

**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: <div style="font-size: 2em; text-align: center;">27</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI Abelarado NICKNAME LAST SUFFIX "Abel" Gomez Jr.	OFFICE USE ONLY Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION JUL 17 2017 4:42pm RECEIVED BY: <u>[Signature]</u> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6595 Paredes Line Rd Brownsville TX 78526		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 455-1005		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI Ricardo NICKNAME LAST SUFFIX "Ricky" Gomez	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6593 Paredes Line Rd. Brownsville TX 78526	Date Processed Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 832-7734		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2017 THROUGH 06/30/2017		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any)	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

\$ *4,794.00*

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

\$ *15,174.00*

EXPENDITURE
TOTALS

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

\$ *858.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,381.02*

CONTRIBUTION
BALANCE

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

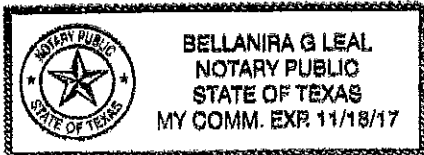
\$ *20,945.85*

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Abelardo Gomez*, this the *17th* day of *July*, 20*17*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Bellanira G. Leal
Printed name of officer administering oath

Notary/Court Coordinator
Title of officer administering oath

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 Abelardo Gomez		3 Filer ID (Ethics Commission Filers)	
4 Date 1/30/2017		5 Payee name Robert Perez / R4D Printing			
6 Amount (\$) 400⁰⁰		7 Payee address; City; State; Zip Code 1800 Stanford Ave. Brownsville TX 78520			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name N/A		Office sought		Office held
Date 2/9/2017		Payee name Los Fresnos booster Club			
Amount (\$) 100⁰⁰		Payee address; City; State; Zip Code 1427 Julissa Dr. Los Fresnos TX 78566			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		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 N/A		Office sought		Office held
Date 3/30/2017		Payee name Silvia Garza Perez			
Amount (\$) 250⁰⁰		Payee address; City; State; Zip Code 42 Meadow Glen Dr. Brownsville TX 78521			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		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 N/A		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.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Abelardo Gomez</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	------------------------------------	---------------------------------------

4 Date <i>3/9/2017</i>	5 Payee name <i>Gator Crawl</i>
------------------------	---------------------------------

6 Amount (\$) <i>150⁰⁰</i>	7 Payee address; City; State; Zip Code <i>5701 FM 802 Brownsville TX 7852</i>
---------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising 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 <i>N/A</i>	Office sought	Office held
---	---	---------------	-------------

Date <i>5/1/17</i>	Payee name <i>R4D Printing / Robert Perez</i>
--------------------	--

Amount (\$) <i>195⁰⁰</i>	Payee address; City; State; Zip Code <i>1800 Stanford Ave 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 <i>N/A</i>	Office sought	Office held
---	---	---------------	-------------

Date <i>5/16/2017</i>	Payee name <i>Robert Perez / R4D Printing</i>
-----------------------	--

