

ABELARDO

GOMEZ

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Abelardo NICKNAME LAST SUFFIX "Abel" Gomez Jr.	OFFICE USE ONLY Date Received: CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION JUL 15 2019 RECEIVED By: <i>[Signature]</i>	
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 Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 455-1005	Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Ricardo NICKNAME LAST SUFFIX "Ricky" Gomez	Date Processed Date Imaged	
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 THROUGH Month Day Year 01/01/2019 THROUGH 06/30/2019		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2020	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Cameron County Constable Pct. 2	13 OFFICE SOUGHT (if known) Cameron County Constable Pct. 2	

5:00 pm

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

\$ *9,825⁰⁰*

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

\$ *13,900⁰⁰*

EXPENDITURE
TOTALS

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

\$ *1,220⁰⁰*

4. TOTAL POLITICAL EXPENDITURES

\$ *12,563⁰⁶*

CONTRIBUTION
BALANCE

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

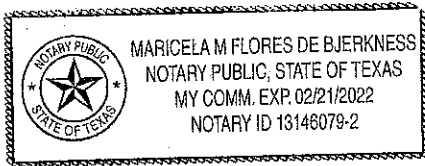
\$ *31,224⁹⁰*

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Abel Gomez, Jr.* this the *July* day of *15th*, 20*19*, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Maricela Flores de Bjerkness

Printed name of officer administering oath

Notary

Title of officer administering oath

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

5-15-19

5 Full name of contributor

Rick Canales

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

6 Contributor address; City; State; Zip Code

845 E Harrison St
Brownsville TX 78520

7 Amount of contribution (\$)

200⁰⁰

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Law office of Rick Canales

Date

6-11-19

Full name of contributor

Fred A. Kowalski

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

Contributor address; City; State; Zip Code

902 E Madison St
Brownsville TX 78520

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

DBA Law Office of Fred Kowalski

Date

5-15-19

Full name of contributor

Mary Agardo

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

Contributor address; City; State; Zip Code

3115C St
Harlingen TX 78550

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

Bail Bond Agent

Employer (See Instructions)

Agardo Bail Bond

Date

5-29-19

Full name of contributor

Mark Moody

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

Contributor address; City; State; Zip Code

35 Troupeig Brownsville
TX 78526

Amount of contribution (\$)

300⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Linebarger Goggan Blair & Sampson

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

5-22-19

5 Full name of contributor

Carlos R. Masso

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

7 Amount of contribution (\$)

250⁰⁰

6 Contributor address;

1000 E. Madison St
Brownsville TX 78520

City; State; Zip Code

8 Principal occupation / Job title (See instructions)

Attorney

9 Employer (See instructions)

Attorney at law operating account

Date

5-21-19

Full name of contributor

Joe G Rivera

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

Amount of contribution (\$)

100⁰⁰

Contributor address;

34 Longan Brownsuite 7x 78501

City; State; Zip Code

Principal occupation / Job title (See instructions)

retired

Employer (See instructions)

Date

6/18/19

Full name of contributor

Arturo Treviño

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

Amount of contribution (\$)

200⁰⁰

Contributor address;

5594 Whisper wind
Brownsville TX
78524

City; State; Zip Code

Principal occupation / Job title (See instructions)

Owner / sales

Employer (See instructions)

Los Trevi Drive 7

Date

6-21-19

Full name of contributor

Noe D. Garza, Jr

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

Amount of contribution (\$)

100⁰⁰

Contributor address;

854 E Lan St
Brownsville TX 78520

City; State; Zip Code

Principal occupation / Job title (See instructions)

Attorney

Employer (See instructions)

Law Office of Noe D. Garza, Jr

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

5-28-19

5 Full name of contributor

Roman, Esparza

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

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address; City; State; Zip Code

964 E Los ebanos Blvd.
Braunsville TX 78520

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Esparza & garza

Date

5/16/19

Full name of contributor

Javier Villarreal

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

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

2401 wild flower Dr. suite A

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

law office of javier villarreal

Date

5-17-19

Full name of contributor

Juan Manuel Maroquin

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

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

4416 Paredes Line Rd
Braunsville TX 78526

Principal occupation / Job title (See Instructions)

owner / Party rates

Employer (See Instructions)

