

# 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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  FIRST MI  
Abelardo  
NICKNAME LAST SUFFIX  
"Abel" Gomez JR.

OFFICE USE ONLY

Date Received CAMERON COUNTY  
DEPARTMENT OF ELECTIONS &  
VOTER REGISTRATION

JAN 15 2016

3:49 PM

BY: [Signature] RECEIVED

Date Hand-delivered or Date Postmarked

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  FIRST MI  
Ricardo  
NICKNAME LAST SUFFIX  
"Ricky" Gomez

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
6593 Paredes Line Rd.  
Brownsville, TX 78526

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956) 832-7734

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 \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year    Month Day Year  
07 / 1 / 2015    THROUGH    12 / 31 / 2015

11 ELECTION

ELECTION DATE    ELECTION TYPE  
Month Day Year     Primary     Runoff     Other Description  
03 / 01 / 2016     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Constable Pet. 2    Constable Pet. 2

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Abelardo Gomez*

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *6,554<sup>00</sup>*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *11,964<sup>00</sup>*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *3,950<sup>00</sup>*

4. TOTAL POLITICAL EXPENDITURES

\$ *12,810<sup>26</sup>*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *5,979<sup>33</sup>*

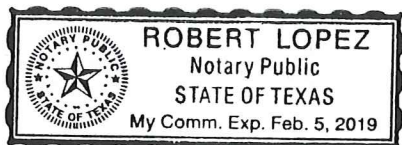
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Abelardo Gomez*, this the *15* day of *January*, 20*16*, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

*Robert Lopez*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath



# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

**19 FILER NAME** *Abelardo Gomez* **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>11,964<sup>00</sup></i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>2350<sup>00</sup></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>12,810<sup>00</sup></i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>1,214<sup>82</sup></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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>800<sup>00</sup></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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME **Abelardo Gomez**

3 Filer ID (Ethics Commission Filers)

4 Date **7/30/2015**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Rigoberto Flores Jr.**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**714 E. Van Buren St. Brownsville TX 78520**

**\$100<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)  
**Attorney self-employed / owner**

9 Employer (See Instructions)  
**Law office of Rigoberto Flores Jr.**

Date **7/30/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Fred A. Kowalski**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**902 E Madison St. Brownsville TX 78520**

**\$60<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Self Employed Attorney / owner**

Employer (See Instructions)  
**Law Office of Fred A. Kowalski**

Date **7/14/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**WorkPlace Benefit Advisors (Albert Trevino)**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**819 N. Veterans Blvd Pharr, TX 78577-4307**

**\$150<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Insurance Sales/President / owner**

Employer (See Instructions)  
**Work Place Benefits Advisors**

Date **7/17/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Roy E. Esquivel**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**Po Box 822 Harlingen, TX 78551**

**\$1000<sup>00</sup>**

Principal occupation / Job title (See Instructions)  
**Self Employed Bond Agent / owner**

Employer (See Instructions)  
**Esquivel Bail Bond**

**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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Abelardo Coomer</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>07/16/15</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Manuel Rodero</i> 6 Contributor address; City; State; Zip Code <i>2100 Village Center Drive Brownsville TX 78926</i>	7 Amount of contribution (\$) <i>\$ 300<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions) <i>Self Employed / owner</i>		9 Employer (See Instructions) <i>South Texas Tactical</i>
Date <i>7/8/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Moises Torres</i> Contributor address; City; State; Zip Code <i>4735 Southmost Rd.#A Brownsville TX 78521</i>	Amount of contribution (\$) <i>\$ 300<sup>00</sup></i>
Principal occupation / Job title (See Instructions) <i>Self Employed / owner</i>		Employer (See Instructions) <i>Torres Insurance Agency</i>
Date <i>7/8/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rodolfo De La Rosa</i> Contributor address; City; State; Zip Code <i>7738 Padre Island HWY TX 78521</i>	Amount of contribution (\$) <i>\$ 500<sup>00</sup></i>
Principal occupation / Job title (See Instructions) <i>Self Employed / owner</i>		Employer (See Instructions) <i>Restaurat Mariscos De La Rosa</i>
Date <i>7/7/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose Lamarr; Martinez</i> Contributor address; City; State; Zip Code <i>300 US High Way 281 Brownsville TX 78520</i>	Amount of contribution (\$) <i>\$ 200<sup>00</sup></i>
Principal occupation / Job title (See Instructions) <i>Sales / owner</i>		Employer (See Instructions) <i>Lambarri Tire Shop LLC</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

