

ABELARDO GOMEZ

**SEMI-ANNUAL
REPORT
JULY 15, 2024**

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: 21. |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Abelardo FIRST MI NICKNAME "Abel" LAST Gomez Jr. SUFFIX | OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF CLERK OF VOTER REGISTRATION JUL 12 2024 ah @ 3:20PM Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6595 Paredes Line Rd Brownsville TX 78526 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (956) 455-1005 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Ricardo FIRST MI NICKNAME "Ricky" LAST Gomez SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6593 Paredes Line Rd Brownsville, TX 78526 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (956) 832 7734 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 01 / 01 / 2024 THROUGH 06 / 30 / 2024 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 05 / 2024 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) Pct. 2 Constable | 13 OFFICE SOUGHT (if known) Pct. 2 Constable | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

| | | |
|------------------------------------|---|--|
| 15 C/OH NAME <u>Abelardo Gomez</u> | | 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) | \$ <u>1,872⁷⁰</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>26,522⁷⁰</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>1,872⁰⁰</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>11,085⁷⁰</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>33,201⁴³</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</u> |

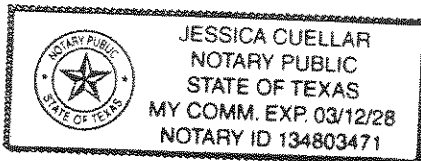
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Abelardo Gomez this the 12 day of July, 2024 to certify which, witness my hand and seal of office.

[Handwritten Signature]
Jessica Cuellar

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 <i>Abelardo Gomez</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>26,527⁷⁰</i> |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>2000⁵⁰</i> |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>0</i> |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>11,085⁷⁰</i> |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>820⁵⁰</i> |
| 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

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: 12 |
| 2 FILER NAME Abelardo Gomez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/15/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junior Reyna | 7 Amount of contribution (\$) \$250 ⁰⁰ |
| 6 Contributor address; City; State; Zip Code 633 Rey Solomon Street Brownsville TX 78521 | | |
| 8 Principal occupation / Job title (See Instructions) Private Investigator / owner | | 9 Employer (See Instructions) Self Employed |
| Date 2/14/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cipriano Reyna | Amount of contribution (\$) \$250 ⁰⁰ |
| Contributor address; City; State; Zip Code 1346 Esperanza Ln Brownsville, TX 78520 | | |
| Principal occupation / Job title (See Instructions) Private investigator / owner | | Employer (See Instructions) Self employed |
| Date 2/24/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) _____ | Amount of contribution (\$) \$1,300 ⁰⁰ |
| Contributor address; City; State; Zip Code 5563 Whisperwind Brownsville, TX 78526 | | |
| Principal occupation / Job title (See Instructions) Contractor Construction owner | | Employer (See Instructions) Self employed |
| Date 2/11/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leroy Gonzalez | Amount of contribution (\$) \$500 ⁰⁰ |
| Contributor address; City; State; Zip Code 2494 Old Spanish Trl Bro TX 78520 | | |
| Principal occupation / Job title (See Instructions) Construction / contractor / owner | | Employer (See Instructions) Self employed |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Abelardo Comer</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6/24/24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonio Mwarda</i> | 7 Amount of contribution (\$) <i>\$700⁰⁰</i> |
| 6 Contributor address; City; State; Zip Code <i>3185 Southmost Rd. Brownsville TX 78521</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Auto Sales / owner</i> | | 9 Employer (See Instructions) <i>Self Employed</i> |
| Date <i>6/27/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ernesto Comer Jr.</i> | Amount of contribution (\$) <i>\$100⁰⁰</i> |
| Contributor address; City; State; Zip Code <i>777 E. Harrison St. Brownsville TX 78520</i> | | |
| Principal occupation / Job title (See Instructions) <i>Attorney at Law / owner</i> | | Employer (See Instructions) <i>Self employed</i> |
| Date <i>6/27/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erin E. Comer</i> | Amount of contribution (\$) <i>\$100⁰⁰</i> |
| Contributor address; City; State; Zip Code <i>455 S San Marcelo Blvd Brownsville TX 78526</i> | | |
| Principal occupation / Job title (See Instructions) <i>Attorney at Law / owner</i> | | Employer (See Instructions) <i>Self employed</i> |
| Date | Full name of contributor <input type="checkbox"/> 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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Abelardo Gomez</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6/18/24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Torge Culver</i> | 7 Amount of contribution (\$) <i>\$500⁰⁰</i> |
| 6 Contributor address; City; State; Zip Code <i>3341 Poble Kiesel Blvd Brownsville TX 78524</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Sales/Bartender /owner</i> | | 9 Employer (See Instructions) <i>Self employed</i> |
| Date <i>6/19/2024</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Laura Gonzalez</i> | Amount of contribution (\$) <i>\$500⁰⁰</i> |
| Contributor address; City; State; Zip Code <i>134 E. Price Rd Brownsville, TX 78521</i> | | |
| Principal occupation / Job title (See Instructions) <i>Tax collections Attorney / manager</i> | | Employer (See Instructions) <i>Partner</i> |
| Date <i>6/15/2024</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos T. Villarreal</i> | Amount of contribution (\$) <i>\$350⁰⁰</i> |
| Contributor address; City; State; Zip Code <i>915 E. 11th St Brownsville, TX 78520</i> | | |
| Principal occupation / Job title (See Instructions) <i>income TAX Service /owner</i> | | Employer (See Instructions) <i>Villarreal Income TAX Service</i> |
| Date <i>6/12/2024</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alexandra Coujardo</i> | Amount of contribution (\$) <i>\$500⁰⁰</i> |
| Contributor address; City; State; Zip Code <i>55 Cove Cir Brownsville, TX 78521</i> | | |
| Principal occupation / Job title (See Instructions) <i>Attorney / Junior Assoc</i> | | Employer (See Instructions) <i>Rayson, Rayzor, Vickery & Williams</i> |