Manny's All-in-One

Date

6/12/19

Full name of contributor

Leo Cortez

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

Amount of contribution (\$)

500⁰⁰

Contributor address; City; State; Zip Code

6222 De Zavala Rd
San Antonio TX 78249

Principal occupation / Job title (See Instructions)

Sales maneger / Bartender

Employer (See Instructions)

Springmart Braunsvite entertainment

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

6-14-19

5 Full name of contributor

Luis Paredes

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

6 Contributor address; City; State; Zip Code

1627 Price Rd. Suite B
Brownsville Tx 78521

7 Amount of contribution (\$)

250⁰⁰

8 Principal occupation / Job title (See Instructions)

Owner / Sales

9 Employer (See Instructions)

Texas country Diner

Date

6-4-2019

Full name of contributor

Jorge Green

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

Contributor address; City; State; Zip Code

34 S Coria St
Brownsville Tx 78520

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

The Green Law Firm

Date

6/17/19

Full name of contributor

Daniel Sanchez

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

Contributor address; City; State; Zip Code

11 Rentsro Blvd unit B
Brownsville Tx 78521

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

Sales/owner

Employer (See Instructions)

DBA Apexx insurance

Date

6/19/19

Full name of contributor

Andrew Wong

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

Contributor address; City; State; Zip Code

3510 Southmost Rd, Suite C
Brownsville Tx 78521

Amount of contribution (\$)

250⁰⁰

Principal occupation / Job title (See Instructions)

nurse

Employer (See Instructions)

Brownsville Adult and Pediatric Clinic

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

6/31/19

5 Full name of contributor

Basilo Gomez Jr.

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

6 Contributor address;

744 Palm Blvd.

City; State; Zip Code

Brownsville Tx 78520

7 Amount of contribution (\$)

250.⁰⁰

8 Principal occupation / Job title (See Instructions)

Construction

9 Employer (See Instructions)

DBA Gomez Building Design

Date

5-24-19

Full name of contributor

Marcos Garcia

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

Contributor address;

880 W. Price RD

City; State; Zip Code

Brownsville Tx 78520

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Sales / Service

Employer (See Instructions)

DS Scales

Date

5-21-19

Full name of contributor

Moises Torres

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

Contributor address;

4735 south most Rd ste A

City; State; Zip Code

Brownsville Tx 78521

Amount of contribution (\$)

300.⁰⁰

Principal occupation / Job title (See Instructions)

Insurance Agent

Employer (See Instructions)

Torres insurance Agency

Date

5-21-19

Full name of contributor

Luis Esquivel

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

Contributor address;

1009 Fair Park Blvd

City; State; Zip Code

Harlingen Tx 78550

Amount of contribution (\$)

500.⁰⁰

Principal occupation / Job title (See Instructions)

Bail Bond Agent

Employer (See Instructions)

El Padrino Bail Bond

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Abelardo Gomez

3 Filer ID (Ethics Commission Filers)

4 Date

5/31/19

5 Full name of contributor

Marco Flores

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

7 Amount of contribution (\$)

200.00

6 Contributor address;

1200 Central Blvd E B1 Brownsville TX, 78520

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

owner/sales

9 Employer (See Instructions)

Lauro Villar

Date

6/10/19

Full name of contributor

Mel Rodeo

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

Amount of contribution (\$)

250.00

Contributor address;

2100 Village Center Dr. Brownsville TX, 78526

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Sales/owner

Employer (See Instructions)

South Texas tactical

Date

6/13/19

Full name of contributor

Alex Dominguez

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

Amount of contribution (\$)

2000.

Contributor address;

855 E. Harrison Brownsville TX 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

State Representative

Employer (See Instructions)

Date

5/28/19

Full name of contributor

Leonardo Rincones

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

Amount of contribution (\$)

1,000.