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#: _____) <i>Silvia Garcia Perez</i>	7 Amount of contribution (\$) <i>\$200<sup>00</sup></i>
<i>8/1/2015</i>	6 Contributor address; City; State; Zip Code <i>42 Meadow Glen Brownsville TX 78521</i>	
8 Principal occupation / Job title (See Instructions) <i>Court, Clerk / county clerk</i>		9 Employer (See Instructions) <i>Cameron County Clerks office</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jesus R. Canales</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>
<i>7/9/15</i>	Contributor address; City; State; Zip Code <i>845 E. Harrison St Brownsville, TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>Attorney/Self Employed/Owner</i>		Employer (See Instructions) <i>Law Off. of Jesus Canales</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathan Gracia</i>	Amount of contribution (\$) <i># 100<sup>00</sup></i>
<i>7/23/15</i>	Contributor address; City; State; Zip Code <i>932 E. VANBUREN Brownsville TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>Self Employed Attorney / Owner</i>		Employer (See Instructions) <i>The Gracia Law Firm, PC</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos H. Cisneros</i>	Amount of contribution (\$) <i># 100<sup>00</sup></i>
<i>7/24/15</i>	Contributor address; City; State; Zip Code <i>1002 E. Taylor Brownsville TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>Self Employed Attorney / Owner</i>		Employer (See Instructions) <i>Law Office of Carlos H. Cisneros</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

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

7/22/15

5 Full name of contributor

Carlos R. Masso

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$250<sup>00</sup>

6 Contributor address;

City; State; Zip Code

1000 E. Maddison St. Brownsville TX 78520

8 Principal occupation / Job title (See Instructions)

Self Employed / Attorney

9 Employer (See Instructions)

Carlos R. Masso Attorney at Law

Date

7/16/15

Full name of contributor

Fred A. Kowalski

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200<sup>00</sup>

Contributor address;

City; State; Zip Code

902 E. Madison St. Brownsville, TX 78520

Principal occupation / Job title (See Instructions)

Self Employed / Attorney

Employer (See Instructions)

Law Office of FRED A. Kowalski

Date

7/13/2015

Full name of contributor

Jaine Parra Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City; State; Zip Code

744 E. Washington St. Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Self Employed / owner

Employer (See Instructions)

Parra Furniture

Date

7/22/15

Full name of contributor

Marco Antonio Flores

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200<sup>00</sup>

Contributor address;

City; State; Zip Code

1200 Central Blvd STE B1 Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Self Employed / owner

Employer (See Instructions)

LAARO VILLAR

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

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

7/8/15

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jorge Green

6 Contributor address; City; State; Zip Code

34 S. Coria St. Brownsville TX 78520

7 Amount of contribution (\$)

\$ 200<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Self-employed / Attorney

9 Employer (See Instructions)

The Green Law Firm

Date

7/13/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jose V Gonzalez

Contributor address; City; State; Zip Code

2556 Cottage Dr. Brownsville TX 78521

Amount of contribution (\$)

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Self-employed / owner

Employer (See Instructions)

Mas Dinero Finconetax

Date

7/14/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Janrae Castaneda

Contributor address; City; State; Zip Code

2591 Old Port Sebel Rd. Brownsville TX 78526

Amount of contribution (\$)

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

self-employed / owner

Employer (See Instructions)

Brownsville Towing

Date

7/14/15

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jorge R. Kowalski

Contributor address; City; State; Zip Code

702 E. Madison St. Brownsville TX 78520

Amount of contribution (\$)

