

**ABELARDO
GOMEZ**

July 15, 2022

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: 17

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Abelardo

NICKNAME

LAST

SUFFIX

Abel Gomez Jr.

OFFICE USE ONLY

Date Received
ELECTION COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6595 Paredes Line Rd.
Brownsville TX 78526

Change of Address

JUL 5 2022

RECEIVED

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 455-1005

By Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Ricardo

NICKNAME

LAST

SUFFIX

"Rickey" Gomez

Receipt #

Amount \$

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

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

01/01/2022

THROUGH

Month Day Year

06/31/2022

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Constable Det. 2

13 OFFICE SOUGHT (if known)

Constable Det. 2

14 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

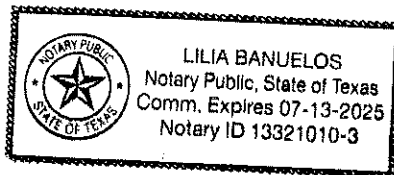
15 C/OH NAME <u>Abel Gomez</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>4,500⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>17,100⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>600⁰⁰</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>21,600⁰⁰</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>19,110⁰³</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Abel Gomez this the 14 day of July, 2022, to certify which, witness my hand and seal of office.

[Signature] Lilia Banuelos
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>Abel Gomez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,100 ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5025 ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3562.52
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 637.07
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Abelardo Gomez		3 Filer ID (Ethics Commission Filers)
4 Date 6/22/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Murarda Rando Auto Plex OBAMA Auto	7 Amount of contribution (\$) \$1,500⁰⁰
6 Contributor address; City; State; Zip Code 3185 Southmost Rd. Brownsville TX 78521		
8 Principal occupation / Job title (See Instructions) Auto Sales / owner		9 Employer (See Instructions) Self employed / Rando Auto Plex
Date 6/23/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Tocinto	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 1424 E. San Marcelo Blvd Brownsville, TX 78526		
Principal occupation / Job title (See Instructions) Deputy Constable / Peace officer		Employer (See Instructions) Cameron County Constables Pat. 2
Date 6/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petra G. Guzman	Amount of contribution (\$)
Contributor address; City; State; Zip Code 4214 Southmost Rd. Brownsville TX 78521		
Principal occupation / Job title (See Instructions) Restaurant sales / owner		Employer (See Instructions) Self employed / Tacos De Marcelo
Date 6/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key Conly	Amount of contribution (\$) \$250⁰⁰
Contributor address; City; State; Zip Code 2400 Boca Chica Blvd Brownsville TX 78521		
Principal occupation / Job title (See Instructions) Insurance sales / owner		Employer (See Instructions) State farm Insurance
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Abelardo Gomez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/23/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrew OAVE</i>	7 Amount of contribution (\$) <i>\$250⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>3570 Southmost Rd. Ste C Brownsville TX 78521</i>	
8 Principal occupation / Job title (See Instructions) <i>Nurse / Nurse Practitioner</i>		9 Employer (See Instructions) <i>Brownsville Adult and Pediatric Clinic</i>
Date <i>6/16/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan C Gomez</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
	Contributor address; City; State; Zip Code <i>46 Zena Drive Brownsville TX 78521</i>	
Principal occupation / Job title (See Instructions) <i>Store Sales / owner</i>		Employer (See Instructions) <i>Zena Groceries meet Market</i>
Date <i>6/10/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan Escobedo</i>	Amount of contribution (\$) <i>\$400⁰⁰</i>
	Contributor address; City; State; Zip Code <i>952 Pine Bluff Drive Brownsville TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>Transportation / owner</i>		Employer (See Instructions) <i>Jesco Logistics</i>
Date <i>6/9/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Le Roy Gonzales</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
	Contributor address; City; State; Zip Code <i>P.O. Box 5068 Brownsville TX 78523</i>	
Principal occupation / Job title (See Instructions) <i>Sales / owner</i>		Employer (See Instructions) <i>Big Chief Fireworks</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Abel Gomez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6-15-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mariano Gil</i>	7 Amount of contribution (\$) <i>250.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>3101 Padokisel Blvd. Brownsville, TX 78526</i>		
8 Principal occupation / Job title (See Instructions) <i>Sales / owner</i>		9 Employer (See Instructions) <i>Shot Republic</i>
Date <i>6-17-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Manny Marroquin</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2117 Carlos Ave. Brownsville, TX 78526</i>		
Principal occupation / Job title (See Instructions) <i>Rentals / owner</i>		Employer (See Instructions) <i>Manny's Marroquin Rentals #2</i>
Date <i>6-21-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Esquivel</i>	Amount of contribution (\$) <i>1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>P.O. Box 605 Harlingen, TX 78551</i>		
Principal occupation / Job title (See Instructions) <i>Bail Bond / owner</i>		Employer (See Instructions) <i>El Paderno Bail Bond</i>
Date <i>6-10-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaime Escobedo</i>	Amount of contribution (\$) <i>1,000.⁰⁰</i>
Contributor address; City; State; Zip Code <i>55 Galonsky St. Brownsville, TX 78521</i>		
Principal occupation / Job title (See Instructions) <i>Security Services / owner</i>		Employer (See Instructions) <i>American Divisions</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Abel Gomez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6-6-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos R. Masso</i>	7 Amount of contribution (\$) <i>1,000.⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>1000 E. Madison St. Brownsville, TX 78520</i>	
