

MR.
ABELARDO
GOMEZ

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received

CAMERON COUNTY
DEPARTMENT OF ELECTIONS
VOTER REGISTRATION

JUL 15 2016

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 **Ricardo** FIRST MI
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
05/15/2016 THROUGH **06/30/16**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11/8/16 General Special

12 OFFICE

OFFICE HELD (if any)

Constable Pct. 2

13 OFFICE SOUGHT (if known)

Constable Pct. 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

\$ *6,280*

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

\$ *8,670⁰⁰*

EXPENDITURE
TOTALS

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

\$ *4,120*

4. TOTAL POLITICAL EXPENDITURES

\$ *644⁰⁸*

CONTRIBUTION
BALANCE

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

\$ *11,122.⁸⁷*

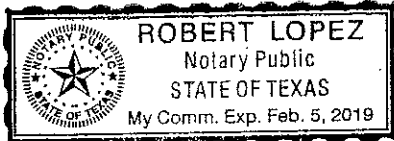
OUTSTANDING
LOAN TOTALS

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Abelardo Gomez, Jr.*, this the *15* day of *July*, 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 <i>Abelardo Contreras</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	\$ 8,670 ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,500 ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 644 ⁰⁸
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,625 ⁰⁰
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **7**

2 FILER NAME **Abelardo Gomez**

3 Filer ID (Ethics Commission Filers)

4 Date
6/13/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Fred A Kowalski

7 Amount of contribution (\$)

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

\$600⁰⁰

8 Principal occupation / Job title (See Instructions)

Attorney / owner

9 Employer (See Instructions)

Self employed

Date

Full name of contributor out-of-state PAC (ID#: _____)
Carlos R. Masso

Amount of contribution (\$)

6/22/16

Contributor address; City; State; Zip Code
1000 E. Madison St. Brownsville, TX 78520

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Attorney at law / owner

Employer (See Instructions)

self employed

Date

Full name of contributor out-of-state PAC (ID#: _____)
Luis A. Masso

Amount of contribution (\$)

6/22/16

Contributor address; City; State; Zip Code
109 Jacklyn Cir Rancho Viejo TX 78575

\$100⁰⁰

Principal occupation / Job title (See Instructions)

Sales / owner

Employer (See Instructions)

self employed

Date

Full name of contributor out-of-state PAC (ID#: _____)
Carlos Noel Monarrez

Amount of contribution (\$)

6/10/2016

Contributor address; City; State; Zip Code
2400 Calle Esplendida Brownsville, TX 78521

\$200⁰⁰

Principal occupation / Job title (See Instructions)

Attorney at law / owner

Employer (See Instructions)

Self employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME Abelardo Gomez Jr

3 Filer ID (Ethics Commission Filers)

4 Date 6/15/2016 5 Full name of contributor Jaine Perez out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; 4460 Paradise Ln Rd Bld 300 TX 78526 City; State; Zip Code

\$ 250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date Full name of contributor 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 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 out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Abelardo Gomez Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 6/9/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julian Hernandez	7 Amount of contribution (\$) \$500⁰⁰
6 Contributor address; City; State; Zip Code 5495 Boca Chica Blvd Brownsville TX 78521		
8 Principal occupation / Job title (See Instructions) Transportation / Owner		9 Employer (See Instructions) Self employed
Date 06/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriel Gallardo	Amount of contribution (\$) \$400⁰⁰
Contributor address; City; State; Zip Code 2955 International Blvd. Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) Insurance Agent, owner		Employer (See Instructions) Self employed
Date 6/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alejandra Macias	Amount of contribution (\$) \$300⁰⁰
Contributor address; City; State; Zip Code 414 Morningside Rd. Brownsville TX 78521		
Principal occupation / Job title (See Instructions) Sales / owner		Employer (See Instructions) Self employed
Date 6/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy E. Esquivel	Amount of contribution (\$) \$400⁰⁰
Contributor address; City; State; Zip Code 1009 Fair Park Harlingen TX 78550		
Principal occupation / Job title (See Instructions) Boil Bond Agent. / owner		Employer (See Instructions) Self employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Abelardo Gomez		3 Filer ID (Ethics Commission Filers)
4 Date 6/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodolfo De la Rosa	7 Amount of contribution (\$) \$250⁰⁰
6 Contributor address; City; State; Zip Code 7738 Padre Island Hwy Brownsville, TX 78521		
8 Principal occupation / Job title (See Instructions) Sales / owner		9 Employer (See Instructions) Self employed
Date 6/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael P. Trip	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 1192 East 9th Brownsville TX 78520		
Principal occupation / Job title (See Instructions) Attorney at Law / owner		Employer (See Instructions) Self employed
Date 6/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier Villarreal	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 2401 Wildflower Dr. Suite A. Bco TX 78526		
Principal occupation / Job title (See Instructions) Attorney at Law / owner		Employer (See Instructions) Self employed
Date 6/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier Riwa	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 1126 Planeta Brownsville TX 78520		
Principal occupation / Job title (See Instructions) Bail Bond Agent / owner		Employer (See Instructions) Self employed⁰⁰

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: 7
2 FILER NAME <i>Abelardo Cosmer</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/2/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Noe O. Garza Sr.</i>	7 Amount of contribution (\$) <i>\$ 100⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>854 E. Van Buren St Bro TX 78520</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney at law / owner</i>		9 Employer (See Instructions) <i>Self employed</i>
Date <i>6/13/2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaime Escobedo</i>	Amount of contribution (\$) <i>\$1,000⁰⁰</i>
Contributor address; City; State; Zip Code <i>55 Galonsky St Bro TX 78521</i>		
Principal occupation / Job title (See Instructions) <i>Security / owner</i>		Employer (See Instructions) <i>Self employed</i>
Date <i>6/13/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcos Garcia</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>
Contributor address; City; State; Zip Code <i>880 W. Prick Rd. Bro TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Sales / owner</i>		Employer (See Instructions) <i>Self employed</i>
Date <i>6/13/2016</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Moy Torres</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>
Contributor address; City; State; Zip Code <i>4735 Southmost Rd. #A Bro TX 78521</i>		
Principal occupation / Job title (See Instructions) <i>Insurance Agent / owner</i>		Employer (See Instructions) <i>owner Self employed</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME Abelardo Gomez Jr.

3 Filer ID (Ethics Commission Filers)

4 Date 6/7/16

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

Mary Agudo
6 Contributor address; City; State; Zip Code

17264 Fm800 San Benito TX 78586

7 Amount of contribution (\$)
\$100⁰⁰

8 Principal occupation / Job title (See Instructions)
Bond Agent / owner

9 Employer (See Instructions)
Self employed

Date 6/20/16

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

Ramon Sabzar
Contributor address; City; State; Zip Code

2534 E. Harrison St. Bro TX 78520

Amount of contribution (\$)
\$200⁰⁰

Principal occupation / Job title (See Instructions)
Security / Security Guard

Employer (See Instructions)
High Tech Security

Date 6/1/2016

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

Laura Villanueva
Contributor address; City; State; Zip Code

896 Ridgewood St. Ste. A15 Bro TX 78521

Amount of contribution (\$)
\$500⁰⁰

Principal occupation / Job title (See Instructions)
rehabilitation / owner

Employer (See Instructions)
Self employed

Date 6/20/16

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

Cesar Garcia
Contributor address; City; State; Zip Code

6775 Boca Chica Blvd Bro TX 78521

Amount of contribution (\$)
\$500⁰⁰

Principal occupation / Job title (See Instructions)
Construction / owner

Employer (See Instructions)
Self employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction guide explains how to complete this form.		1 Total pages Schedule A1: <u>7</u>
2 FILER NAME <u>Abelardo Gomez Jr.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/22/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Juan Martinez</u>	7 Amount of contribution (\$) <u>\$ 100⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>554 - E. Jackson Bro TX 78520</u>		
8 Principal occupation / Job title (See Instructions) <u>Bar Bond Agent / owner</u>		9 Employer (See Instructions) <u>Self employed</u>
Date <u>6/24/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Salvador G. Cabrera</u>	Amount of contribution (\$) <u>\$ 100⁰⁰</u>
Contributor address; City; State; Zip Code <u>2615 Ave Carlos Bro TX 78526</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/21/2016</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chastee Clark</u>	Amount of contribution (\$) <u>\$ 500.⁰⁰</u>
Contributor address; City; State; Zip Code <u>2545 N. Expressway 77103 Bro TX 78520</u>		
Principal occupation / Job title (See Instructions) <u>Sales / owner</u>		Employer (See Instructions) <u>Self employed</u>
Date <u>6/20/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Silvia Garcia Pomer</u>	Amount of contribution (\$) <u>\$ 250⁰⁰</u>
Contributor address; City; State; Zip Code <u>42 meadow Glenn Bro TX 78521</u>		
Principal occupation / Job title (See Instructions) <u>County Clerk / clerk</u>		Employer (See Instructions) <u>Cameron County</u>

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 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.