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: |
| 2 FILER NAME <i>Abelardo Gomez</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6/13/24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Manuel de los Santos</i> | 7 Amount of contribution (\$) <i>\$ 500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>1704 S. Frontage Rd Brownsville, TX 78520</i> | | |

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

| | | |
|---|--|---|
| Date <i>6/13/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Abraham Bennet</i> | Amount of contribution (\$) <i>\$ 150.00</i> |
| Contributor address; City; State; Zip Code <i>8565 B/ve Sage Brownsville, TX 78520</i> | | |

| | |
|--|---|
| Principal occupation / Job title (See Instructions) <i>Transportation/owner</i> | Employer (See Instructions) <i>Self Employed</i> |
|--|---|

| | | |
|---|---|---|
| Date <i>6/14/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leonardo Rincones</i> | Amount of contribution (\$) <i>\$ 1,000.00</i> |
| Contributor address; City; State; Zip Code <i>854 E. Van Buren Brownsville, TX 78520</i> | | |

| | |
|--|---|
| Principal occupation / Job title (See Instructions) <i>Attorney/owner</i> | Employer (See Instructions) <i>Self Employed</i> |
|--|---|

| | | |
|--|---|---|
| Date <i>6/14/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Moises Torres</i> | Amount of contribution (\$) <i>\$ 300.00</i> |
| Contributor address; City; State; Zip Code <i>4735 Southmost R LSTA Brownsville, TX 78520</i> | | |

| | |
|---|---|
| Principal occupation / Job title (See Instructions) <i>Insurance Agent/owner</i> | Employer (See Instructions) <i>Self Employed</i> |
|---|---|

