

# **ABELARDO GOMEZ**

**SEMI-ANNUAL  
REPORT  
JULY 15, 2021**



# 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: **24<sup>NO</sup>**

**OFFICE USE ONLY**

DATE RECEIVED  
CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

JUL 06 2021

RECEIVED

By: *[Signature]*

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

4:08  
PM

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MR** FIRST **Abelardo** MI

NICKNAME "Abel" LAST **Comer** SUFFIX **Jr.**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**6595 Paredes Line Rd.  
Brownsville, TX 78526**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(956) 455-1005**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MR** FIRST **Ricardo** MI

NICKNAME "Ricky" LAST **Comer** 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 7852**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(956)**

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      THROUGH      Month Day Year  
**12 / 31 / 2020      THROUGH      06 / 31 / 2021**

11 ELECTION

ELECTION DATE      ELECTION TYPE  
Month Day Year       Primary       Runoff       Other Description  
 General       Special

12 OFFICE

OFFICE HELD (if any)  
**Constable Pet. 2**

13 OFFICE SOUGHT (if known)  
**Constable Pet. 2**

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | 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**

|   |   |   |
|---|---|---|
| <b>15 C/OH NAME</b> <u>Abelardo Gomez</u> |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>             | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u>                                   |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>0</u>                                   |
| <b>EXPENDITURE TOTALS</b>                 | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>0</u>                                   |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>0</u>                                   |
| <b>CONTRIBUTION BALANCE</b>               | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>479.04</u>                              |
| <b>OUTSTANDING LOAN TOTALS</b>            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>0</u>                                   |

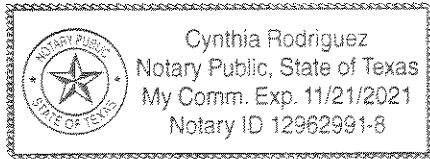
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[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 6<sup>th</sup> day of July, 2021, to certify which, witness my hand and seal of office.

Cynthia Rodriguez Signature of officer administering oath  
Cynthia Rodriguez Printed name of officer administering oath  
Notary Public 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

|   |   |
|---|---|
| <b>19 FILER NAME</b><br><span style="font-size: 1.5em; font-family: cursive;">Abelardo Gomez</span> | <b>20 Filer ID (Ethics Commission Filers)</b> |
|---|---|

| 21  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT |
|-----|---|--------------------|
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0               |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0               |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0               |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ 0               |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 0               |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0               |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0               |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0               |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0               |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0               |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0               |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0               |

# 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  |   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$)         |
|   | 6 Contributor address; City; State; Zip Code                                      |                                       |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)         |
| 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)           |
| 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)           |
| 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)           |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |                                       |