\$ 100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Self-employed / owner

Employer (See Instructions)

Kowalski; Carl Bond

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

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

7/30/2015

5 Full name of contributor

Mary Osado

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 100<sup>00</sup>

6 Contributor address;

P.O. Box 3235 Harlingen TX 78551

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Self Employed Bail Bond Agent/owner

9 Employer (See Instructions)

Aldo Bail Bonds

Date

8/5/15

Full name of contributor

Mariano Gil

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 300<sup>00</sup>

Contributor address;

6222 De Zarda Rd. San Antonio TX 78249

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Bartender / manager

Employer (See Instructions)

The Dog House Spring Matt Brownville

Date

8/4/15

Full name of contributor

Fred A Kowalski

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 200<sup>00</sup>

Contributor address;

902 E. Madison St. Brownsville, TX 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Self Employed Attorney / owner

Employer (See Instructions)

Law office of Fred A. Kowalski

Date

7/14/15

Full name of contributor

Juan H Andrade Jr.

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50<sup>00</sup>

Contributor address;

1040 E. 7th St. Brownsville TX 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Self Employed Bond Agent / owner

Employer (See Instructions)

JR's Bail Bon

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **4**

2 FILER NAME **Abelardo Gomez JR.**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **2,350<sup>00</sup>**

5 Date

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Contribution \$

9 In-kind contribution description

**7/21/15**

**Javier Villarreal**

**\$500<sup>00</sup>**

**Printing Expense**

7 Contributor address; City; State; Zip Code

**2401 Wildflower Dr. Brownsville TX 78526**

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

**Self Employed Attorney / Lawyer**

11 Employer (FOR NON-JUDICIAL) (See Instructions)

**Self Employed Law office**

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution \$

In-kind contribution description

**7/29/15**

**Laura Villanueva**

**500<sup>00</sup>**

**Printing Expenses**

Contributor address; City; State; Zip Code

**814 N. Expressway STE5 Brownsville TX 78521**

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

**Self Employed / owner**

Employer (FOR NON-JUDICIAL) (See Instructions)

**Brownsville Injury Center**

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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Abelardo Gomez JR.</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8/6/2015</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Salvador Villalpando</i>	8 Amount of Contribution \$ <i>\$500<sup>00</sup></i>	9 In-kind contribution description <i>Political Signs/Printing Expense</i>
7 Contributor address; City; State; Zip Code <i>205 E. Cernan Ct. Brownsville TX 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Service / Service Manager</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Luke Fruga</i>	
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 <i>7/14/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan H. Andrade Jr.</i>	Amount of Contribution \$ <i>\$250<sup>00</sup></i>	In-kind contribution description <i>Printing Expense / T-shirts</i>
Contributor address; City; State; Zip Code <i>1040 E. 7th St. Brownsville TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Self Employed B-Band Agent / owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>JR's Best Bonds</i>	
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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Abelardo Gomez Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>12/9/2015</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Javier Guerra</i>	8 Amount of Contribution \$ <i>\$200.00</i>	9 In-kind contribution description <i>Printing Expense</i>
7 Contributor address; City; State; Zip Code <i>2402 N. Ed Carey Dr. #26 Harlingen TX 78550</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Peace officer / Deputy</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Constable Act. 2</i>	
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.





# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Abelardo Gomez Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>8/1/2015</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charlie Salazar</i>	8 Amount of Contribution \$ <i>100.00</i>	9 In-kind contribution description <i>Event Fishing Expense Tournament Prize</i>
7 Contributor address; City; State; Zip Code <i>301 Pablo Kiesel Blvd. Ste B1 Brownsville TX 78526</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Sales / owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>7 mobile</i>	
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 <i>8/12/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael P. Trejo</i>	Amount of Contribution \$ <i>\$300.00</i>	In-kind contribution description <i>Tent rental</i>
Contributor address; City; State; Zip Code <i>1192 E. 9th Brownsville TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Attorney/self employed / owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Law office of Michel P. Trejo</i>	
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