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

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: |
| 2 FILER NAME Abelardo Gomez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/5/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustavo DeLeon | 7 Amount of contribution (\$) \$500⁰⁰ |
| 6 Contributor address; City; State; Zip Code 2045 Palm Blvd Brownsville TX 78520 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) N/A |
| Date 5/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred A. Kowalski | Amount of contribution (\$) \$500⁰⁰ |
| Contributor address; City; State; Zip Code 902 E. Madison St. Brownsville TX 78520 | | |
| Principal occupation / Job title (See Instructions) Attorney / owner | | Employer (See Instructions) Law Office of Fred A Kowalski |
| Date 5/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saul Lopez | Amount of contribution (\$) \$300⁰⁰ |
| Contributor address; City; State; Zip Code 1605 South Frontage Rd. Brownsville TX 78521 | | |
| Principal occupation / Job title (See Instructions) Auto Sales / owner | | Employer (See Instructions) Frontera AutoPlex |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Abelardo Gomez</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6/9/24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica P Cruz</i> | 7 Amount of contribution (\$) <i>\$ 400.00</i> |
| 6 Contributor address; City; State; Zip Code <i>1111 W. ST Church St. Brownsville, TX 78520</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Insurance Sales / owner</i> | | 9 Employer (See Instructions) <i>Self Employed</i> |
| Date <i>6/10/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leo Carter</i> | Amount of contribution (\$) <i>\$ 250.00</i> |
| Contributor address; City; State; Zip Code <i>2100 Ruben Torres Blvd Brownsville, TX 78526</i> | | |
| Principal occupation / Job title (See Instructions) <i>Restaurant Manager / Sales</i> | | Employer (See Instructions) <i>Lucky Barrel</i> |
| Date <i>6/11/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sergio Santiago</i> | Amount of contribution (\$) <i>\$ 500.00</i> |
| Contributor address; City; State; Zip Code <i>123 Old Port Isabel Rd STE 108 Brownsville, TX 78521</i> | | |
| Principal occupation / Job title (See Instructions) <i>Contractor / owner</i> | | Employer (See Instructions) <i>Self Employed</i> |
| Date <i>6/12/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ricky de la Garza</i> | Amount of contribution (\$) <i>\$ 500.00</i> |
| Contributor address; City; State; Zip Code <i>30 Provincia CT STE-114 Brownsville, TX 78521</i> | | |
| Principal occupation / Job title (See Instructions) <i>Mortgage Broker / owner</i> | | Employer (See Instructions) <i>Self Employed</i> |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Abelardo Gomez** 3 Filer ID (Ethics Commission Filers)

| | | |
|---------------------------|---|---|
| 4 Date 6/7/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin H. Garcia | 7 Amount of contribution (\$) \$ 500⁰⁰ |
| | 6 Contributor address; City; State; Zip Code 905 E. Los Ebanos Blvd Ste 13, Brownsville, TX 78520 | |

8 Principal occupation / Job title (See Instructions) **Attorney at Law / owner** 9 Employer (See Instructions) **Self employed**

| | | |
|-------------------------|---|--|
| Date 6/7/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Efrain Diaz | Amount of contribution (\$) 1,200⁰⁰ |
| | Contributor address; City; State; Zip Code 1545 E Jackson St Brownsville, TX 78520 | |

Principal occupation / Job title (See Instructions) **Contractor / owner** Employer (See Instructions) **Self employed**

| | | |
|-------------------------|---|---|
| Date 6/7/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Martinez | Amount of contribution (\$) \$ 700⁰⁰ |
| | Contributor address; City; State; Zip Code 7011 Cables on Brownsville, TX 78526 | |

Principal occupation / Job title (See Instructions) **Contractor / owner** Employer (See Instructions) **Self employed**

| | | |
|-----------------------|--|---|
| Date 6/7/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime Escobedo | Amount of contribution (\$) \$ 1,000.00 |
| | Contributor address; City; State; Zip Code 55 Golansky St Brownsville TX 78521 | |

