

# 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:<br><br><b>13</b> |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                          | MS / MRS / MR _____ FIRST _____ MI _____<br><b>Gilbert</b>                                                                                                                                                                                                                                                                                                                                                              | <b>OFFICE USE ONLY</b>                                                                                                                                                                                       |                                       |
|                                                                                          | NICKNAME _____ LAST _____ SUFFIX _____<br><b>Gil Hernandez</b>                                                                                                                                                                                                                                                                                                                                                          | Date Received _____<br><b>Date Filed 10/8/18</b>                                                                                                                                                             |                                       |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE<br><b>4414 Lake Superior Dr<br/>Corpus Christi, TX 78413</b>                                                                                                                                                                                                                                                                                                     | <b>Rebecca Huerta</b><br><b>Rebecca Huerta</b><br><b>City Secretary</b>                                                                                                                                      |                                       |
|                                                                                          | 5 CANDIDATE / OFFICEHOLDER PHONE                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                              |                                       |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                         | AREA CODE PHONE NUMBER EXTENSION<br><b>(361) 779-1179</b>                                                                                                                                                                                                                                                                                                                                                               | Date Hand-delivered or Date Postmarked _____                                                                                                                                                                 |                                       |
| 6 CAMPAIGN TREASURER NAME                                                                | MS / MRS / MR _____ FIRST _____ MI _____<br><b>Robert</b>                                                                                                                                                                                                                                                                                                                                                               | Receipt # _____ Amount \$ _____                                                                                                                                                                              |                                       |
|                                                                                          | NICKNAME _____ LAST _____ SUFFIX _____<br><b>Cagle</b>                                                                                                                                                                                                                                                                                                                                                                  | Date Processed _____                                                                                                                                                                                         |                                       |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE<br><b>6322 Grandvilliers Dr<br/>Corpus Christi, TX 78414</b>                                                                                                                                                                                                                                                                                    | Date Imaged _____                                                                                                                                                                                            |                                       |
|                                                                                          | 8 CAMPAIGN TREASURER PHONE                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                              |                                       |
| 8 CAMPAIGN TREASURER PHONE                                                               | AREA CODE PHONE NUMBER EXTENSION<br><b>(361) 815-9982</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                              |                                       |
| 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)<br><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     Month Day Year<br><b>7 / 01 / 18</b> THROUGH <b>9 / 27 / 18</b>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                       |
| 11 ELECTION                                                                              | ELECTION DATE<br>Month Day Year<br><b>11 / 06 / 18</b>                                                                                                                                                                                                                                                                                                                                                                  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                       |
| 12 OFFICE                                                                                | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                    | 13 OFFICE SOUGHT (if known)<br><br><b>Corpus Christi<br/>City Council, Dist 5</b>                                                                                                                            |                                       |

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

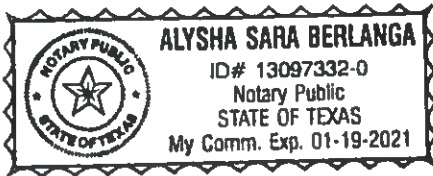
COMMITTEE CAMPAIGN TREASURER NAME

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 | \$ 25.00    |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 6,340.00 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                     | \$ 56.01    |
|                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                       | \$ 6,255.13 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 5,218.86 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 5,165.00 |

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gilbert "Gil" Hernandez, this the 8<sup>th</sup> day of October, 2018, to certify which, witness my hand and seal of office.

Alysha Sara Berlanga Alysha Sara Berlanga 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

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                                      | \$ 6,340.00 |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$          |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$          |
| 4.  | <input checked="" type="checkbox"/> | SCHEDULE E: LOANS                                                                  | \$ 5,165.00 |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 6,255.13 |
| 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 6**

2 FILER NAME  
**Gil Hernandez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**8/5/18**

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

**William A. Thau III**

7 Amount of contribution (\$)  
**\$ 50.00**

6 Contributor address; City; State; Zip Code  
**6229 Bourbonais Dr., Corpus Christi. TX 78414**

8 Principal occupation / Job title (See Instructions)  
**Attorney**

9 Employer (See Instructions)  
**Self Employed**

Date  
**8/14/18**

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

**Andrew B. Taubman**

Amount of contribution (\$)  
**\$ 200.00**

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)  
**Real Estate Investor**