### 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:	<b>2</b> FILER NAME <i>Abelardo Gomez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>7/7/2015</i>	<b>5</b> Payee name <i>R+D Printing</i>
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<b>6</b> Amount (\$) <i>300<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>1800 Stanford Ave Brownsville TX 78520</i>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/16/2015</i>	Payee name <i>R + D Printing</i>
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Amount (\$) <i>1000<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1800 Stanford Ave Brownsville TX 78520</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/25/2015</i>	Payee name <i>R+D Printing</i>
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Amount (\$) <i>354<sup>05</sup></i>	Payee address; City; State; Zip Code <i>1800 Stanford Ave Brownsville TX 78520</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

## 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:	2 FILER NAME <i>Abelardo Gomez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11/30/2015</i>	5 Payee name <i>Dan Rivera</i>
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6 Amount (\$) <i>200<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>5196 Sugar Mill Rd Brownsville TX 78526</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Polling Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/11/2015</i>	Payee name <i>The Home Depot</i>
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Amount (\$) <i>158<sup>65</sup></i>	Payee address; City; State; Zip Code <i>605 W. Morrison Rd. Brownsville TX 78520</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/8/2015</i>	Payee name <i>Hector Perez</i>
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Amount (\$) <i>500<sup>00</sup></i>	Payee address; City; State; Zip Code <i>7573 Agave Ave Brownsville TX 78526</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Salaries/wages/Contract Labor</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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**

**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:	<b>2</b> FILER NAME <i>Abel Cosmez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name <i>Karina Tokel</i>
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1025

<b>6</b> Amount (\$) <i>\$150<sup>00</sup></i>	<b>7</b> Payee address; City; State; Zip Code <i>224 Fairfax Brownsville Tx 78521</i>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/28/2015</i>	Payee name <i>Dan Rucra</i>
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1026

Amount (\$) <i>200<sup>00</sup></i>	Payee address; City; State; Zip Code <i>5196 Sugar Mill Rd. Brownsville Tx 78526</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Polling Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/30/2015</i>	Payee name <i>KOHL'S</i>
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1027

Amount (\$) <i>275<sup>81</sup></i>	Payee address; City; State; Zip Code <i>4475 N.W. Expressway 77-83 Brownsville Tx 78520</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

### 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:	2 FILER NAME <i>Abelardo Cosmer</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/22/2015</i>	5 Payee name <i>JTA Sports</i>
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1022

6 Amount (\$) <i>1000<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>4627 Central Circle Brownsville TX 78521</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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1023

Date <i>9/24/2015</i>	Payee name <i>Dan Rivera</i>
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Amount (\$) <i>200<sup>00</sup></i>	Payee address; City; State; Zip Code <i>5196 Sugar Mill Rd Brownsville TX 78526</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Polling Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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1024

Date <i>10/9/2015</i>	Payee name <i>Fiesta Graphics</i>
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Amount (\$) <i>250<sup>00</sup></i>	Payee address; City; State; Zip Code <i>205 Paredes Line Rd. Brownsville TX 78521</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY 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

### 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Abelardo Gomez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/10/2015</i>	5 Payee name <i>R4D Printing</i>	
6 Amount (\$) <i>60<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>1800 Stanford Ave Brownsville TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <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
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Date <i>8/25/2015</i>	Payee name <i>The Home Depot</i>	
Amount (\$) <i>\$111.54</i>	Payee address; City; State; Zip Code <i>605 W. Morrison Rd. Brownsville TX 78520</i>	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/4/2015</i>	Payee name <i>The Home Depot</i>	
Amount (\$) <i>97<sup>19</sup></i>	Payee address; City; State; Zip Code <i>605 W. Morrison Rd Brownsville TX 78520</i>	

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

### 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.

1016

1 Total pages Schedule F1: 2 FILER NAME <b>Abelardo Cosmer</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/20/2015</b>	5 Payee name <b>The Home Depot</b>	
6 Amount (\$) <b>517<sup>82</sup></b>	7 Payee address; City; State; Zip Code <b>605 W. Morrison Rd. Brownsville TX 78520</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <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
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1017