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

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 <i>Abelardo Gomez</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6/5/2024</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jorge Green</i> | 7 Amount of contribution (\$) <i>\$ 500⁰⁰ -</i> |
| 6 Contributor address; City; State; Zip Code <i>34 S Coria St Brownsville, TX 78520</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Attorney at Law / owner</i> | | 9 Employer (See Instructions) <i>Self employed</i> |
| Date <i>6/6/2024</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Y Barra</i> | Amount of contribution (\$) <i>\$ 500⁰⁰ -</i> |
| Contributor address; City; State; Zip Code <i>437 Rey Juan Carlos St. Brownsville, TX 78521</i> | | |
| Principal occupation / Job title (See Instructions) <i>autosales / owner</i> | | Employer (See Instructions) <i>Self employed</i> |
| Date <i>6/7/2024</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tony Manchaca</i> | Amount of contribution (\$) <i>\$ 100⁰⁰ -</i> |
| Contributor address; City; State; Zip Code <i>834 E. Tyler St. Ste C Brownsville TX 78520</i> | | |
| Principal occupation / Job title (See Instructions) <i>Sales / owner</i> | | Employer (See Instructions) <i>Self employed</i> |
| Date <i>6/7/2024</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tony Manchaca</i> | Amount of contribution (\$) <i>\$ 100⁰⁰ -</i> |
| Contributor address; City; State; Zip Code <i>834 E. Tyler St. Ste C Brownsville TX 78520</i> | | |
| Principal occupation / Job title (See Instructions) <i>Sales / owner</i> | | Employer (See Instructions) <i>Self employed</i> |