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>owner Carlos Masso Attorney at law</i>
Date <i>6-3-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ismael Hinojosa</i>	Amount of contribution (\$) <i>1,000.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>855 E. Harrison Brownsville, TX 78520</i>	
Principal occupation / Job title (See Instructions) <i>Attorney at law</i>		Employer (See Instructions) <i>law office of Ismael Hinojosa</i>
Date <i>6-10-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan E. Andrade</i>	Amount of contribution (\$) <i>500.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>8575 Rockwell Dr. Brownsville, TX 78521</i>	
Principal occupation / Job title (See Instructions) <i>Sales</i>		Employer (See Instructions) <i>Rockwell Grocery</i>
Date <i>6-10-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Juan E. Andrade</i>	Amount of contribution (\$) <i>500.⁰⁰</i>
	Contributor address; City; State; Zip Code <i>5200 Paredes Line Rd Brownsville, TX 78526</i>	
Principal occupation / Job title (See Instructions) <i>Sales</i>		Employer (See Instructions) <i>Paredes Line Grocery & Meat Market</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Abel Gomez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6-10-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Torge Green</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>345. Conia St. Brownsville, TX 78520</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney at Law / owner</i>		9 Employer (See Instructions) <i>The Green Law Firm</i>
Date <i>6-7-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary Williams</i>	Amount of contribution (\$) <i>500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>7000 Padre Island Hwy Brownsville, TX 78521</i>		
Principal occupation / Job title (See Instructions) <i>Sales / owner</i>		Employer (See Instructions) <i>Gordon's Bait & Tackle</i>
Date <i>6-7-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Ybarra</i>	Amount of contribution (\$) <i>500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>437 Rey Juan Carlos St. Brownsville, TX 78521</i>		
Principal occupation / Job title (See Instructions) <i>Owner / construction</i>		Employer (See Instructions) <i>DYC Home Builders</i>
Date <i>6-7-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gabriel Gallardo</i>	Amount of contribution (\$) <i>500.⁰⁰</i>
Contributor address; City; State; Zip Code <i>2915 International Blvd Ste E Brownsville, TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Insurance Sales / owner</i>		Employer (See Instructions) <i>Gallardo Insurance</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Abel Gomez		3 Filer ID (Ethics Commission Filers)
4 Date 6-13-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan LaMantia	7 Amount of contribution (\$) 500.⁰⁰
6 Contributor address; City; State; Zip Code 230 W. Campeche St. South Padre Island, TX 78597		
8 Principal occupation / Job title (See Instructions) Attorney at Law / Attorney		9 Employer (See Instructions) L & F Distributors
Date 6-15-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin H. Garcia	Amount of contribution (\$) 350.⁰⁰
Contributor address; City; State; Zip Code 905 E. Los Ebanos Ste. B, Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Attorney at Law / OWNER		Employer (See Instructions) The Law Office of Erin H. Garcia
Date 6-9-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moises Torres	Amount of contribution (\$) 300.⁰⁰
Contributor address; City; State; Zip Code 4735 Southmost Ste. A Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) Insurance Sales / OWNER		Employer (See Instructions) Torres Insurance Agency
Date 6-14-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Martinez	Amount of contribution (\$) 300.⁰⁰
Contributor address; City; State; Zip Code 554 E. Jackson St. Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Bail Bond / owner		Employer (See Instructions) Pronto Bail Bonds
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Abel Gomez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6-7-22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rodolfo de la Rosa</i>	7 Amount of contribution (\$) <i>300.⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>7738 Padre Island Hwy Brownsville, TX 78521</i>		
8 Principal occupation / Job title (See Instructions) <i>Food sales / owner</i>		9 Employer (See Instructions) <i>Restaurant Mariscos de la Rosa</i>
Date <i>6-17-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tony Menchaca</i>	Amount of contribution (\$) <i>300.⁰⁰</i>
Contributor address; City; State; Zip Code <i>834 E. Tyler Ste. C Brownsville, TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Sales / owner</i>		Employer (See Instructions) <i>Legal Ventures of Texas</i>
Date <i>6-8-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adriana Juarez Negrete</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>1036 E. 7th St. Brownsville, TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Owner / Bail Bond</i>		Employer (See Instructions) <i>A.N. Bail Bonds</i>
Date <i>6-10-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Noe D. Garza</i>	Amount of contribution (\$) <i>250.⁰⁰</i>
Contributor address; City; State; Zip Code <i>854 E. Van Buren Brownsville, TX 78520</i>		
Principal occupation / Job title (See Instructions) <i>Attorney at Law / owner</i>		Employer (See Instructions) <i>Law Office of Noe D. Garza Jr.</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Abel Gomez		3 Filer ID (Ethics Commission Filers)
4 Date 6-8-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Le Roy Gonzalez	7 Amount of contribution (\$) 250.⁰⁰
6 Contributor address; City; State; Zip Code 2005 Mercedes Rd. Brownsville, TX 78520		
8 Principal occupation / Job title (See Instructions) Construction / owner		9 Employer (See Instructions) G & T Paving
Date 6-15-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham Bennett	Amount of contribution (\$) 200.⁰⁰
Contributor address; City; State; Zip Code 8565 Bluesage Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Transportation / owner		Employer (See Instructions) Bennett Truck Lines