Date <b>8/19/2015</b>	Payee name <b>T+A Sports</b>	
Amount (\$) <b>900<sup>00</sup></b>	Payee address; City; State; Zip Code <b>4627 Central Circle Brownsville TX 78521</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <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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1019

Date <b>8/31/2015</b>	Payee name <b>Juan Montoya</b>	
Amount (\$) <b>100<sup>00</sup></b>	Payee address; City; State; Zip Code <b>2665 Westaco Rd. Brownsville TX 78526</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <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

### 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:	2 FILER NAME <i>Abelardo Gomez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/27/2015</i>	5 Payee name <i>J+A Sports</i>	
6 Amount (\$) <i>\$500.00</i>	7 Payee address; City; State; Zip Code <i>4627 Central Cir Brownsville TX 78521</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <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 <i>8/3/2015</i>	Payee name <i>Jesus Perez</i>	
Amount (\$) <i>\$300.00</i>	Payee address; City; State; Zip Code <i>334 U.S. 281 Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	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 <i>8/12/15</i>	Payee name <i>Jesus Perez</i>	
Amount (\$) <i>85.00</i>	Payee address; City; State; Zip Code <i>334 U.S. 281 Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	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: _____	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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:	<b>2</b> FILER NAME <i>Abelardo Gomez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>8/10/2015</i>	<b>5</b> Payee name <i>Sam's Club</i>	
<b>6</b> Amount (\$) <i>280.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>3570 W. Alton Gloor Blvd Brownsville TX 78520</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<i>Solicitation/Fundraising Expense</i>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

<b>1014</b>	<b>Date</b> <i>8/11/2015</i>	<b>Payee name</b> <i>Digital Print</i>
	<b>Amount (\$)</b> <i>\$120.00</i>	<b>Payee address; City; State; Zip Code</b> <i>1160 Alton Coloor Suite 6-1 Brownsville TX 78520</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Printing Expense</i>	<b>Description</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

<b>1015</b>	<b>Date</b> <i>8/11/2015</i>	<b>Payee name</b> <i>Terry McHale</i>
	<b>Amount (\$)</b> <i>500.00</i>	<b>Payee address; City; State; Zip Code</b> <i>1900 Coffe Port Rd Brownsville TX 78521</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>Description</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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Abelardo Gomez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12/11/2015</i>	5 Payee name <i>Democratic Party</i>
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1031

6 Amount (\$) <i>1000<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>PO Box 4647 Brownsville 78523</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>fees</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/13/2015</i>	Payee name <i>Dan Rivera</i>
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1032

Amount (\$) <i>200<sup>00</sup></i>	Payee address; City; State; Zip Code <i>5196 Sugar M. II Rd Brownsville TX 78526</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Polling Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/15/2015</i>	Payee name <i>Thelma Garcia</i>
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Amount (\$) <i>3450<sup>00</sup></i>	Payee address; City; State; Zip Code <i>393 Cereza Brownsville TX 78521</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Gift/Awards Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>Abelardo Gomez</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date <i>12/3/2015</i>	6 Payee name <i>Fiesta Graphics</i>
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7 Amount (\$) <i>798.06</i>	8 Payee address; City; State; Zip Code <i>205 Paredes Lane Rd, Brownsville TX 78521</i>
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12/22/15</i>	Payee name <i>The Grafik Spot</i>
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Amount (\$) <i>416.76</i>	Payee address; City; State; Zip Code <i>74 S. Pineda Rd. Ste 4 Brownsville TX 78521</i>
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Abelardo Gomez</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12/20/2015</i>	<b>5</b> Payee name <i>Hector Perez</i>	
<b>6</b> Amount (\$) <i>\$800.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>7573 Agave Ave Brownsville TX 78526</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Salaries/Wages / Contract Labor</i>	<b>(b)</b> Description <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	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)	(b) 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)	(b) 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

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