# ABELARDO GOMEZ

SEMI-ANNUAL REPORT JULY 15, 2024

CAMPAIG		ORM C/OH SHEET PG 1				
The C/OH Instruction C	The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers)					filed: 21.
3 CANDIDATE / OFFICEHOLDER NAME	CEHOLDER Ahalacdo					E USE ONLY
, , , , , , ,	NICKNAME (A)	rel" LAST CIC	mez	SUFFIX .	Date Received GAMCROID GAMCROID GAMCROID GAMCROID GAMCROID	46(UU) (Opi
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	Υ	5 Paredes		2d	****	2024
Change of Address		NASVILL TX	78520		ah (a	D. 3:20PM
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER -1005		wsion ප්	Land State of the	
6 CAMPAIGN TREASURER NAME	MS / MRS (MR)	Ricardo		МІ	Receipt # Date Processed	Amount \$
	NICKNAME NICKY	II GOV	mez	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE): APT / SE		IŢY;	STATE;	ZIP CODE
(Residence or Business)	Brown	rsvile, TX	78526			
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) 8	PHONE NUMBER	EXTEN	4SION		
9 REPORT TYPE	January 15	30th day before el	lection F	Runoff		after campaign appointment der Only)
	July 15	8th day before ele	- CHOIL	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month O	Ol /2024	← THROUGH	Month $OG$	Day Yea /30 / み	أسر
11 ELECTION	ELECTION DA		——————————————————————————————————————	ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	11/05/	JOJY General	Special			**************************************
12 OFFICE	OFFICE HELD (if any)	Constabi	le Pet	E SOUGHT (if known	>nstable	(
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIR	S MAY HAVE BEEN MAD	DE WITHOUT THE CAND	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			-	
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
		GO TO	PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

OAIVII AIOI		
15 C/OH NAME	Abelardo Gomez	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$1,872 70
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$26,500
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,87200
	4. TOTAL POLITICAL EXPENDITURES	\$11,085 70
CONTRIBUTION BALANCE	<ol> <li>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD</li> </ol>	\$ 33,20143
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD</li> </ol>	F THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.  Signature of Ca	and correct and includes all information
	Please complete either option below	r:
(1) Affidavit	JESSICA CUELLAR NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 03/12/28 NOTARY ID 134803471	
NOTARY STAMP/SEAL	before me by Ablavao Gomez this the	12 day of 344
20 to certify	which, witness my hand and seal of office.	·
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	•
My address is	······································	,
	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of , on the day of (month	, 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

Abelardo Gomez	20 Filer ID (Ethics Co	mmission Filers)
SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 26,522
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	*2000 =
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
SCHEDULE E: LOANS		\$
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	. CONTRIBUTIONS	\$ 11,085 75
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$ 820 =
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS 1	TO A BUSINESS OF C/OH	\$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRITORILER	IBUTIONS RETURNED	\$
·		

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 12
2 FILER NAME Abelardo Cons	3 Filer ID (Ethics Commission Filers)
Date  5 Full name of contributor out-of-state PAC (ID#:  Davier Regna  6 Contributor address; City; State; Zip Code  G33 Rey Salomon Street Bounsill	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ett Employed
Date Full name of contributor out-of-state PAC (ID#)  C: Priano Reyna  Contributor address; City; State; Zlp Code  344 Experanza In Brownsilla, Tx 7857	Amount of contribution (\$)  T 25-0 5-
Principal occupation / Job title (See Instructions) Employer (See Instru Principal occupation / Job title (See Instructions) Employer (See Instru Sc	ctions) La employed
Date  Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Contracto/ CarStruction Dum  Employer (See Instru	Self employed
Date  Full name of contributor out-of-state PAC (ID#:  Leval Con rate  Contributor address; City; State; Zip Code  2494 Old Spanish Trl Bro Tx 7852	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instru  C>nStructure / Coulous  Employer (See Instru  Coulous  Coulous  Coulous  Coulous  Coulous  Employer (See Instru  Coulous  Coulous  Coulous  Coulous  Coulous  Employer (See Instru  Coulous  Coulous	Selfenyployed
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#### SCHEDULE A1

