

# **ABELARDO GOMEZ**

**SEMI-ANNUAL  
REPORT  
JANUARY 16, 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: <span style="font-size: 2em; font-weight: bold;">13</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <span style="font-size: 1.5em;">O</span> <span style="font-size: 1.5em;">Abelardo</span> FIRST MI <hr/> NICKNAME LAST SUFFIX <span style="font-size: 1.5em;">"Abel" Gomez Jr.</span>	<b>OFFICE USE ONLY</b> CAMPAIGN COUNTY Date Received WATERFORD  JAN 16 2024  PROCESSED gh @ 3:08 PM 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 <span style="font-size: 1.2em;">6595 Paredes Line Rd</span> <span style="font-size: 1.2em;">Brownsville TX 78526</span>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(956) 455-1005</span> —		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <span style="font-size: 1.5em;">O</span> <span style="font-size: 1.5em;">Ricardo Gomez</span> FIRST MI <hr/> NICKNAME LAST SUFFIX <span style="font-size: 1.5em;">"Ricky" Gomez</span>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em;">6593 Paredes Line Rd.</span> <span style="font-size: 1.2em;">Brownsville TX 78526</span>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(956) 832-7734</span> —		
9 REPORT TYPE	<input checked="" 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 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      THROUGH      Month Day Year <span style="font-size: 1.5em;">07 / 01 / 2023</span> <span style="font-size: 1.5em;">07 / 31 / 2023</span>		
11 ELECTION	ELECTION DATE Month Day Year <span style="font-size: 1.5em;">03 / 05 / 2024</span>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <span style="font-size: 1.5em;">Constable Pct. 2</span>	13 OFFICE SOUGHT (if known) <span style="font-size: 1.5em;">Constable Pct. 2</span>	
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**

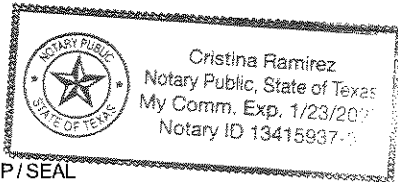
<b>15 C/OH NAME</b> <u>Abel Gomez</u>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>10,082.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>12,577.00</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>7,219.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>26,697.98</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>21,535.88</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.

[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 16<sup>th</sup> day of January.

20 24 to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Cristina Ramirez  
Printed name of officer administering oath

Notary  
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>Abel 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>2,495.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>16,387.50</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>19,478.98</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

**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: <b>2</b>
2 FILER NAME <b>Abel Gomez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/7/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Andres Garcia Jr.</b>	7 Amount of contribution (\$) <b>\$300<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>27283 S Altas Palmas Harkins TX 78552</b>		
8 Principal occupation / Job title (See Instructions) <b>Self Employed</b>		9 Employer (See Instructions) <b>Transportation</b>
Date <b>10/10/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Romeo Espinoza</b>	Amount of contribution (\$) <b>\$200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4242 Old Port Isabel Rd</b>		
Principal occupation / Job title (See Instructions) <b>Attorney at Law</b>		Employer (See Instructions) <b>Self employed</b>
Date <b>10/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Albert M Vega</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>395 S. Sam Houston Blvd, San Benito TX 78586</b>		
Principal occupation / Job title (See Instructions) <b>Self employed / owner</b>		Employer (See Instructions) <b>Thomas Garza Funeral Home</b>
Date <b>10/18/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose Gonzalez</b>	Amount of contribution (\$) <b>\$300<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6840 N. Expressway Brownsville, TX 78526</b>		
Principal occupation / Job title (See Instructions) <b>owner / Self Employed</b>		Employer (See Instructions) <b>Gonzalez Glass</b>

**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: <b>2</b>
2 FILER NAME <b>Abel Gomez</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/20/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carlos Arturo Guerrero</b>	7 Amount of contribution (\$) <b>\$1,030<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>2866 Sweet St Brownsville Tx 78521</b>		
8 Principal occupation / Job title (See Instructions) <b>Self Employed / owner</b>		9 Employer (See Instructions) <b>La Vaquita</b>
Date <b>11/21/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mario Jacinto</b>	Amount of contribution (\$) <b>\$165<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1424 E. San Marcelo Blvd</b>		
Principal occupation / Job title (See Instructions) <b>Law Enforcement / Deputy Constable</b>		Employer (See Instructions) <b>Cameron County</b>
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)