Employer (See Instructions)  
**Self Employed**

Date  
**8/31/18**

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

**Tom Carlisle**

Amount of contribution (\$)  
**\$ 500.00**

Contributor address; City; State; Zip Code  
**500 N Water St., STE 900 Corpus Christi, TX 78401**

Principal occupation / Job title (See Instructions)  
**Insurance Broker**

Employer (See Instructions)  
**Carlisle Insurance**

Date  
**8/31/18**

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

**CPC Intrests LLC**

Amount of contribution (\$)  
**\$ 1,000.00**

Contributor address; City; State; Zip Code  
**6229 Leopard St., Corpus Christi, TX 78409**

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 6**

2 FILER NAME  
**Gil Hernandez**

3 Filer ID (Ethics Commission Filers)

4 Date  
**9/09/18**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lydia Rivera**  
6 Contributor address; City; State; Zip Code  
**5206 Moultrie Dr., Corpus Christi, TX 78413**

7 Amount of contribution (\$)  
**\$ 40.00**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date  
**9/10/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Melinda Garza**  
Contributor address; City; State; Zip Code  
**6221 Michaux, Corpus Christi, TX 78414**

Amount of contribution (\$)  
**\$ 200.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**9/11/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Robert M. Viera**  
Contributor address; City; State; Zip Code  
**8501 Dominion Ct., Corpus Christi, TX 78414**

Amount of contribution (\$)  
**\$ 300.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Engineer**

**LNV, Inc.**

Date  
**9/18/18**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Chris Torres**  
Contributor address; City; State; Zip Code  
**5518 Tahoe Circle, Corpus Christi, TX 78413**

Amount of contribution (\$)  
**\$ 100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Postal worker**

**US Postal Service**

**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:  
**3 of 6**

2 FILER NAME

**Gil Hernandez**

3 Filer ID (Ethics Commission Filers)

4 Date

**9/10/18**

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

**Eugene J. Seaman**

6 Contributor address; City; State; Zip Code

**55 Lake Shore Dr., Corpus Christi, TX 78413**

7 Amount of contribution (\$)

**\$ 100.00**

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**9/11/18**

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

**Eric Trejo**

Contributor address; City; State; Zip Code

**5334 Timbergate Dr., Corpus Christi, TX 78413**

Amount of contribution (\$)

**\$ 500.00**

Principal occupation / Job title (See Instructions)

**Engineer**

Employer (See Instructions)

**LNV, Inc.**

Date

**9/11/18**

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

**Dan S. Leyendecker**

Contributor address; City; State; Zip Code

**15222 Cane Harbor Blvd., Corpus Christi, TX 78718**

Amount of contribution (\$)

**\$ 500.00**

Principal occupation / Job title (See Instructions)

**Engineer**

Employer (See Instructions)

**LNV, Inc.**

Date

**9/11/18**

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

**David K. Owen**

Contributor address; City; State; Zip Code

**214 Dolphin Pl., Corpus Christi, TX 78411**

Amount of contribution (\$)

**\$ 300.00**

Principal occupation / Job title (See Instructions)

**Property manager**

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:  
4 of 6

2 FILER NAME

Gil Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/18

5 Full name of contributor

Fred Braselton

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

6 Contributor address;

City; State; Zip Code

6910 Sir Palleas St., Corpus Christi, TX 78413

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

Home Builder

9 Employer (See Instructions)

Braselton Homes

Date

9/18/18

Full name of contributor

Mossa Paymon Mostaghasi

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

Contributor address;

City; State; Zip Code

PO Box 331308, Corpus Christi, TX 78463

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Home Builder

Employer (See Instructions)

MPM Homes

Date

9/20/18

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 (\$)

\$ 150.00

Principal occupation / Job title (See Instructions)

Real Estate Investor

Employer (See Instructions)

Self Employed

Date

9/20/18

Full name of contributor

Barton H. Braselton

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

Contributor address;

City; State; Zip Code

5337 Yorktown Blvd., Corpus Christi, TX 78413

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Home Builder

Employer (See Instructions)

Braselton Homes

**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:  
5 of 6

2 FILER NAME

Gil Hernandez

3 Filer ID (Ethics Commission Filers)

4 Date

9/20/18

5 Full name of contributor

Reagan Brown

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

6 Contributor address;

City: State: Zip Code

P.O. Box 8229, Corpus Christi, TX 78468

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

Real Estate

9 Employer (See Instructions)

Peterson Development Company

Date

9/20/18

Full name of contributor

Cervantes Electric Inc.

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

Contributor address;

City: State: Zip Code

6118 Maramet Dr., Corpus Christi, TX 78414

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/18

Full name of contributor

Mohammad Rezaei

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

Contributor address;

City: State: Zip Code

6534 Marble Wing Dr., Corpus Christi, TX 78414

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

General contractor

Date

9/21/18

Full name of contributor

Kitty Hawk Development LTD

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

Contributor address;

City: State: Zip Code

8230 South Staples St., Corpus Christi, TX 78413

Amount of contribution (\$)

\$ 250.00

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:  
**6 of 6**

2 FILER NAME

**Gil Hernandez**

3 Filer ID (Ethics Commission Filers)

4 Date

**9/21/18**

5 Full name of contributor

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

**Ed Cantu Insurance Agency**

6 Contributor address;

City; State; Zip Code

**7122 S. Staples St., Corpus Christi, TX 78413**

7 Amount of contribution (\$)

**\$ 150.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.**

# LOANS

# SCHEDULE E

|                                                                                                         |                                                                                                    |                                                                                                                            |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                               |                                                                                                    | 1 Total pages Schedule E:<br><b>1 of 1</b>                                                                                 |
| 2 FILER NAME<br><b>Gil Hernandez</b>                                                                    |                                                                                                    | 3 Filer ID (Ethics Commission Filers)                                                                                      |
| 4 TOTAL OF UNITEMIZED LOANS                                                                             |                                                                                                    | \$ 5,165.00                                                                                                                |
| 5 Date of loan<br><b>8/01/18</b>                                                                        | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Gil Hernandez</b>   | 9 Loan Amount (\$)<br><b>\$ 5,165.00</b>                                                                                   |
| 6 Is lender a financial institution?<br><b>Y <input checked="" type="radio"/> <input type="radio"/></b> | 8 Lender address; City; State; Zip Code<br><b>4414 Lake Superior Dr., Corpus Christi, TX 78413</b> | 10 Interest rate<br><b>N/A</b>                                                                                             |
|                                                                                                         |                                                                                                    | 11 Maturity date<br><b>N/A</b>                                                                                             |
| 12 Principal occupation / Job title (See Instructions)                                                  |                                                                                                    | 13 Employer (See Instructions)                                                                                             |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                                |                                                                                                    | 15 Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable                      | 17 Name of guarantor<br><br>.....<br>18 Guarantor address; City; State; Zip Code                   | 19 Amount Guaranteed (\$)                                                                                                  |
| 20 Principal Occupation (See Instructions)                                                              |                                                                                                    | 21 Employer (See Instructions)                                                                                             |
| Date of loan                                                                                            | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                             | Loan Amount (\$)                                                                                                           |
| Is lender a financial institution?<br><b>Y <input type="radio"/> <input checked="" type="radio"/> N</b> | Lender address; City; State; Zip Code                                                              | Interest rate                                                                                                              |
|                                                                                                         |                                                                                                    | Maturity date                                                                                                              |
| Principal occupation / Job title (See Instructions)                                                     |                                                                                                    | Employer (See Instructions)                                                                                                |
| Description of Collateral<br><input type="checkbox"/> none                                              |                                                                                                    | Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/>               |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                                    | Name of guarantor<br><br>.....<br>Guarantor address; City; State; Zip Code                         | Amount Guaranteed (\$)                                                                                                     |
| Principal Occupation (See Instructions)                                                                 |                                                                                                    | Employer (See Instructions)                                                                                                |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender 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)

The Instruction Guide explains how to complete this form.

|                                                                     |  |                                                                                                   |  |                                                                                                                                                                                        |  |
|---------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>1 of 3                         |  | <b>2</b> FILER NAME<br>Gil Hernandez                                                              |  | <b>3</b> Filer ID (Ethics Commission Filers)                                                                                                                                           |  |
| <b>4</b> Date<br>8/13/18                                            |  | <b>5</b> Payee name<br>MSC Advertising & Marketing                                                |  |                                                                                                                                                                                        |  |
| <b>6</b> Amount (\$)<br>\$ 1,500.00                                 |  | <b>7</b> Payee address; City; State; Zip Code<br>3522 S. Alameda, Corpus Christi, TX 78411        |  |                                                                                                                                                                                        |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br>Consulting Expense |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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                                                                                                                                                                          |  |
| Date<br>8/20/18                                                     |  | Payee name<br>DNH Domain Hosting Service                                                          |  |                                                                                                                                                                                        |  |
| Amount (\$)<br>\$ 28.34                                             |  | Payee address; City; State; Zip Code<br>14455 N. Hayden Rd., Ste 226, Scottsdale, AZ 85260        |  |                                                                                                                                                                                        |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br><br>Other: Web Domain             |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense             |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name                                                                     |  | Office sought                                                                                                                                                                          |  |
| Date<br>8/31/18                                                     |  | Payee name<br>Super Cheap Signs                                                                   |  |                                                                                                                                                                                        |  |
| Amount (\$)<br>\$ 766.50                                            |  | Payee address; City; State; Zip Code<br>9200 Waterford Centre Blvd., Suite 100, Austin, TX 78758  |  |                                                                                                                                                                                        |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       |  | Category (See Categories listed at the top of this schedule)<br><br>Advertising Expense           |  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense             |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate / Officeholder name                                                                     |  | Office sought                                                                                                                                                                          |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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)

The Instruction Guide explains how to complete this form.

|                                             |                                      |                                              |
|---------------------------------------------|--------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>2 of 3 | <b>2</b> FILER NAME<br>Gil Hernandez | <b>3</b> Filer ID (Ethics Commission Filers) |
|---------------------------------------------|--------------------------------------|----------------------------------------------|

|                          |                                      |
|--------------------------|--------------------------------------|
| <b>4</b> Date<br>9/04/18 | <b>5</b> Payee name<br>Discount Mugs |
|--------------------------|--------------------------------------|

|                                   |                                                                                       |
|-----------------------------------|---------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$ 222.42 | <b>7</b> Payee address; City; State; Zip Code<br>12610 NW 115th Ave., Miami, FL 33178 |
|-----------------------------------|---------------------------------------------------------------------------------------|

|                                           |                                                                                               |                                                                                                                                                                                        |
|-------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertisng Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br>9/05/18 | Payee name<br>Gotprint.com |
|-----------------|----------------------------|

|                         |                                                                                |
|-------------------------|--------------------------------------------------------------------------------|
| Amount (\$)<br>\$ 72.86 | Payee address; City; State; Zip Code<br>1001 S. Nolen Dr., Grapevine, TX 76051 |
|-------------------------|--------------------------------------------------------------------------------|

|                               |                                                                                    |                                                                                                                                                                             |
|-------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertisng Expense | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                            |                               |               |             |
|------------------------------------------------------------|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

|                 |                                           |
|-----------------|-------------------------------------------|
| Date<br>9/11/18 | Payee name<br>MSC Advertising & Marketing |
|-----------------|-------------------------------------------|

|                            |                                                                                   |
|----------------------------|-----------------------------------------------------------------------------------|
| Amount (\$)<br>\$ 1,500.00 | Payee address; City; State; Zip Code<br>3522 S. Alemeda, Corpus Christi, TX 78411 |
|----------------------------|-----------------------------------------------------------------------------------|

|                               |                                                                                    |                                                                                                                                                                             |
|-------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Consulting expense | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                            |                               |               |             |
|------------------------------------------------------------|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

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# 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)

The Instruction Guide explains how to complete this form.

|                                             |                                      |                                       |
|---------------------------------------------|--------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>3 of 3</b> | 2 FILER NAME<br><b>Gil Hernandez</b> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------------|--------------------------------------|---------------------------------------|

|                          |                                              |
|--------------------------|----------------------------------------------|
| 4 Date<br><b>9/14/18</b> | 5 Payee name<br><b>Grunwald Printing Co.</b> |
|--------------------------|----------------------------------------------|

|                                    |                                                                                            |
|------------------------------------|--------------------------------------------------------------------------------------------|
| 6 Amount (\$)<br><b>\$2,165.01</b> | 7 Payee address; City; State; Zip Code<br><b>1418 Morgan Ave, Corpus Christi, TX 78404</b> |
|------------------------------------|--------------------------------------------------------------------------------------------|

|                                    |                                                                                                |                                                                                                                                                                                 |
|------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                              |                               |               |             |
|--------------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 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 |
|-------------|--------------------------------------|

|                               |                                                              |                                                                                                                                                                             |
|-------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                            |                               |               |             |
|------------------------------------------------------------|-------------------------------|---------------|-------------|
| 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 |
|-------------|--------------------------------------|

|                               |                                                              |                                                                                                                                                                             |
|-------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                            |                               |               |             |
|------------------------------------------------------------|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-------------------------------|---------------|-------------|

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