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Abelardo Comer		3 Filer ID (Ethics Commission Filers)
4 Date (24)	5 Full name of contributor out-of-state PA  ANDRIO Marile 6 Contributor address; City;  3185 Southmost Rd. British	State; Zip Code	7 Amount of contribution (\$)
\ \ \ \ \ \ \ \	pation / Job title (See Instructions)	9 Employer (See Instruction Self En	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
1/24	Contributor address; City;  777 E. Harrison St. Brown	State; Zip Code	#100=
Principal occup	oation / Job title (See instructions)  - Jat Law / our	Employer (See Instruct	elfem ployed
Date	Full name of contributor  Full name of contributor  Contributor address;  City;	C (ID#:) State; Zip Code	Amount of contribution (\$)  # 100 00
Principal occup  Attorney	Set Law Swerry	Employer (See Instruct	tions) Lendo Le U
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City;	State; Zlp Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
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#### SCHEDULE A1

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1, 11,0 , 04,00	The state of the s		VI. 6.
The	e Instruction Guide explains how to complete this form.	4	Total pages Schedule A1:
2 FILER NAME	Abelardo Gomer	3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7	Amount of contribution (\$)
6/18	Dorse Culvue 6 Contributor address; City; State; 3341 Pable K: Let Blud Brown	Zip Code	1500=
8 Principal occu		loyer (See Instructions	
Date	Full name of contributor cut-of-state PAC (ID#:		Amount of contribution (\$)
1/9/2024	Contributor address; City; State;	Zlp Code	5000
Principal occup	pation / Job title (See Instructions) Empl	178523 loyer (See Instructions	)
Tax coll	lastions attomp massager	Desc	lak
O/S	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
19024	Contributor address; City; State;  915 E. 11th St Bowsvill, TX 785DE	1.25	1350-
Principal occup	pation / Job title (See Instructions) Empl	loyer (See Instructions)	Villament
income	TAX Service Journe In	loyer (See Instructions)	Servel
Date Color	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
12024		Zip Code	5000
Principal occup  Htornu	pation / Job title (See Instructions) Empl	loyer (See Instructions)	ckery & Williams
and the second s		Des Militarios com describir de sono de la fina de la compansa del compansa de la compansa de la compansa del compansa de la c	
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If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Abelardo Genez	3 Filer ID (Ethics Commission Filers)
4 Date 6/13/24	5 Full name of contributor   out-of-state PAC (ID#:)  Manuel de les Santes  6 Contributor address; City; State; Zip Code  1704 S. Frantesc Rd Brunsudle, TX. 78520	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Émployer (See Instru	ctions)
Date G/B/	Full name of contributor out-of-state PAC (ID#:)  ### Abraham Bennet  Contributor address; City; State; Zip Code	Amount of contribution (\$)
1/24	8565 Blue Sige Brunsdle TX 78520	
<b>2</b> 7	ration / Job tale (See instructions)   Employer, (See instruc	ctions) Plage C
Date //24	Full name of contributor out-of-state PAC (iD#:)  Leo Nar do Rin Cont's  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	854 C. Var Burn Brussulk, TX 78500  Dation / Job title (See Instructions)  Self Cmy	
Date ///24	Full name of contributorout-of-state PAC (ID#:)  Moi'ses Tones  Contributor address; City; State; Zip Code  4735 Suthmost RLSEA Brunnsville, Koss	\$300.00
Principal occup	ation / tob title / Can Instructions) Employer (Can Instru	ctions)

