)<br>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#:_____)<br>Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| | | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

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# 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) |
|---|---|---|
| 2 | Gil Hernandez | |

**4 Date:** 9/26/26
**5 Payee name:** Stichit
**6 Amount ($):** $ 404.86
**7 Payee address; City; State; Zip Code:** 4333 S. Alameda, Corpus Christi, TX 78412
☐ Check if individual's residence address.

**8 PURPOSE OF EXPENDITURE**
**(a) Category** (See Categories listed at the top of this schedule): Advertising expense
**(b) Description:** Campaign shirts
**(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

---

**Date:** 10/08/26
**Payee name:** Gulf Coast Printing
**Amount ($):** $362.64
**Payee address; City; State; Zip Code:** 6901 SPID, Suite 103A, Corpus Christi, TX 78412
☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**
**Category** (See Categories listed at the top of this schedule): Advertising expense
**Description:** Printed campaign cards
☐ 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

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**Date:** 10/13/26
**Payee name:** Signs2Go
**Amount ($):** $378.88
**Payee address; City; State; Zip Code:** 304 Pecan St., McAllen, TX 78501
☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**
**Category** (See Categories listed at the top of this schedule): Advertising expense
**Description:** Yard Signs
☐ 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**

# 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) |
|---|---|---|
| 2 | Gil Hernandez | |

**4 Date:** 10/20/26

**5 Payee name:** Malkan Interactive Communications

**6 Amount ($):** $ 1,000.00

**7 Payee address; City; State; Zip Code:** 2117 Leopard St, Corpus Christi, TX 78408

☐ Check if individual's residence address.

**8 PURPOSE OF EXPENDITURE**

**(a) Category** (See Categories listed at the top of this schedule): Advertising Expense

**(b) Description:** Radio Ads

**(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

---

**Date:** 9/16/26

**Payee name:** Dynamic Media

**Amount ($):** $250.00

**Payee address; City; State; Zip Code:** 710 Buffalo St. Suite 709, Corpus Christi, TX 78401

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

**Category** (See Categories listed at the top of this schedule): Advertising expense

**Description:** Radio Ads

☐ 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:** 10/22/26

**Payee name:** Cancun Resturant Corp

**Amount ($):** $263.65

**Payee address; City; State; Zip Code:** 6314 Yorktwon Blvd #205, Corpus Christi, TX 78414

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

**Category** (See Categories listed at the top of this schedule): Food & Beverage expense

**Description:** Food

☐ 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**