**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>Abel Gomez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>15,187<sup>50</sup></u>	
5 Date <u>10/30/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Javier Sato</u>	8 Amount of Contribution \$ <u>15,187<sup>50</sup></u>	9 In-kind contribution description <u>Political Signs</u>
7 Contributor address; City; State; Zip Code <u>8330 US Hwy 67 Bldg. C Alvarado Tx 76009</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Director</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>King George Safety Solutions</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 <u>10/30/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Herlinda Guerrero Arias</u>	Amount of Contribution \$ <u>1200<sup>00</sup></u>	In-kind contribution description <u>T-shirts</u>
Contributor address; City; State; Zip Code <u>35101 FM 732 San Benito 78586</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>owner / self employed</u>		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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7</b>		2 FILER NAME <b>Abel Gomez</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/20/23</b>		5 Payee name <b>El Novillo Cortes finos 2</b>			
6 Amount (\$) <b>672<sup>00</sup></b>		7 Payee address; <b>940 W Ruben M Torres Sr. Blvd Brownsville TX 78520</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b>		(b) Description <b>Charlan for BBQ</b>		
	(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 <b>12/1/23</b>		Payee name <b>Cameron County</b>			
Amount (\$) <b>\$200<sup>00</sup></b>		Payee address; <b>1100 E. Monroe St Brownsville, TX 78520</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Christmas Party</b>		
	<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 <b>12/6/23</b>		Payee name <b>Lowe's Home Improvement</b>			
Amount (\$) <b>\$248.<sup>11</sup></b>		Payee address; <b>525 Ruben M Torres Blvd Brownsville TX 78520</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>T-Posts</b>		
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME Abel Gomez		3 Filer ID (Ethics Commission Filers)	
4 Date 11/20/23		5 Payee name The Home Depot			
6 Amount (\$) \$109. <sup>73</sup>		7 Payee address; City: State: Zip Code 605 W Morrison Rd Brownsville, TX 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Tie Straps		
	(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 11/20/23		Payee name HEB			
Amount (\$) \$332. <sup>69</sup>		Payee address; City: State: Zip Code 2250 Boca Chica Blvd, Brownsville TX 78521			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description food & supplies for BBQ		
	<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 11/20/2023		Payee name Sam's Club			
Amount (\$) 720. <sup>38</sup>		Payee address; City: State: Zip Code 3570 W. Alton Gloor Blvd, Brownsville TX 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description BBQ fundraiser supplies		
	<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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7      2 FILER NAME Abel Gomez      3 Filer ID (Ethics Commission Filers)

4 Date 11/13/23      5 Payee name Oscar Palomo      City:      State:      Zip Code

6 Amount (\$) \$4,443.<sup>66</sup>      7 Payee address; 2900 Central Blvd Ste B Brownsville, TX 78520

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
<u>Printing Expense</u>	<u>Political Signs</u>
(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 11/15/23      Payee name Cameron County Democratic Party      City:      State:      Zip Code

Amount (\$) \$1000<sup>00</sup>      Payee address; 975 Ruben M Torres Blvd Suit 2. Brownsville, TX 78520

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<u>Fees</u>	<u>Filing fee</u>
<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 11/15/23      Payee name Cameron County Democratic Party      City:      State:      Zip Code

Amount (\$) 200<sup>00</sup>      Payee address; 975 Ruben M Torres Blvd Suit 2. Brownsville, TX 78520

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<u>Event Expense</u>	<u>Democratic meeting Expense</u>
<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7</b>	2 FILER NAME <b>Abel Cosmer</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/2/23</b>	5 Payee name <b>Juan Montoya</b>	City; State; Zip Code
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6 Amount (\$) <b>\$1000<sup>00</sup></b>	7 Payee address; <b>1501 Old Port Isabel road Brownsville, TX 78521</b>	City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Online Advertisement</b>
	(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
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Date <b>9/26/23</b>	Payee name <b>Cynthia Rodriguez</b>	City; State; Zip Code
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Amount (\$) <b>\$250<sup>00</sup></b>	Payee address; <b>4038 Solid Dr Brownsville TX 78521</b>	City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Food/Beverage Expense</b>
	<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
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Date <b>10/6/2023</b>	Payee name <b>The Home Depot</b>	City; State; Zip Code
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Amount (\$) <b>\$318.<sup>63</sup></b>	Payee address; <b>605 W. Morrison Rd Brownsville TX 78520</b>	City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>T Post</b>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7</b>	2 FILER NAME <b>Abel Gomez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/2/23</b>	5 Payee name <b>Terry McHale</b>	
6 Amount (\$) <b>\$550<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>1900 Coffee Port Rd Brownsville TX 78521</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>ON Line Political Adv</b>
	(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 <b>10/16/23</b>	Payee name <b>The Home Depot</b>	
Amount (\$) <b>643.<sup>55</sup></b>	Payee address; City; State; Zip Code <b>605 W Morrison Rd. Brownsville, TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>tools T Post+Tie Straps</b>
	<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 <b>10/31/23</b>	Payee name <b>Sam's Club</b>	
Amount (\$) <b>328.<sup>47</sup></b>	Payee address; City; State; Zip Code <b>3570 W. Alton Gloor Blvd, Brownsville, TX 78520</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b>	Description <b>BBQ fundraiser Expense</b>
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7</b>	2 FILER NAME <b>Abel Gomez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/28/23</b>	5 Payee name <b>Brownsville Cardinals</b>	
6 Amount (\$) <b>\$100<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>409 W. Levee St Brownsville TX 78520</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Advertisement Food for meeting sponsor</b>
	(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 <b>9/1/23</b>	Payee name <b>City of Brownsville</b>	
Amount (\$) <b>\$100<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1001 E. Elizabeth St 234 Brownsville, TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Printing of Political Ad</b>
	<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 <b>9/15/23</b>	Payee name <b>Brownsville Historical Association</b>	
Amount (\$) <b>\$200<sup>00</sup></b>	Payee address; City; State; Zip Code <b>1150 Market Square St. Brownsville, TX 78520</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Political Ad</b>
	<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

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Abel Comer	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/1/2023	<b>5</b> Payee name RGV FAWC	
<b>6</b> Amount (\$) 250 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 4761 Camino Verde Dr. Brownsville TX 78526	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Adv Expense	<b>(b)</b> Description Political Ad
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 7/27/2023	Payee name American Headshots
Amount (\$) 460 <sup>07</sup>	Payee address; City; State; Zip Code 1805 Ruben M. Torres Blvd Suite A9, Brownsville TX 78526
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense
	Description Political Sign Picture
<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 8/22/2023	Payee name Oscar Pulomo
Amount (\$) 7,351 <sup>49</sup>	Payee address; City; State; Zip Code 2900 Central Blvd Ste B Brownsville TX 78520
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense
	Description Political signs printing
<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

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