#### SCHEDULE A1

If the reques	sted information is not applica	ble, <b>DO NOT i</b> n	clude this page in the	report.
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Abelardo	COM.	e Z	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Gustavo De	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
25/2011	6 Contributor address;	City;	State; Zip Code	\$500°
8 Principal occu	2045 Falm Blud			his and
2	find		9 Employer (See Instruc	lions)
Date	Full name of contributor	,	C (ID#:)	Amount of contribution (\$)
/39/	Contributor address;	wolsk,	State; Zip Code	\$500-
Del	902 E. Madison	St. Brown	SULLE TX 78520	
111	pation / Job title (See Instructions)		Law Office of	Fred A Kowalsk:
5/30,	Full name of contributor Saw Lop	□ out-nf-slate PA(	C (ID#:)	Amount of contribution (\$)
bod	Contributor address; 1605 South From	city;	State; Zip Code	# 300 =
Principal occup Auto	pation / Job title (See Instructions)	· ·	Employer (See Instruction Frontier )	Auto Plex
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	I pation / Job title (See Instructions)		Employer (See Instruc	itions)
			<u> </u>	
			OF THIS SCHEDULE AS N	
	If contributor is out-of-state PAC	C, please see Instr	uction guide for additional	reporting requirements.

#### 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	s form.	1 Total pages Schedule A1:
2 FILER NAME	Abelando E	pur (2		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
6/9/	Jessia PC102			\$ 400. W
1/24	6 Contributor address;	City;	State; Zip Code	# 900·
/	1111 W. STC	earch St. D	megu/6, TX7880	
	pation / Job title (See Instructions)		9 Employer (See Instruct	
4 asura	nce Schi / owner		Dell' Emt	Pojet
Date	Full name of contributor		C (ID#)	Amount of contribution (\$)
10/24	Contributor address;	City;	State; Zip Code	\$ 250.00
/ 1	2100 Zuben Tornes	Shet Bru	wrsville/ 78526	יי
"	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Nestaux	and Manager Sale.	)	Lucky Barro	/
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
6/11/	Sergio Sans	Wago		
1"/24	Sergio Sani Contributor address;	City;	State; Zip Code	St Sou. w
7 '	123 0/d Aut 139	4/RASTE	B8 Brawnsulk JX ?	1521
<b>—</b>				
Santrac	er owner		Self Empi	loyel
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
9/11	Zicky do ksa	1129		d = 2 = 2
11/5/14	Contributor address;	City;	State; Zip Code	J 500. a
Ť	30 Provencia C	TSTE-M	4 Brunsille To 78	21
Principal occup	eation / Job title (See Instructions)		Employer (Saa Instruct	ions)
Mortage	Broker/ owner		Delt Em	Playe &
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#### SCHEDULE A1

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			PROPERTY AND ADDRESS OF THE PROPERTY A	
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Abelardo Go	mr		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor  From H. Land	6	C (ID#:)	7 Amount of contribution (\$)
24	6 Contributor address; 905 E. Las Ebo	City;	State; Zip Code	#500=
	ipation / Job title (See Instructions)		9 Employer (See Instruc	
Date	Full name of contributor  Efrain Diaz	<del></del>	C (ID#:)	Amount of contribution (\$)
Pay	Contributor address;	City;	State; Zip Code	1,200=
	1545 E Jacksus pation / Job title (See Instructions) to/ / Savus/	· A Doun	Employer (See Instruction Sulfeyer)	ons)
Date	Full name of contributor  Alex Martine		C (ID#:)	Amount of contribution (\$)
2024	Alex Martine Contributor address: 7011 Cablas		State; Zip Code	\$700°
	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA(	C (ID#:)	
17/24	Jaime Ccobe do Contributor address;	City;	State; Zip Code	\$ 1,000. W
	opation / Job title (See Instructions)	nursully	Employer (See Instruc	tions)
	POLYMENT SECTION AND ADMINISTRATION OF THE PROPERTY OF THE PRO			

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#### SCHEDULE A1

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The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Abelardo Goma		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC		7 Amount of contribution (\$)
	State; Zip Code	\$ 5000
8 Principal occupation / Job title (See Instructions)	TX 78520	
8 Principal occupation / Job title (See Instructions)  Attorney at Low / owner		
Date Full name of contributor out-of-state PAC Ruben V. Barra	: (ID#:)	Amount of contribution (\$)
Contributor address; City;		\$5000
Principal occupation / Job title (See Instructions)	Brownsell, 7, 785	21
Principal occupation / Job title (See Instructions)  Output  O	Employer (See Instruct	emploxed
	· (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	# 10000
834 E. Tyler St. SteC	Bounsville TX 785	2 <i>0</i>
Principal occupation / Job title (See Instructions)  Sales  OWW	Employer (See instruct	nons)
Date Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
1221	State; Zip Code	\$1000
1 8 39 12. TYPEN STIFFEL I		
Principal occupation / Job title (See Instructions)	Employer (See Instruct	Lemployed

