

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: 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (MR) FIRST Abelardo MI NICKNAME "Abel" LAST Gomez SUFFIX Jr.	OFFICE USE ONLY	
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	Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 3:10 PM JUL 16 2018 <i>[Signature]</i> Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 455-1005	Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR (MR) FIRST Ricardo MI NICKNAME "Ricky" LAST Gomez SUFFIX	ZIP CODE	
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		
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 Month Day Year 01/01/2018 THROUGH 06/30/2018		
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) Cameron County Constable Pct. 2	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Abelardo Gomez Jr. 15 Filer ID (Ethics Commission Filers)

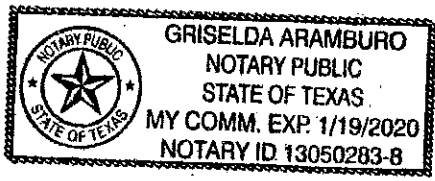
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 2660 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,220 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 4,825 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,124 ⁷⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24,235 ⁴⁹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Abelardo Gomez, this the 16th day of July, 2018, to certify which, witness my hand and seal of office.

[Handwritten Signature] Griselda Aramburo Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME *Abel Gomez Jr.* 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>12,360⁰⁰</i>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>6,475.00</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>8,124.96</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>2,060⁰⁰</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

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: 6	2 FILER NAME Abel Gomez	3 Filer ID (Ethics Commission Filers)
4 Date 1/12/2018	5 Payee name Jose T Gutierrez	
6 Amc (\$) \$200 ⁰⁰	7 Payee address; City; State; Zip Code 174 E. Lovell Brownsville TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 1/16/2018	Payee name Jose Angel Garza Jr.	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/wages/Labor	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 1/19/2018	Payee name Fiesta Graphics	
Amount (\$) 100 ⁰⁰	Payee address; City; State; Zip Code 205 Paredes Line Rd. Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	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:	

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 <input type="checkbox"/> 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 <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 | 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: 6	2 FILER NAME Abelardo Gomez	3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2018	5 Payee name Best Buy	
6 Amount (\$) 2586.⁰⁶	7 Payee address; City; State; Zip Code 2701 Pablo Kisel Blvd, Brownsville, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other (Office Supplies)	(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 N/A	Office sought	Office held
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Date 4/10/2018	Payee name Arcelia Villalon		
Amount (\$) 100.⁰⁰	Payee address; City; State; Zip Code		

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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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Date 4/19/2018	Payee name Procopio Chapa		
Amount (\$) 1000.⁰⁰	Payee address; City; State; Zip Code 1270 Squa Valley Dr. Brownsville TX 78520		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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: <u>6</u>	2 FILER NAME <u>Abelardo Gomer Jr.</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>5/9/2018</u>	5 Payee name <u>Juan Montoya</u>	
6 Amount (\$) <u>100⁰⁰</u>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(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 <u>N/A</u> Office sought Office held	
Date <u>5/8/2018</u>	Payee name <u>Oscar Palomo</u>	
Amount (\$) <u>305²⁷</u>	Payee address; City; State; Zip Code <u>1752 Iris Dr. Brownsville TX 78526</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	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 <u>N/A</u> Office sought Office held	
Date <u>6/21/2018</u>	Payee name <u>Oscar Palomo</u>	
Amount (\$) <u>804³⁰</u>	Payee address; City; State; Zip Code <u>1752 Iris Dr. Brownsville, TX 78526</u>	
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