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: |
| 2 FILER NAME <i>Abelardo Gomez</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6/4/24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kay Conly</i> | 7 Amount of contribution (\$) <i>\$350⁰⁰-</i> |
| 6 Contributor address; City; State; Zip Code <i>2401 Boca Chica Blvd Brownsville TX, 78521</i> | | |
| 8 Principal occupation / Job title (See Instructions) <i>Insurance Agent / owner</i> | | 9 Employer (See Instructions) <i>State Farm</i> |
| Date <i>6/4/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ernesto Gomez</i> | Amount of contribution (\$) <i>\$500⁰⁰-</i> |
| Contributor address; City; State; Zip Code <i>777 E. Harrison St. Brownsville TX 78520</i> | | |
| Principal occupation / Job title (See Instructions) <i>Attorney / owner</i> | | Employer (See Instructions) <i>Self employed</i> |
| Date <i>6/5/2024</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rolando Martinez</i> | Amount of contribution (\$) <i>\$2000⁰⁰-</i> |
| Contributor address; City; State; Zip Code <i>1771 Ventura Dr. Brownsville TX 78520</i> | | |
| Principal occupation / Job title (See Instructions) <i>contractor / owner</i> | | Employer (See Instructions) <i>Self employed</i> |
| Date <i>6/5/2024</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joel Mungua</i> | Amount of contribution (\$) <i>\$250⁰⁰-</i> |
| Contributor address; City; State; Zip Code <i>1800 Central Blvd Ste B Brownsville, TX 78520</i> | | |
| Principal occupation / Job title (See Instructions) <i>Insurance Agent / owner</i> | | Employer (See Instructions) <i>State Farm</i> |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Abelardo Gomez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/3/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo Lamas | 7 Amount of contribution (\$) \$300⁰⁰ |
| 6 Contributor address; City; State; Zip Code 1036 E. 7th St. Brownsville, TX 78520 | | |
| 8 Principal occupation / Job title (See Instructions) Bail Bond / owner | | 9 Employer (See Instructions) Lamas Bail Bond |
| Date 6/4/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandro Dominguez | Amount of contribution (\$) \$500⁰⁰ |
| Contributor address; City; State; Zip Code 855 E. Harrison Brownsville TX 78520 | | |
| Principal occupation / Job title (See Instructions) Attorney / owner | | Employer (See Instructions) Law Office of Alejandro Dominguez |
| Date 6/4/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Mirales | Amount of contribution (\$) \$300⁰⁰ |
| Contributor address; City; State; Zip Code 807 West Pine Rd Brownsville TX 78520 | | |
| Principal occupation / Job title (See Instructions) AC Repair / owner | | Employer (See Instructions) Self employed |
| Date 6/4/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Marso | Amount of contribution (\$) \$1,000⁰⁰ |
| Contributor address; City; State; Zip Code 1104 E. 7th St Suite B Brownsville TX 78520 | | |
| Principal occupation / Job title (See Instructions) Attorney / owner | | Employer (See Instructions) self employed |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Abelardo Gomez | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/3/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Martinez | 7 Amount of contribution (\$) \$400⁰⁰ |
| 6 Contributor address; City; State; Zip Code 554 E. Jackson St Brownsville, TX 78520 | | |
| 8 Principal occupation / Job title (See Instructions) Bail Bond 1 owner | | 9 Employer (See Instructions) Pronto Bail Bond |
| Date 6/3/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrique Negrete | Amount of contribution (\$) \$500⁰⁰ |
| Contributor address; City; State; Zip Code 1036 E. 7th St Brownsville, TX 78520 | | |
| Principal occupation / Job title (See Instructions) Bail Bond Agent / owner | | Employer (See Instructions) Negretes Bail Bond |
| Date 6/3/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Escobedo | Amount of contribution (\$) \$500⁰⁰ |
| Contributor address; City; State; Zip Code 952 Pine Bluff Drive Brownsville Tx 78526 | | |
| Principal occupation / Job title (See Instructions) owner | | Employer (See Instructions) Camco Builders |
| Date 6/3/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Escobedo | Amount of contribution (\$) \$500⁰⁰ |
| Contributor address; City; State; Zip Code 952 Pine Bluff Drive Brownsville TX 78526 | | |
| Principal occupation / Job title (See Instructions) owner | | Employer (See Instructions) JESCO Logistics |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Abelardo Coomes</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5/31/2024</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aaron W Rendon,</i> 6 Contributor address; City; State; Zip Code <i>777 E Harrison St. Brownsville TX 78520</i> | 7 Amount of contribution (\$) <i>\$500⁰⁰</i> |
| 8 Principal occupation / Job title (See Instructions) <i>Attorney / owner</i> | | 9 Employer (See Instructions) <i>Law Office of Aaron W Rendon</i> |
| Date <i>5/31/2024</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcos Garcia</i> Contributor address; City; State; Zip Code <i>880 W. Price Rd. Brownsville, TX 78520</i> | Amount of contribution (\$) <i>\$500⁰⁰</i> |
| Principal occupation / Job title (See Instructions) <i>Rental & repair / owner</i> | | Employer (See Instructions) <i>DS Scales</i> |
| Date <i>5/31/2024</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leslie Gonzalez</i> Contributor address; City; State; Zip Code <i>1471 Ventura Dr. Brownsville TX 78526</i> | Amount of contribution (\$) <i>\$1000⁰⁰</i> |
| Principal occupation / Job title (See Instructions) <i>N/A /</i> | | Employer (See Instructions) <i>Unemployed</i> |
| Date <i>6/3/2024</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Esquivel</i> Contributor address; City; State; Zip Code <i>905 Fair Park Blvd STE A Harlingen TX 78550</i> | Amount of contribution (\$) <i>\$1000⁰⁰</i> |
| Principal occupation / Job title (See Instructions) <i>Bar/Bond / owner</i> | | Employer (See Instructions) <i>El Padino Bar/Bond</i> |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>1</u> | |
| 2 FILER NAME <u>Abelardo Gomez</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ <u>2,000⁰⁰</u> | |
| 5 Date <u>6/29/24</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Flavio Marquez</u> | 8 Amount of Contribution \$ <u>2,000⁰⁰</u> | 9 In-kind contribution description <u>T-SHIRTS</u> |
| 7 Contributor address; City; State; Zip Code <u>1474 W. Price Rd STE 107 Brownsville 78520</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Freight Forwarding Company</u> | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Self Employed</u> | |
| 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of Contribution \$ | In-kind contribution description |
|--|---|---|----------------------------------|
| Contributor address; City; State; Zip Code | | <input type="checkbox"/> 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 4 | 2 FILER NAME Abelardo Gomez | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|---------------------------------------|

| | |
|----------------------------|---|
| 4 Date 2/14/2024 | 5 Payee name Digital Print & Adv. |
|----------------------------|---|