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#### SCHEDULE A1

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

The	Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Abelardo Ga	mer		3 Filer ID (Ethics Commission Filers)
4, Date	5 Full name of contributor  Koy Conly 6 Contributor address;  2401 Doca Ch	City;	State: Zip Code	# ( <b>&gt;</b>
	Asw / Own		9 Employer (See Instruction)	tions)
Date (P/L)	Full name of contributor  Ecose 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		(ID#:)	Amount of contribution (\$)
24	Contributor address;	City;	State; Zip Code	\$5000
Principal occupa	777 E. Harris Solation / Job title (See Instructions)  W / Durne		Employer (See Instruc	tions)
Date (6/5/	Full name of contributor Rolando Ma		(IO#:)	Amount of contribution (\$)
12024	Contributor address;		State: Zip Code -nS V:110 78 7872	\$ 2000-
· · · · · · · · · · · · · · · · · · ·	actor / Job title (See Instructions)		Employer (See Instruc	
6/5	Full name of contributor  Del Mungag  Contributor address;			• •
	1800 Central Blud	SteB Bou	wskill, prisodu	400
The swared	ation / Job title (See Instructions)  Agent / oww		Employer (See Instruc	l Farm

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#### SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Abelardo Comez	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	7 Amount of contribution (\$)
43/ Licado Lamas  6 Contributor address; City; State; Zip Code	#30000
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instru	4
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru-	Bail Bond
Date  Full name of contributor  Out-of-state PAC (ID#	Amount of contribution (\$)
Contributor address; City; State; Zip Code	4500°
2024 855 E. Harrison Brownsville TX 7850	0
Principal occupation / Job title (See Instructions) Employer (See Instru	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	# 30000
807 West Prou Rd Brownsville Th 7852	
Principal occupation / Job title (See Instructions) Employer (See Instru	
AC Répaise / During Selt'en	priyed
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Callo 5 Marso Contributor address; City; State; Zip Code	# / 00000
10024 1124 E. 7th St Si'AB BrowsWILL TX 785	25 /
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions) O Lell

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#### SCHEDULE A1

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

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Abelardo Comer	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	#40000
354 E. Jackson St Brownswill, Th 7852	<b>Þ</b>
8 Principal occupation 7 Job title (See Instructions)  9 Employer (See Instru  10 WN  10 WN	
Date Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code	\$5000
1036 E. 7th St Browns vill, TX 78520	
Principal occupation / Job title (See Instructions)  Bail Bond Aget Our Pegretes	Bail Bond
Date : Full name of contributor   out-of-state PAC (ID#:)  Contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	# (0000
1024 952 Pine Blot Dive Brownsvile Tazz	
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Journs Canco Bu	ildes
Date Full name of contributor out-of-state PAC (ID#)  Tuan Es cabado	Amount of contribution (\$)
Contributor address; City; State; Zip Code	# COO 00
952 Pron Muff Bru Brownsville TX78520	<b>4</b> 3
Principal occupation / Job title (See Instructions) Employer (See Instru	
/owner Jesco Log	j·st: 45

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#### SCHEDULE A1

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

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Abelado Comez	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Co	ode \$500 -
2024 777 E Harrison St. Brownsville Ta-	78520
8 Principal occupation / Job title (See Instructions)  9 Employer (Signature)  4 Law DH	ee Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (4)
S/31) A Marcos Carcia  Contributor address; City; State; Zip Co	ode \$500 °
880 W. Price Rd. Brownsville TX7	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	ee Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
5/31/ Leslie Gonzalez Contributor address; City; State; Zip Co	# 1000°
224 1471 Ventura Dr. Brownsville TX7.	8526
Principal occupation / Job title (See Instructions) Employer (See	ee Instructions) 100 yed
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Co	#/000°
905 Fair Park Blod STE A Hall	yen TA 28550
Principal occupation / Job title (See Instructions) Fmolover (Si	ing Barl Bond