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

4 Date 6/26/2016	5 Payee name Mario Carta
----------------------------	------------------------------------

6 Amount (\$) 200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2905 E. Van Buren Bro TX 78521
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) C. Ft / Award	(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
---	-------------------------------	---------------	-------------

Date 6/26/2016	Payee name Alonso Reyna Jr.
--------------------------	---------------------------------------

Amount (\$) 100 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 48 Villa Vista Dr. Bro TX 78520
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) C. Ft / Award	(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
---	-------------------------------	---------------	-------------

Date 6/26/2016	Payee name Giovanni Galvan
--------------------------	--------------------------------------

Amount (\$) 300.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 27508 William Circle, San Benito TX 78586
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) C. Ft / Award	(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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

1 Total pages Schedule G: 3	2 FILER NAME Abelardo Gomez	3 Filer ID (Ethics Commission Filers)
4 Date 6/26/2016	5 Payee name Carlos Cabrera	
6 Amount (\$) 200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2615 Ave. Carlos Bro TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Award	(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
Date 6/26/2016	Payee name Julio Gallegos	
Amount (\$) 175.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4425 Dorolente Dr. Bro TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Award	(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
Date 6/26/2016	Payee name Kathy Cantu	
Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 140 Sally Ln. Bro TX 78526	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Award	(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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 F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$

5 Date 6 Payee name

7 Amount (\$) 8 Payee address; City; State; Zip Code

9 TYPE OF EXPENDITURE Political Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description

Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

TYPE OF EXPENDITURE Political Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 3		2 FILER NAME Abelardo Gomez		3 Filer ID (Ethics Commission Filers)	
4 Date 06/26/2016		5 Payee name Sabas Garza			
6 Amount (\$) 1,300⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 6389 Sioux Falls Brownsville, TX 78526			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gift/Awards		(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	
Date 6/26/16		Payee name Hilario Martinez			
Amount (\$) 200⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2101 Carlos Ave Brownsville TX 78526			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gift		(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	
Date 6/26/16		Payee name Carolina Gomez			
Amount (\$) #100⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 6851 Coach Cr Brownsville, TX 78521			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gift		(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	

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)
----------------------------	------------------------------------	---------------------------------------

4 Date <i>6/9/2016</i>	5 Payee name <i>R&D Printing</i>
------------------------	--------------------------------------

6 Amount (\$) <i>\$297⁰⁸</i>	7 Payee address; City; State; Zip Code <i>1800 Stanford Ave Bro 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
---	-------------------------------	---------------	-------------

Date <i>6/3/2016</i>	Payee name <i>The Grafik Spot</i>
----------------------	-----------------------------------

Amount (\$) <i>\$346⁴⁰</i>	Payee address; City; State; Zip Code <i>1265 N. Expressway Brownsville, TX 78520</i>
---------------------------------------	---

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
------------------------	---	---

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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: 3

2 FILER NAME Abelardo Conner

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 2,500⁰⁰

5 Date

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

8 Amount of Contribution \$

9 In-kind contribution description

6/26/16

Jaimie Parra

7 Contributor address; City; State; Zip Code

450⁰⁰ TV "

744 E. Washington St. Bro TX 78520

Check if travel outside of Texas. Complete Schedule T.

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

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

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

Contributor address; City; State; Zip Code

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: 3
2 FILER NAME Abelardo Gomez		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 2,500⁰⁰		
5 Date 06/15/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel Rodeo II	8 Amount of Contribution \$ 300⁰⁰ 9 In-kind contribution description T-shirt Painting
	7 Contributor address; City; State; Zip Code 2100 V. Haze center Dr. Bldg TX 78526	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Sales / owner		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self employed
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 06/20/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Pedraza	Amount of Contribution \$ \$450⁰⁰ In-kind contribution description BBQ
	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) welder / owner		Employer (FOR NON-JUDICIAL) (See Instructions) Self employed
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: 3
2 FILER NAME Abelardo Gomez Jr.		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 2,500⁰⁰
5 Date 6/20/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvador Villapando	8 Amount of Contribution \$ \$300⁰⁰
7 Contributor address; City; State; Zip Code 2645 Barnard Rd. Bro TX 78523		9 In-kind contribution description T-Shirts Printing
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Body shop / manager		11 Employer (FOR NON-JUDICIAL) (See Instructions) Lake Truck Motors
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 6/16/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonardo Rincones	Amount of Contribution \$ \$1000⁰⁰	In-kind contribution description T-shirt Printing
Contributor address; City; State; Zip Code 854 E Van Buren St. Bro TX 78520		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney at Law / owner		Employer (FOR NON-JUDICIAL) (See Instructions) Self employed	
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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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.