Contributor address;

854 E Van Buren ST Brownsville TX, 78520

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law office of Leonardo Rincones

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

6/11/19

5 Full name of contributor

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

Javier Villarreal

6 Contributor address; City; State; Zip Code

2401 Wild Flower Dr. Suite A
Brownsville TX 78526

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Law Offices of Javier Villarreal

Date

5/17/19

Full name of contributor

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

Herman Otis Powers, Jr.

Contributor address; City; State; Zip Code

1642 Eprice Rd #101
Brownsville TX 78501

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

accountant

Employer (See Instructions)

Powers Financial Services

Date

6/7/19

Full name of contributor

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

Cesar A. Garcia

Contributor address; City; State; Zip Code

17260 W. Lakeside Blvd
Olmite, TX 78527

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Quality Building Renovations

Date

6/11/19

Full name of contributor

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

Alex Begum

Contributor address; City; State; Zip Code

2401 Wild Flower Dr. Suite B
Brownsville TX 78526

Amount of contribution (\$)

750.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Begum Law Group

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

6/17/19

5 Full name of contributor

Gabriel... Gallardo

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

7 Amount of contribution (\$)

500.00

6 Contributor address;

2955 International Biv
City; State; Zip Code
Brownsville Tx 78521

8 Principal occupation / Job title (See Instructions)

Insurance Sales

9 Employer (See Instructions)

Gallardo Insurance

Date

5/14/19

Full name of contributor

Sylvia... Garza

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

Amount of contribution (\$)

250.00

Contributor address;

42 meadow Glenn
City; State; Zip Code
Brownsville Tx 78521

Principal occupation / Job title (See Instructions)

County Clerk

Employer (See Instructions)

Cameron County Clerk

Date

5-23-19

Full name of contributor

Javier... Rivera

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

Amount of contribution (\$)

500.00

Contributor address;

1126 planeta Brownsville Tx
City; State; Zip Code
78520

Principal occupation / Job title (See Instructions)

Bail Bond Agent

Employer (See Instructions)

BADA Bing Bail Bond

Date

5/23/19

Full name of contributor

Ruben... YBarra

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

Amount of contribution (\$)

500.00

Contributor address;

437 Rey Juan carlos St
City; State; Zip Code
Brownsville Tx 78521

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

DBA Ruben YBarra construction

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 Gomet

3 Filer ID (Ethics Commission Filers)

4 Date

6/11/19

5 Full name of contributor

Juan Martinez

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

7 Amount of contribution (\$)

300.00

6 Contributor address;

City; State; Zip Code
Brownsville
TX 78520

8 Principal occupation / Job title (See instructions)

Bail Bond agent

9 Employer (See instructions)

Pronto Bail Bond

Date

5/29/19

Full name of contributor

Louis Steven Sorola

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1999 W Jefferson Brownsville
TX, 78520

Principal occupation / Job title (See instructions)

Attorney

Employer (See instructions)

Cameron County

Date

6/20/19

Full name of contributor

Javier Garcia

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

945 E 6th St Brownsville TX
78520

Principal occupation / Job title (See instructions)

Bail Bond Agent

Employer (See instructions)

Lucky J Bail Bonds

Date

6/20/19

Full name of contributor

Eddie Andrade

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

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2575 Rockwell Dr. Brownsville
TX 78501

Principal occupation / Job title (See instructions)

Salesmen

Employer (See instructions)

Rockwell Grocery

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

5/17/19

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

Jaime Escobedo

7 Amount of contribution (\$)

1000⁰⁰

6 Contributor address; City; State; Zip Code

55 Galonsky St
Bromsue TX 78521

8 Principal occupation / Job title (See Instructions)

Security

9 Employer (See Instructions)

American Division

Date

6/19/19

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

Robert Sander

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

2034 E Price Rd, Bro TX 78521

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Captain Bobs

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.

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>5,230⁰⁰</i>	
5 Date <i>6/22/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaine Parra</i>	8 Amount of Contribution \$ <i>\$580⁰⁰</i>	9 In-kind contribution description <i>65" TV</i>
7 Contributor address; City; State; Zip Code <i>744 E Washington St Bro TX 78500</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Sales/owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Parra Furniture</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>6/22/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jorge Garcia Pedraza</i>	Amount of Contribution \$ <i>500⁰⁰</i>	In-kind contribution description <i>BBQ P:t</i>
Contributor address; City; State; Zip Code <i>44 East Dr. W Brownsville TX 78500</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>welder</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.