| | |
|--|--|
| 6 Amount (\$) \$1,835⁰⁶ | 7 Payee address; City; State; Zip Code 2900 Central Blvd, Brownsville TX 78520 |
|--|--|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Political Signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <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 2/13/2024 | Payee name Hector Perez |
|--------------------------|-----------------------------------|

| | |
|--|--|
| Amount (\$) 1,300⁰⁰ | Payee address; City; State; Zip Code 7573 Agave Ave Brownsville TX 78520 |
|--|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Political Sign placements |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <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 3/15/2024 | Payee name Main Event |
|--------------------------|---------------------------------|

| | |
|--------------------------------|---|
| Amount (\$) \$638.50 | Payee address; City; State; Zip Code 2320 Frontage Rd Brownsville, TX 78521 |
|--------------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description Food & Drinks for meeting |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <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 |
|--|-------------------------------|---------------|-------------|

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 4 | 2 FILER NAME Abelardo Cosmes | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/7/2024 | 5 Payee name Alex Wireless | |
| 6 Amount (\$) \$150⁰⁰ | 7 Payee address; City; State; Zip Code 1231 E. Elizabeth St. Brownsville TX 78520 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising Expense | (b) Description Cell phone for phone banking |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 2/8/2024 | Payee name In Carisma Print DE | |
| Amount (\$) 1,082⁵⁰ | Payee address; City; State; Zip Code 2100 Central Blvd Brownsville TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description political signs |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 2/12/2024 | Payee name Alex Wireless | |
| Amount (\$) \$150⁰⁰ | Payee address; City; State; Zip Code 1231 E. Elizabeth St Brownsville TX 78520 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising Expense | Description cell phone for phone banking |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 4 | 2 FILER NAME Abelardo Gomez | 3 Filer ID (Ethics Commission Filers) |
|--|---------------------------------------|---------------------------------------|

| | |
|--------------------------|--|
| 4 Date 3-11-24 | 5 Payee name El Navio Cortes Finns |
|--------------------------|--|

| | |
|-----------------------------------|--|
| 6 Amount (\$) \$1342.00 | 7 Payee address; City; State; Zip Code 940 W. Ruben M. Torres SR Blvd Brownsville TX 78520 |
|-----------------------------------|--|

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

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------------|--------------------------------------|
| Date 3-13-24 | Payee name Sofia Benavides |
|------------------------|--------------------------------------|

| | |
|--------------------------------|--|
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 1150 E. Madison St Brownsville TX 78520 |
|--------------------------------|--|

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

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

| | |
|-----------------------|--|
| Date 5-1-24 | Payee name Digital Print and Advertising |
|-----------------------|--|

| | |
|----------------------------------|--|
| Amount (\$) \$1,600.00 | Payee address; City; State; Zip Code 2900 Central Blvd. Brownsville TX 78520 |
|----------------------------------|--|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: 4 | 2 FILER NAME Abelardo Gomez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5-7-24 | 5 Payee name Alejandro Muñoz | |
| 6 Amount (\$) \$ 250.00 | 7 Payee address; City; State; Zip Code 37026 Escantada Ct. San Benito TX 78586 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food and Beverage | (b) Description Tamales |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 6-5-24 | Payee name NINA Ochoa | |
| Amount (\$) \$ 465.00 | Payee address; City; State; Zip Code 34397 Ebony Lane San Benito TX 78586 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertisement | Description Political Ad Full Page |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 5-21-24 | Payee name My little Carusel foundation | |
| Amount (\$) \$ 200.00 | Payee address; City; State; Zip Code 2212 N. 47th St McAllen TX 78501 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertisement | Description Pol. Ad |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule G: <i>1</i> | 2 FILER NAME <i>Abelardo Gomez</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>6/30/24</i> | 5 Payee name <i>Hector Perez</i> | |
| 6 Amount (\$) <i>820⁰⁰</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>7573 Agave Ave Brownsville Tx 78526</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Adv. Expense</i> | (b) Description <i>Gasoline</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED