

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: 10

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Gilbert

NICKNAME

LAST

SUFFIX

Gil

Hernandez

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

FIRST

MI

Dr. John

NICKNAME

LAST

SUFFIX

Sullivan

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

7434 Lake Superior Dr., Corpus Christi, TX 78413

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361) 877-6010

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

07 / 01 / 26

THROUGH

Month

Day

Year

10 / 04 / 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

Date Filed 10-5-26

Rebecca Huerta
for

Rebecca Huerta
City Secretary

Receipt #

Amount \$

Date Processed

Date Imaged

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)	\$ 250.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 701.69
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,318.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,877.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

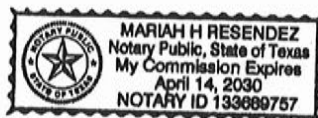
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Gilbert Hernandez this the 5th day of October, 2026 to certify which, witness my hand and seal of office.

[Handwritten Signature] Mariah Resendez Notary Public

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

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

Gil Hernandez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,350.00
2.	☒	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 522.41
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐	SCHEDULE E: LOANS	\$
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,318.91
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: 1
2 FILER NAME Gil Hernandez		3 Filer ID (Ethics Commission Filers)
4 Date 08/15/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Eloy Salazar 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78415	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Real estate investor		9 Employer (See Instructions)
Date 8/15/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Anna Salazar Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Real estate investor		Employer (See Instructions)
Date 8/17/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Nishy George Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/21/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Raju Bhagat Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Hotel owner		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

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 8/24/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Diane Salinas 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78414	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Construction		9 Employer (See Instructions)
Date 8/24/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Max Salinas Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78427	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Max Underground
Date 8/24/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Vishal Bhakta Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78410	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)
Date 9/04/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mehboob M. Lakhpaty Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78415	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Restaurant owner		Employer (See Instructions) My Blessings, LTD
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 9/02/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Bryan Gulley 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78414	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 9/14/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Shelly Brandt Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78410	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Brandt Equipment
Date 9/14/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Paul Choules Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77008	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Water consultant		Employer (See Instructions)
Date 9/14/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) John Michael Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78418	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Professional Engineer		Employer (See Instructions) Hanson Engineering
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 9/14/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael Bergsma 6 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78413	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Geologist		9 Employer (See Instructions)
Date 9/14/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Roberto R. Del Christo Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78412	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Physicians Premier
Date 9/14/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Allen Potter Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78412	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 9/17/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cynthia S. Garza Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78410	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.		

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: 1			
2 FILER NAME Gil Hernandez						3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$ 522.41			
5 Date 10/02/26		6 Full name of contributor ☐ out-of-state PAC (ID# _____) Max Selinas				8 Amount of Contribution \$ \$522.41		9 In-kind contribution description Vehicle	
		7 Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78414				☐ Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Construction						11 Employer (FOR NON-JUDICIAL)(See Instructions) Max Underground			
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# _____) Contributor address; City; State; Zip Code				Amount of Contribution \$		In-kind contribution description	
						☐ 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	2 FILER NAME Gil Hernandez	3 Filer ID (Ethics Commission Filers)
4 Date 08/31/26	5 Payee name Home Depot	
6 Amount (\$) \$ 421.67	7 Payee address; City; State; Zip Code 2301 Airline Rd., Suite 209, Corpus Christi, TX 78414 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign supplies	(b) Description T-Posts & supplies
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 9/02/26	Payee name Signs2go	
Amount (\$) \$2,219.13	Payee address; City; State; Zip Code 304 E. Peacon St., Ste U, 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 Campaign signs
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 9/04/26	Payee name Signs2go	
Amount (\$) \$2,273.25	Payee address; City; State; Zip Code 304 E. Peacon St., Ste U, 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 Campaign/Yard signs
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

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	2 FILER NAME Gil Hernandez		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/26	5 Payee name Stichit		
6 Amount (\$) \$ 150.00	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 <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 ☐ 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 <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 ☐ 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 <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 ☐ 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 <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