PLEDGED 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#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description <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#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description <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#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description <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#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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>6/20/2019</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tomas Rodriguez</i>	8 Amount of Contribution \$ <i>500⁰⁰</i>	9 In-kind contribution description <i>Gift Certificates Tournament Prizes</i>
7 Contributor address; City; State; Zip Code <i>3200 US-83 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>Sales Manager</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Discount Tire</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>6/20/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bumaro Gurman</i>	Amount of Contribution \$ <i>\$300⁰⁰</i>	In-kind contribution description <i>Gift Certificates Tournament Prizes</i>
Contributor address; City; State; Zip Code <i>4214 Southmost Rd 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>Salesman / owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Tacos D. Marcelo</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>9/22/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julian Hernandez</i>	8 Amount of Contribution \$ <i>\$35000</i>	9 In-kind contribution description <i>Gift Certificates Tournament Prizes</i>
7 Contributor address; City; State; Zip Code <i>5495 Boca Chica Blvd Bo 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>Truck Driver / Owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Double J Transport</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>9/22/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Andrade</i>	Amount of Contribution \$ <i>\$50000</i>	In-kind contribution description <i>Gift Certificates Tournament Prizes</i>
Contributor address; City; State; Zip Code <i>1104 E 7th St. Sait B, Bo 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>Bail Bond Agent / Owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Jr's Bail Bond</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>6/2/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gabriela Garcia</i>	8 Amount of Contribution \$ <i>500⁰⁰</i>	9 In-kind contribution description <i>BBQ P.+</i>
7 Contributor address; City; State; Zip Code <i>44 East Dr. Brownsville 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>Attorney</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>6/2/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>"Manny" Manuel Garza</i>	Amount of Contribution \$ <i>#1000⁰⁰</i>	In-kind contribution description <i>Gift Certificates for Prizes</i>
Contributor address; City; State; Zip Code <i>5966 Tecate Dr. Brownsville 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>Mechanic / Owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Manny's HP Tuning</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>6/20/19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sergio Santiago</i>	8 Amount of Contribution \$ <i>\$500.00</i>	9 In-kind contribution description <i>Gift Certificates Tournament Prizes</i>
7 Contributor address; City; State; Zip Code <i>123 Old Port Isabella Blvd. 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>Construction / owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Chula Vista Construction</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>6/20/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose A Betancourt Jr.</i>	Amount of Contribution \$ <i>\$500.00</i>	In-kind contribution description <i>Gift Certificates Tournament Prizes</i>
Contributor address; City; State; Zip Code <i>2885 Tulipan St. Brio 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>House Movers / owners</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Betancourt House movers</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)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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>6/22/2019</i>	5 Payee name <i>Walmart</i>	
6 Amount (\$) <i>212⁸⁵</i>	7 Payee address; City; State; Zip Code <i>3500 W Alton Floor</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>6/23/19</i>	Payee name <i>Ricardo de Leon</i>	
Amount (\$) <i>1000⁰⁰</i>	Payee address; City; State; Zip Code <i>1873 Royal oak st Brownsville Tx 78800</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation / Fundraising 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
	Candidate / Officeholder name: <i>N/A</i> Office sought: Office held:	
Date <i>6/23/19</i>	Payee name <i>Arturo Martinez</i>	
Amount (\$) <i>300⁰⁰</i>	Payee address; City; State; Zip Code <i>7138 Calles ave. Olmito Tx 78575</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Solicitation / Fundraising 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
	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 Abelardo Gomez	3 Filer ID (Ethics Commission Filers)
4 Date 6/21/2019	5 Payee name Sams Club	