Amount (\$) <i>450⁰⁰</i>	Payee address; City; State; Zip Code <i>1800 Stanford Ave 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 <i>N/A</i>	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Abelardo Gomez</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>5/26/17</i>	5 Payee name <i>Procopio Chapa</i>				
6 Amount (\$) <i>1200⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1270 Squaw Valley #A 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>6/26/2017</i>	Payee name <i>Procopio Chapa</i>				
Amount (\$) <i>950⁰⁰</i>	Payee address; City; State; Zip Code <i>1270 Squaw Valley #A 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name <i>N/A</i></td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought	Office held		
Date <i>6/26/2017</i>	Payee name <i>Sam's Club</i>				
Amount (\$) <i>366⁰²</i>	Payee address; City; State; Zip Code <i>3570 W. Alton Gloor Blvd. Brownsville TX 78520</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i> <i>Food/Beverage 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete ONLY if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name <i>N/A</i></td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	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
Accounting/Banking
Consulting Expenses
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)			
4 Date <i>06/08/2017</i>	5 Payee name <i>Jesus Perez</i>				
6 Amount (\$) <i>200⁰⁰</i>	7 Payee address; City; State; Zip Code <i>344 East Dr. Brownsville TX 78520</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event 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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:35%;">Candidate / Officeholder name <i>N/A</i></td> <td style="width:20%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:35%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> 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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:35%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>5/25/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Erick Balboa</i>	8 Amount of Contribution \$ <i>200.00</i>	9 In-kind contribution description <i>Event Prize</i>
7 Contributor address; City; State; Zip Code <i>665 Huff Ln Bro 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>Reserve Peace Officer / Reserve Deputy</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Cameron County</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>5/25/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Armando Gomez</i>	Amount of Contribution \$ <i>400.00</i>	In-kind contribution description <i>Event Prize</i>
Contributor address; City; State; Zip Code <i>3045 E. 23rd St. Bro TX 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Peace Officer / Deputy</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Cameron County</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 Comar</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>5/25/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hugo Esparrza</i>	8 Amount of Contribution \$ <i>400⁰⁰</i>	9 In-kind contribution description <i>Event Prize</i>
7 Contributor address; City; State; Zip Code <i>315 Kathryn Ln. Bro TX 78520</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>Cameron County</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>5/25/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Samuel Saucedo</i>	Amount of contribution \$ <i>900⁰⁰</i>	In-kind contribution description <i>Event Prize</i>
Contributor address; City; State; Zip Code <i>620 Star Ruby Bro TX 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Peace officer / Deputy</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Cameron County</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 Comar</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>5/25/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angel Alfaro</i>	8 Amount of Contribution \$ <i>700⁰⁰</i>	9 In-kind contribution description <i>Event Price</i>
7 Contributor address; City; State; Zip Code <i>78566</i> <i>626 Valle Alto Dr. Los Fresnos TX</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>Cameron County</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>5/25/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jorge Redraza</i>	Amount of Contribution \$ <i>500⁰⁰</i>	In-kind contribution description <i>BBQ Pr. 2L</i>
Contributor address; City; State; Zip Code <i>44 East Dr. Bro 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>Welder / Owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self Employed</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 Cosner</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>5/25/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Garduño</i>	8 Amount of Contribution \$ <i>600⁰⁰</i>	9 In-kind contribution description <i>Event Prize</i>
7 Contributor address; City; State; Zip Code <i>21 Casa de Palmas Bld TX 78501</i>		<input type="checkbox"/> 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 <i>5/25/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaine Parra</i>	Amount of Contribution \$ <i>500⁰⁰</i>	In-kind contribution description <i>Event TV Prize</i>
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) <i>Soley / Owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Jaine Parra Furniture / Self employed</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</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>5/25/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marco Jacinto</i>	8 Amount of Contribution \$ <i>1,000⁰⁰</i>	9 In-kind contribution description <i>Event Prize</i>
7 Contributor address; City; State; Zip Code <i>5133 Amatista Dr. Bro 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>Peace officer / Deputy</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Cameron County</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>5/25/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Crystal Flores</i>	Amount of Contribution \$ <i>300⁰⁰</i>	In-kind contribution description <i>Event Prize</i>
Contributor address; City; State; Zip Code <i>4400 Villadolid Dr. Bro 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>Peace officer / Deputy</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Cameron County</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</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>8,550⁰⁰</i>	
5 Date <i>6/23/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Law Office of Michael P. Trigo</i>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <i>1192 E 9th Bro TX 78520</i>	<i>350⁰⁰</i>	<i>Tent Rental</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Attorney / Owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self employed.</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>5/25/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Felipe De Jesus Coria</i>	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code <i>1643 Altas Palmas Bro TX 78521</i>	<i>1,000⁰⁰</i>	<i>Event Prize</i>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Peace Officer / Deputy</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Cameron County</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.

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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>L</i>	
5 Date <i>6/25/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nina Ochoa</i>	8 Amount of Contribution \$ <i>400.00</i>	9 In-kind contribution description <i>Event Dinner</i>
7 Contributor address; City; State; Zip Code <i>8833 Cobay Rose Ln Bro TX 78520</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>Cameron County</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>5/25/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Moises Riva</i>	Amount of Contribution \$ <i>300.00</i>	In-kind contribution description <i>Event Dinner</i>
Contributor address; City; State; Zip Code <i>6465 Monte bello Cir. Bro TX 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Secretary / Office manager</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Cameron County</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 Comar</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>6/25/17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hector Perez</i>	8 Amount of Contribution \$ <i>600⁰⁰</i>	9 In-kind contribution description <i>Event prize</i>
7 Contributor address; City; State; Zip Code <i>1573 Agave Ave Bro 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>Peace officer / Deputy</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Camron County</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>6/25/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julian Esparza</i>	Amount of Contribution \$ <i>400⁰⁰</i>	In-kind contribution description <i>Event prize</i>
Contributor address; City; State; Zip Code <i>315 Katherin Ln. Bro 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>Peace officer / Deputy</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Camron County</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.

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
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 F2:	2 FILER NAME <i>Abelardo Gomez</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	------------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>200⁰⁰</i>
---	----------------------------

5 Date <i>6/15/2017</i>	6 Payee name <i>Oscar Palomo</i>
-------------------------	----------------------------------

7 Amount (\$) <i>200⁰⁰</i>	8 Payee address; City; State; Zip Code
---------------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

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

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	<i>N/A</i>		

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

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

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

5/5/17

5 Full name of contributor

Ignacio E. Martinez Law Firm

6 Contributor address;

City; State; Zip Code

1002 E. Taylor, St Brownsville, Tx 78520

7 Amount of contribution (\$)

100⁰⁰

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self - Employed.

Date

6/22/2017

Full name of contributor

Law office of Rick Conales

Contributor address;

City; State; Zip Code

845 E. Harrison, S.E. Brownsville, Tx 78520

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self - Employed.

Date

6/19/2017

Full name of contributor

Fred A. Kawalski

Contributor address;

City; State; Zip Code

902 E. Madison St Brownsville, Tx 78520

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self - Employed.

Date

6/21/17

Full name of contributor

Sal Villapando

Contributor address;

City; State; Zip Code

2645 Barnard Rd PO Box 3230 Brownsville, Tx 78523

Amount of contribution (\$)

\$ 400.00

Principal occupation / Job title (See Instructions)

Body Shop Manager

Employer (See Instructions)

Luke Fruta Motors

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	\$ 15,174 ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8,550 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	\$ 3,381 ⁰⁰
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 200 ⁰⁰
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	\$ 858 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:

2 FILER NAME

Abebrdo Gomez

3 Filer ID (Ethics Commission Filers)

4 Date

5/15/17

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

Mary Agada

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

3115 C St, Hurlingen, Tx 78550

8 Principal occupation / Job title (See Instructions)

Bonds man.

9 Employer (See Instructions)

Self - Employed.

Date

6/21/17

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

Fred A Kowalski

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

902 E. Madison St Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self - Employed

Date

6/20/17

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

Fred A Kowalski

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

902 E. Madison St Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self - Employed.

Date

6/19/17

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

Mel Rodero

Amount of contribution (\$)

\$150.00

Contributor address; City; State; Zip Code

2100 Village Center Dr. Brownsville, Tx 78526

Principal occupation / Job title (See Instructions)

Sales Manager

Employer (See Instructions)

South Texas Tactical, Inc.

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
6/20/17

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

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
6222 De Zavala Rd Ste 101 San Antonio, TX 78249

8 Principal occupation / Job title (See Instructions)
Manager

9 Employer (See Instructions)
The Dog House

Date
6/22/17

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

Amount of contribution (\$)
\$80.00

Contributor address; City; State; Zip Code
1032 E Taylor Brownsville, TX 78520

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self Employed

Date
6/10/2017

Full name of contributor out-of-state PAC (ID#: _____)
Rodolfo De la Rosa

Amount of contribution (\$)
\$400.00

Contributor address; City; State; Zip Code
7738 Padre Island Hwy Brownsville, TX 78521

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
Marcos De la Rosa

Date
6/7/17

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

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
880 W. Price Rd. Brownsville, TX 78520

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
DS Scales

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

6/5/17

5 Full name of contributor

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

Jaime Escobedo

6 Contributor address; City; State; Zip Code

55 Galinsky St Brownsville, Tx 78521

7 Amount of contribution (\$)

\$ 1,000.00

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

American Divisions, L.L.C

Date

6/6/17

Full name of contributor

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

Julian Martinez

Contributor address; City; State; Zip Code

4641 P.O Box Brownsville, Tx 78523

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Bands Man

Employer (See Instructions)