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

ii ine requ	rested information is not applicable, <b>DO NOT Includ</b>	e this page in the report.
Ť	he Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A2:
2 FILER NAM	Hbelardo Come	3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	3,000 °C
5 Date 6/29/24	Full name of contributor   out-of-state PAC (ID#:	8 Amount of Some Solution and Solution
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	Deff Employee  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	r 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;	Amount of Contribution \$\text{In-kind contribution description}\$  Zip Code   Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / 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)	
i	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction	

## SCHEDULE F1

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

if the requested information is not applicable, <b>DO NOT include this page in the report.</b>							
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees         Off.           Food/Beverage Expense         Pol           iy         Gift/Awards/Memorials Expense         Prir	an Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Illing Expense Iaries/Wages/Contract Labor Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	2 Files ID (Files Commission Files)					
Ϋ́	Abelardo 6	DM-1 3 Filer ID (Ethics Commission Filers)					
2/14/2024	5 Payee name Digital Prin	t & Adv.					
6 Amount (\$)	7 Payee address;	City; State; Zip Code					
\$1,835 06	2900 Central Blud	Brauns ville TX 78520					
8	(a) Category (See Categories listed at the top of this sched	(b) Description					
PURPOSE OF EXPENDITURE	Printing Expense	Political Signs					
	(C) Check if travel outside of Texas. Complete Schedul						
- 0 /							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held					
Date	Payee name						
2/13/2024	Hestor Per	ez.					
Amount (\$)	Payee address;	City; State; Zip Code					
1,3000	7573 Agam Awe 12	rounselle TX 78520					
•	Category (See Categories listed at the top of this schedu	lle) Description					
PURPOSE OF EXPENDITURE	Advetising Expose	Political Sign placements					
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought Office held					
Date	Payee name						
3/15/2024	Main Event						
Amount (\$)	Payee address;	Cily; Slate; Zip Code					
#638.50	2320 Frontage Rd	13,00ms ville, 1/2 78521					
	Category (See Categories fisted at the top of this schedul	le) Description					
PURPOSE	- 1 -						
OF EXPENDITURE	Event Expinsi	Food + Urinks for Meeting					
	Check if travel outside of Texas. Complete Schedule	eT. 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					

## 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 E Candidate/Officeholder/Politic Credi Card Payment	Fees Food/ By Gift/A al Committee Legal	Fees Office Overhit Food/Beverage Expense Polling Exper Gift/Awards/Memorials Expense Printing Experimental Expense		nse es/Contract Labor	Transportation Equip Travel in District Travel Out Of Distric		
1 Total pages Schedule F1:	2 FILER NAME	Abelardo	Com	er	3 Filer ID (Ethics	s Commission Filers)	
12024	5 Payee name	Alex Wine	less				
4 15 000	7 Payee address	·	S1 3.	City;	State;	Zip Code	
8	(a) Category (See	Categories listed at the top of th		OUNSALL(	/1	10320	
PURPOSE OF EXPENDITURE	advert		use c		C for ph		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name		Office sought		Office held	
Date	Payee name						
2/8/2024	InCo	irisma s	Print a	DE			
1,082 50		tral Blud)	Brownsi	······································	State;	Zip Code	
PURPOSE OF EXPENDITURE	Pinting	alegories listed at the top of this  Expens (		Description Political	Sogns		
	Check if	travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX. officeholder fiving	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		fficeholder name		Office sought		Office held	
Date 2/12/2024	Payee name Ally	Wireles	C.				
Amount (\$)	Payee address			City;	State;	Zip Code	
\$1500	1231 E	Elizabe	H St	Brownsv	TX	78520	
PURPOSE OF EXPENDITURE	advertis	ingles listed at the top of this		ell phonet	Si Phone	barking	
	Checkif	travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held	
	ATTACH	ADDITIONAL COPIE	S OF THIS SC	HEDULE AS NEEC	DED		