6 Amount (\$) 746⁴⁴	7 Payee address; City; State; Zip Code 3870 West Alton Floor Brownsville TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: N/A Office sought: Office held:	
Date 6/21/2019	Payee name Jose J. Perez	
Amount (\$) 240⁰⁰	Payee address; City; State; Zip Code 344 Old Military Hwy Brownsville TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fund-Raising 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: N/A Office sought: Office held:	
Date 6/22/2019	Payee name Academy	
Amount (\$) 382⁴⁶	Payee address; City; State; Zip Code 64305 Old Hwy 77, Brownsville TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: N/A 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>5/8/2019</i>		5 Payee name <i>Procopio Chapa</i>			
6 Amount (\$) <i>1200</i>		7 Payee address; City; State; Zip Code <i>1270 Squaw Valley Drive unit 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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>N/A</i>		Office sought Office held	
Date <i>6/17/2019</i>		Payee name <i>Oscar Palomo</i>			
Amount (\$) <i>1334</i>		Payee address; City; State; Zip Code <i>2900 Central Blv Brownsville Tx Suit G 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>6/28/2019</i>		Payee name <i>Porta - Sani</i>			
Amount (\$) <i>370</i>		Payee address; City; State; Zip Code <i>60838 Padre Island Hwy Brownsville TX 78521</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>solicitation/ fundraising 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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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	2 FILER NAME: Abelardo Gomez	3 Filer ID (Ethics Commission Filers)
4 Date: 4/8/2019	5 Payee name: Staples	
6 Amount (\$): \$207⁸²	7 Payee address; City; State; Zip Code: 2436 Poble Kisel Brownsville, TX 78521	
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: 4/16/2019	Payee name: The Home Depot	
Amount (\$): \$644⁸⁹	Payee address; City; State; Zip Code: 605 West Morrison Rd Brownsville TX 78520	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: N/A Office sought: Office held:	
Date: 4/16/18	Payee name: Low's	
Amount (\$): 389⁷⁰	Payee address; City; State; Zip Code: 575 East Ruben Torres Brownsville TX 78520	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: N/A Office sought: Office held:	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Abelardo Gomez</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/17/2019</i>		5 Payee name <i>Cristina Reyna</i>			
6 Amount (\$) <i>\$64⁰⁰</i>		7 Payee address; City; State; Zip Code <i>32619 Papaya Dr. Los Fresnos TX 78566</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		
	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>01/18/2019</i>		Payee name <i>Juan Montoya</i>			
Amount (\$) <i>\$75⁰⁰</i>		Payee address; City; State; Zip Code <i>2665 Westlaco Rd Brownsville, TX 78520</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <i>N/A</i> Office sought Office held				
Date <i>03/19/2019</i>		Payee name <i>Holiday Wine & Liqueur</i>			
Amount (\$) <i>\$168⁸¹</i>		Payee address; City; State; Zip Code <i>1425 Ruben Torres Blvd Bro TX 78526</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <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	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 6/26/19	5 Payee name Fighting for our heroes	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 355 W. Elizabeth Suit 101 Brownsite Tx 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: N/A Office sought: Office held:	
Date 5/13/2019	Payee name The Grafik Spot	
Amount (\$) 303.10	Payee address; City; State; Zip Code 1265 N Expressway 83 Bro TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation Fundraising 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: N/A Office sought: Office held:	
Date 5/14/2019	Payee name Hector Peder	
Amount (\$) 304.41	Payee address; City; State; Zip Code 7573 Agave Ave Bro TX 78526	
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
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: N/A Office sought: Office held:	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By 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)
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4 Date <i>6/6/19</i>	5 Payee name <i>Lopez whole sale Meats</i>
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6 Amount (\$) <i>134⁴⁰</i>	7 Payee address; City; State; Zip Code <i>2100 Central Blvd Brownsville, TX 78520</i>
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought	Office held
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Date <i>6/18/2019</i>	Payee name <i>Procopio Chapa</i>
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Amount (\$) <i>3045.⁰⁰</i>	Payee address; City; State; Zip Code <i>1270 Squaw Valley Dr. Unit A. Brownsville TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - C/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,900 ⁰⁰
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,230 ⁰⁰
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,343 ⁰⁰
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 825 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

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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