Date 6-15-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael P. Trejo	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code 1192 E. 9th St. Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Attorney at Law / owner		Employer (See Instructions) Law Office of Michael P. Trejo
Date 6-13-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saul Lopez	Amount of contribution (\$) 250.⁰⁰
Contributor address; City; State; Zip Code 1105 South Frontage Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) Sales / owner		Employer (See Instructions) Frontera Auto Plex
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Abel Gomez		3 Filer ID (Ethics Commission Filers)
4 Date 6-14-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilario Urquieta	7 Amount of contribution (\$) 250.⁰⁰
6 Contributor address; City; State; Zip Code 1905 Illinois Brownsville, TX 78521		
8 Principal occupation / Job title (See Instructions) Sales / manager		9 Employer (See Instructions) Corner Market
Date 6-2-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonardo Rincones	Amount of contribution (\$) 1,000.⁰⁰
Contributor address; City; State; Zip Code 854 E. Van Buren Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) attorney at law / owner		Employer (See Instructions) Law Office of Leonardo Rincones
Date 6-1-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Dominguez	Amount of contribution (\$) 1,000.⁰⁰
Contributor address; City; State; Zip Code 855 E. Harrison Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Attorney at Law / Owner		Employer (See Instructions) Law Office of Alex Dominguez
Date 6-7-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcos Garcia	Amount of contribution (\$) 600.⁰⁰
Contributor address; City; State; Zip Code 880 W. Price Rd. Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Service of repair / owner		Employer (See Instructions) DD Scales
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Abelardo Gomez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>6/26/2022</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Hector Perez</u>	8 Amount of Contribution \$ <u>\$4,825⁰⁰</u>	9 In-kind contribution description <u>Event Prizes</u>
7 Contributor address; City; State; Zip Code <u>7573 Agave Ave Brownsville TX 78526</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Peace officer Chief Deputy</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Cameron County Constable</u>	
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 <u>6/24/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rosendo Escareño</u>	Amount of Contribution \$ <u>200⁰⁰</u>	In-kind contribution description <u>Gift Cards \$50⁰⁰</u>
Contributor address; City; State; Zip Code <u>44 Avalon Dr Brownsville TX 78520</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Manager Executive Director</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>Charro days</u>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	3 Filer ID (Ethics Commission Filers)
3	Abelardo Coomer	
4 Date	5 Payee name	
6/27/2022	Coastal Event Rentals	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,400.00	37047 State Hwy 100, Los Fresnos TX 78566	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	Tent Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	N/A	
Date	Payee name	
6/24/2022	Oscar Palomo	
Amount (\$)	Payee address; City; State; Zip Code	
\$80.05	2900 Central Blvd Ste G1 Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	Rule & Sponsor Book
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	N/A	
Date	Payee name	
6/23/2022	Apex Grafix	
Amount (\$)	Payee address; City; State; Zip Code	
3,562.52		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	T-shirts for Tournament
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	N/A	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 3	2 FILER NAME Abelardo Gomez	3 Filer ID (Ethics Commission Filers)
4 Date 6/24/2022	5 Payee name Ana Perez	
6 Amount (\$) \$204⁰⁰	7 Payee address; City; State; Zip Code 544 East Dr. Brownsville, TX 78520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Trophies for fishing tournament
	(c) <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 6/15/2022	Payee name Portia Sani	
Amount (\$) \$313⁹⁴	Payee address; City; State; Zip Code 6838 Padre Island Hwy Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Portia Patties for tournament
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought Office held
Date	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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 3	2 FILER NAME Abelardo Gomez	3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2022	5 Payee name Iron Pigs	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 3531 Challis Dr. Brownsville TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Fishing Tournament Advertisment
	(c) <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 4/15/2022	Payee name Coring Elzondo	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 409 W. Laurel St. Brownsville TX 78520	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	Description Brownsville Cardinals Flag football advert. smnt for tournament sponsorship
	<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 4/15/2022	Payee name Oscar Palomo	
Amount (\$) \$587.26	Payee address; City; State; Zip Code 3700 Central Blvd Ste E1 Brownsville TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Tournament Signs & Posters and fishing tournament tickets
	<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 PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 G: 1	2 FILER NAME Abelardo Gomez	3 Filer ID (Ethics Commission Filers)
4 Date 6/27/2022	5 Payee name U Haul	
6 Amount (\$) 222.16 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2400 Boca Chico Blvd Brownsville TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description U Haul truck rental for transport
	(c) <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 6/24/2022	Payee name Sam's Club	
Amount (\$) 414.21 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3570 W. Alton Gloor Blvd Brownsville TX 78520	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Cokes Ice Condiments Hot dogs water Hamburgers cheese
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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