## SCHEDULE F1

If the requested in	nformation is not applicable, <b>DO NOT inclu</b>	de this page in the re	eport.
	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement c Overhead/Rental Expense ug Expense ug Expense ies/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F	1: 2 FILER NAME   Ardo Gomes		3 Filer ID (Ethics Commission Filers)
4 Date 3-1/-24	5 Payde name El Novio Cortes Fines		
6 Amount (\$)  /342,00	7 Payee address;	City;	State; Zip Code
\ <u> </u>	940 W. Ruben M. Tolles SR Bl		1x 78520
PURPOSE OF EXPENDITURE	(a) Calegory (See Calegories listed at the top of this schedule  Face Bewrys Exforse	(b) Description  Chicken For	r BBQ
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
3-13-24	Sotia Benavides		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 200.00	1150 E. Madison St	Bransville	TX 78520
	Category (See Categories listed at the top of this schedule)	) Description	
PURPOSE OF EXPENDITURE	Food And Beverage	wefer an	d Coker
	Check if travel outside of Texas. Complete Schedule 1	T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
Date	Payee name		
5-1-24	Digital Print and Adverti	sy	
\$1,600. w	, ayou addross,	City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Printing Exponse	Description  Ash Car	-45
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEI	EDED

## SCHEDULE F1

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

	21117001017.10	o not applicable, be	2 140 1 111012220	, una page ni tito i	20011.	
		EXPENDITUR	E CATEGORIES	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services 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)		
			Je explains now to	complete this form.		
1 Total pages Schedule F1:	2 FILER	Abelardo G	ome 2		3 Filer ID (Eth	nics Commission Filers)
4 Date / 5-7-24	5 Payer na		ñ			, , , , , , , , , , , , , , , , , , , ,
6 Amount (\$)	7 Payee ac	dress;	10-	City;	State;	Zip Code
\$ 250. w	370	26 Encan	toda CK	SAW Bonito	<i>T</i> z	78586
8		ry (See Categories listed at th		(b) Description		
PURPOSE	_					
OF EXPENDITURE	Food	I and Bove	Mse	Tamale	۶	
	(c)	Check if travel outside of Texas.	•		tin, TX, officeholder liv	ring expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name	e	Office sought		Office held
Date	Payee na	ame				
6-5-24	NI	na Ochon		San bento	77	78586
Amount (\$)	Payee ac			City;	State;	Zip Code
\$ 465.00	3431	7 Elany	Lane			
		/ (See Categories listed at the		Description		
PURPOSE OF EXPENDITURE	Adv	orbisomet		Polifica	AJ FU	11 Page
		Check if travel outside of Texas.	. Complete Schedule T.	Check if Austi	in, TX, officeholder livi	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	3	Office sought		Office held
Date	Payee na	ame				
5-21-24	My	little Care	sel funda	Hen		
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
\$ 200.W	221	2 N.47th	st 1.	Mc Allen	K	78501
PURPOSE OF EXPENDITURE	4.1	(See Categories listed at the	top of this schedule)	Pol. Hal	ad.	
		Check if travel outside of Texas.	Complete Schedule T.	Check if Austin	in, TX, officeholder livii	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder nam	ie	Office sought		Office held
	AT	FACH ADDITIONAL (	COPIES OF THIS	S SCHEDULE AS NEE	EDED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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 Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Over Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA	Abelardo	Gom	ez	3 Filer ID (Ethics	Commission Filers)
4 Date 6/35/24	5 Payee nar	Hetor K	esez			
Amount (\$) Reinformer political contributions intended	7 Payee ad	Agave Ane	Brown	city;	State; なってもら	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category  Adv.	Expense		(b) Description	soline	
9 Complete ONLY if direct expenditure to benefit C/OH		Check if travel outside of Texas. Complet ate / Officeholder name	e Schedule I.	Office sought	tin, TX, officeholder living e	Office held
Date	Payee nar	me				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of the	nis schedule)	Description		
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Aust	tin, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of th	is schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NEE	DED	