Self Employed

Date

6/8/17

Full name of contributor

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

Elizabeth Garduño

Contributor address; City; State; Zip Code

815 Paredes line Rd Brownsville, Tx 78521

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Kamino Dog Grooming

Date

6/7/17

Full name of contributor

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

Probie Paredes

Contributor address; City; State; Zip Code

1627 Price Road Ste B Brownsville, Tx 78521

Amount of contribution (\$)

\$ 300.00

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

Texas County Diner

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 6/9/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moises Torres 6 Contributor address; City; State; Zip Code 4735 Southmost Rd Ste A Brownsville, Tx 78521	7 Amount of contribution (\$) \$ 250.⁰⁰
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Torres Insurance Agency
Date 6/2/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conrad Badden Contributor address; City; State; Zip Code 805 Medialuna Ste 300 Brownsville, Tx 78520	Amount of contribution (\$) \$ 500.⁰⁰
Principal occupation / Job title (See Instructions) Partnership owner		Employer (See Instructions) Trenino & Badden
Date 5/31/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier Rivera Contributor address; City; State; Zip Code 1126 Planeta Brownsville, Tx 78520	Amount of contribution (\$) \$ 300.⁰⁰
Principal occupation / Job title (See Instructions) Bondsman		Employer (See Instructions) Self-employed
Date 5/26/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) P.K. Gonzalez Contributor address; City; State; Zip Code 6725 Portway Dr. Brownsville, Tx 78521	Amount of contribution (\$) \$ 250.⁰⁰
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Wipes Wrecker Service

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

5/30/17

5 Full name of contributor

Reuben Ybarra

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

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City; State; Zip Code

437 Rey Juan Corlas St Brownsville, Tx 78521

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Reuben Ybarra Construction

Date

6/13/2017

Full name of contributor

Eddie Andrade

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

Amount of contribution (\$)

\$ 350.00

Contributor address;

City; State; Zip Code

5200 Paredes Line Rd Brownsville, Tx 78526

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Paredes Line Grocery & Meat Market

Date

6/6/2017

Full name of contributor

Ruben Alvarado

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

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

City; State; Zip Code

554 Paredes Ave Brownsville, Tx 78521

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

A Square Mechanical

Date

6/2/17

Full name of contributor

Patrick Owen

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

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

1905 N. Illinois Brownsville, Tx 78521

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Korner Market #1

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

6/2/17

5 Full name of contributor

George Green

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

7 Amount of contribution (\$)

\$ 500.⁰⁰

6 Contributor address; City; State; Zip Code

34 S. Conia St Brownsville, Tx 78520

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self Employed

Date

6/14/17

Full name of contributor

Antonio Moreira

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

Amount of contribution (\$)

\$ 350.⁰⁰

Contributor address; City; State; Zip Code

1636 Woodlands Ave Brownsville, Tx 78526

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Rancho Auto Plex

Date

6/15/17

Full name of contributor

Gabriel Gallardo

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

Amount of contribution (\$)

\$ 300.⁰⁰

Contributor address; City; State; Zip Code

2915 International Blvd. Ste E Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Gallardo Insurance

Date

6/15/17

Full name of contributor

Marcos Flores

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

Amount of contribution (\$)

\$ 250.⁰⁰

Contributor address; City; State; Zip Code

1200 Central Blvd Ste B1 Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Laura Villar LLC

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
6/15/17

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

7 Amount of contribution (\$)

Cesar Garcia
6 Contributor address; City; State; Zip Code

\$ 500.⁰⁰

7260 W. Lakeside Blvd Olmito, Tx 78575

8 Principal occupation / Job title (See Instructions)
owner

9 Employer (See Instructions)
Quality Building Renovations LLC

Date
6/15/17

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

Amount of contribution (\$)

Beatrice Esparza
Contributor address; City; State; Zip Code

\$ 200.⁰⁰

4242 Old Port Isabel Rd Brownsville, Tx 78520

Principal occupation / Job title (See Instructions)
owner

Employer (See Instructions)
Elite

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.