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: <i>6</i>	2 FILER NAME <i>Abel Coomer</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/21/2018</i>	5 Payee name <i>Procapio Chapa</i>	
6 Amount (\$) <i>830⁰⁰</i>	7 Payee address; City; State; Zip Code <i>1270 Squa Valley Dr. #8 Brownsville TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>N/A</i> Office sought: Office held:	
Date <i>6/22/2018</i>	Payee name <i>Sam's Club</i>	
Amount (\$) <i>677⁶⁶</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>	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>6/22/2018</i>	Payee name <i>Event Tent / Abel Moreno</i>	
Amount (\$) <i>400⁰⁰</i>	Payee address; City; State; Zip Code <i>43 Tan Oak Circle Brownsville TX 7852</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Equipment & Related Expenses</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: <u>6</u>	2 FILER NAME <u>Abel Comez Jr.</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>6/22/2018</u>	5 Payee name <u>Academy Sports & Outdoors</u>	
6 Amount (\$) <u>200⁰⁰</u>	7 Payee address; City; State; Zip Code <u>4305 Old Hwy 77, Brownsville, TX 78520</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	(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 <u>N/A</u> Office sought Office held	
Date <u>6/22/2018</u>	Payee name <u>Academy Sports & Outdoors</u>	
Amount (\$) <u>200⁰⁰</u>	Payee address; City; State; Zip Code <u>4305 Old Hwy 77, Brownsville, TX 78520</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	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 <u>N/A</u> Office sought Office held	
Date <u>6/22/2018</u>	Payee name <u>Porda-Sani</u>	
Amount (\$) <u>400⁰⁰</u>	Payee address; City; State; Zip Code <u>6838 S. Padre Island Hwy Brownsville TX 78521</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Equipment & Related Expense</u>	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 <u>N/A</u> 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: <u>6</u>	2 FILER NAME: <u>Abel Gomez Jr.</u>	3 Filer ID (Ethics Commission Filers)
4 Date: <u>6/30/2018</u>	5 Payee name: <u>Academy Sports & Outdoors</u>	
6 Amount (\$): <u>200.00</u>	7 Payee address; City; State; Zip Code: <u>4305 Old Hwy 77, Brownsville, TX 78520</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	(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: <u>N/A</u> 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 <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
	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
	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 13

2 FILER NAME

Abel Gomez Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

6-25-18

5 Full name of contributor

Sylvia Garza Perez

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

7 Amount of contribution (\$)

200⁰⁰

6 Contributor address;

42 Meadow Glen dr. Brownsville Tx. 78521

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

County Clerk

9 Employer (See Instructions)

Cameron County

Date

5-22-18

Full name of contributor

Fred A. Kowalski

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

Amount of contribution (\$)

160⁰⁰

Contributor address;

902 E. Madison St. Brownsville Tx. 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Selfemployed.

Date

6-21-18

Full name of contributor

Romeo Esparza

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

Amount of contribution (\$)

100⁰⁰

Contributor address;

4242 Old Port.

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Selfemployed.

Date

6-23-18

Full name of contributor

Mania de los Angeles Calvillo

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

Amount of contribution (\$)

100⁰⁰

Contributor address;

77 Creek bend.

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Unemployed.

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: **13**

2 FILER NAME **Abel Gomez**

3 Filer ID (Ethics Commission Filers)

4 Date **6/22/18**

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
3100 E 14th St. Brownsville TX 78521

100⁰⁰

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Self employed

Date **6/28/18**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
1755 Hayes Brownsville TX 78520

250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Self employed

Date **6/20/18**

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

Amount of contribution (\$)

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

200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **6/12/18**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
945 E 6th St. Brownsville TX 78520

100⁰⁰

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: **13**

2 FILER NAME **Abel Gomez**

3 Filer ID (Ethics Commission Filers)

4 Date **6/22/18**

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
29763 Cavazos Dmtr Rd, Olmito, TX, 78575

500⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)
TX, 78575

Date **6/28/2018**

Full name of contributor out-of-state PAC (ID#: _____)
Sal Villapando / Huko, Jr.

Amount of contribution (\$)

Contributor address; City; State; Zip Code
205 Cernan Ct. Bro TX 78521

400⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **6/24/2018**

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

Amount of contribution (\$)

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

250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **6/21/2018**

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
2401 Wildflower Dr. Suit A Bro TX 78526

500⁰⁰

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: 13

2 FILER NAME Abel Gomez

3 Filer ID (Ethics Commission Filers)

4 Date 5/23/2018

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2401 Wildflower Dr.
Brownsville TX 78526

200⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 4/1/2018

Full name of contributor out-of-state PAC (ID#: _____)
Lineberger Gossan B/Eirt + Sampson LLP

Amount of contribution (\$)

Contributor address; City; State; Zip Code
P.O. Box 17428 Austin TX 78760

300⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/9/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
845 E. Harrison St. Bro TX 78520

40⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 6/21/18

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

Amount of contribution (\$)

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

100⁰⁰

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: **13**

2 FILER NAME **Abel Gomez**

3 Filer ID (Ethics Commission Filers)

4 Date
5/11/18

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
845 E. Harrison St. Brownsville TX 78520

60⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5/8/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
844 N. Sam Houston Blvd San Benito TX

40⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
78586

Date
5/4/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
845 E. Harrison St. Bro TX 78520

60⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/6/18

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
7260 W. Lakeside Blvd Olmito TX 78575

250⁰⁰

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: **13**

2 FILER NAME **Abel Gomez**

3 Filer ID (Ethics Commission Filers)

4 Date **6/4/18**

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

6 Contributor address; City; State; Zip Code
6725 Postway Dr. Brownsville TX

7 Amount of contribution (\$)
200⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)
78521

Date **6/19/18**

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

Contributor address; City; State; Zip Code
815 Paredes Line Rd. Bro TX 78521

Amount of contribution (\$)
200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **6/19/2018**

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

Contributor address; City; State; Zip Code
854 E Van Burn St. Bro TX 78520

Amount of contribution (\$)
1,000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **6/19/2018**

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

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

Amount of contribution (\$)
250⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 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: **13**

2 FILER NAME

Abel Gomez

3 Filer ID (Ethics Commission Filers)

4 Date

5/14/2018

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

Rick Canales

7 Amount of contribution (\$)

40⁰⁰

6 Contributor address; City; State; Zip Code

845 E. Harrison St. Bro TX 78520

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/14/18

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

Agado Bail Bond / Mary Agado

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

P.O. Box 3235 Harlingen TX 78551

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/5/18

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

El Padino Bail Bond / Rey Esquivel

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

702 N. I Street Harlingen TX 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/14/18

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

Carco Transportation / Juan Esobedo

Amount of contribution (\$)

500⁰⁰

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: 13

2 FILER NAME

Joe Garza

3 Filer ID (Ethics Commission Filers)

4 Date

5/3/18

5 Full name of contributor

Joe D Garza

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

854 E. Van Buren St. Bro TX 78520

100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/2/18

Full name of contributor

Leo Cortez / The Dog House

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

2763 Cavazos-Olmito Rd. Olmito TX 78575

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/1/18

Full name of contributor

Rubran Limes Jr.

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1728 Boca Chica Blvd Bro, TX 78520

60⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/6/18

Full name of contributor

Zena Groceries Meat Market

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

46 Zena Drive Brownsboro TX 78521

100⁰⁰

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: 13
2 FILER NAME Abel Gomez Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 6/6/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manuel D. Paredes	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 3065 Boca Chico Blvd Bro TX 78521	250⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/12/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Andrade / Paredes Line Grocery & Meat Market	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 5200 Paredes Line Rd Brownsville TX 78521	500⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/13/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basilio Gomez Jr.	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 744 Palm Blvd Bro, TX 78520	250⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockwell Grocery / Eddie Andrade	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 2575 Rodwell Dr. Brownsville TX 78521	500⁰⁰
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: **13**

2 FILER NAME

Abel Gomez

3 Filer ID (Ethics Commission Filers)

4 Date

5-22-18

5 Full name of contributor

H. Garcia Evin

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

7 Amount of contribution (\$)

200.⁰⁰

6 Contributor address;

905 E. Los Ebanos Blvd. Suite B Brownsville, Tx 78520

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6.05.18

Full name of contributor

Jose Angel Perez

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

Amount of contribution (\$)

300.⁰⁰

Contributor address;

1873 Apollo Ave. Brownsville Tx. 78521

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-30-18

Full name of contributor

Micheal P. Trejo

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

Amount of contribution (\$)

200.⁰⁰

Contributor address;

1192 East 9th Brownsville, Tx 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-05-18

Full name of contributor

Ruben Ybarra

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

Amount of contribution (\$)

500.⁰⁰

Contributor address;

437 Rey Juan Carlos St. Brownsville, Tx. 78521

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 13

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

6-04-18

Javier Rivera

500.⁰⁰

6 Contributor address; City; State; Zip Code
1126 Planeta Brownsville, Tx. 78520

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

5-31-18

Jaime Escobedo

1,000.00

Contributor address; City; State; Zip Code
4680 Larkspur Dr. Brownsville, Tx. 78526

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

6-05-18

Moises Torres

350.⁰⁰

Contributor address; City; State; Zip Code
4735 Southmost Rd Suite A
Brownsville Tx. 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

5-16-18

Mark Garcia

500.⁰⁰

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 13
2 FILER NAME <i>Abel Conner</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/7/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eddie Trevino / Trevino + Soadden</i>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code <i>2200 Boca Chica Blvd #102 Bro TX 78521</i>	<i>500⁰⁰</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>6/8/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jorge Green</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>34 S. Coria St. Brownsville TX 78520</i>	<i>500⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/6/2018</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dino Esparza</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>964 E. Las Ebanos Blvd Bro TX 78520</i>	<i>200⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/8/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rolando Trevino</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>27006 Guelker Rd. San Benito TX 78586</i>	<i>250⁰⁰</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 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: 13
2 FILER NAME Abel Coomer Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 6/17/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Trevino Jr.	7 Amount of contribution (\$) 500⁰⁰
6 Contributor address; City; State; Zip Code 805 Media Luna #300 Bo TX 78520		
8 Principal occupation / Job title (See Instructions) Judge / County Judge		9 Employer (See Instructions) Cameton County
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 4	
2 FILER NAME <i>Abel Comer</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 4525⁰⁰	
5 Date <i>6/24/2018</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hector Reier</i>	8 Amount of Contribution \$ <i>4525⁰⁰</i>	9 In-kind contribution description <i>Tournament prizes</i>
7 Contributor address; City; State; Zip Code <i>7573 Asave Ave. Bldg 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>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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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)	

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 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

Abel Gomez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

5/20/18

6 Full name of contributor

Antonio Muroira

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

7 Contributor address;

City; State; Zip Code

6529 FM 1132 Brownsville, Tx 78520

8 Amount of Contribution \$

\$500.00

9 In-kind contribution description

Prize for event

Check if travel outside of Texas. Complete Schedule T.

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

Wrecker Operator / Self Employed

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

Rancho Auto Plex

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

6/1/2018

Full name of contributor

Mi Dueblito

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

Contributor address;

City; State; Zip Code

3101 Pablo Kiesel Blvd Brownsville, Tx 78526

Amount of Contribution \$

\$350.00

In-kind contribution description

Gift for event

Check if travel outside of Texas. Complete Schedule T.

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

Sales / Restaurant

Employer (FOR NON-JUDICIAL) (See Instructions)

Owner / Mi Dueblito

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

Abel Gomez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6-23-18

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

Gabriel Garcia

7 Contributor address; City; State; Zip Code

1104 E. 7th St Brownsville, Tx 78520

8 Amount of Contribution \$

\$500.00

9 In-kind contribution description

BBQ Pril Event prize

Check if travel outside of Texas. Complete Schedule T.

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

Attorney / 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

6/23/18

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

Eloy Garza

Contributor address; City; State; Zip Code

1711 N. Frontage Rd Brownsville, Tx 78521

Amount of Contribution \$

\$300.00

In-kind contribution description

Prize for event

Check if travel outside of Texas. Complete Schedule T.

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

Sales / Self employed

Employer (FOR NON-JUDICIAL) (See Instructions)

EZ Used Cars

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>Abel Gomez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>6/1/18</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tacos De Marcelo</i>	8 Amount of Contribution \$ <i>\$300.00</i>	9 In-kind contribution description <i>Gift For event</i>
7 Contributor address; City; State; Zip Code <i>4214 Southmost Rd. Brownsville Tx 78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Tacos De Marcelo</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Restaurant owner</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.