

**ABELARDO**

**GOMEZ**

**SEMI-ANNUAL  
REPORT  
JULY 15, 2023**

# 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: **21**

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

CAMERON COUNTY  
DEPARTMENT OF ELECTIONS & VOTER REGISTRATION

Date Received

JUL 14 2023

2:50 pm

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**6595 Paredes Line Rd.  
Brownsville TX 78526**

Change of Address

RECEIVED

By: *[Signature]*  
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 FIRST MI  
**Ricardo**  
NICKNAME LAST SUFFIX  
**Gomez**

7 CAMPAIGN TREASURER ADDRESS

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 Month Day Year  
**01 / 01 / 2023 THROUGH 6 / 30 / 2023**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**3 / 5 / 2023**  General  Special

12 OFFICE

OFFICE HELD (if any)  
**Constable Pct. 2**

13 OFFICE SOUGHT (if known)  
**Constable Pct. 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.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> Additional Pages<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

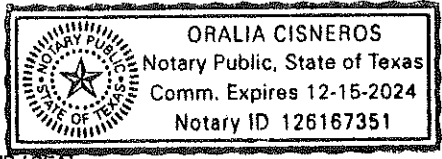
|                                |   |  |
|--------------------------------|---|--|
| 15 C/OH NAME <u>Abel Gomez</u> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS         | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>8,420<sup>00</sup></u>           |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>36,405<sup>00</sup></u>          |
| EXPENDITURE TOTALS             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>1825<sup>00</sup></u>            |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>9,572<sup>24</sup></u>           |
| CONTRIBUTION BALANCE           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>39,660.77</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 Abelardo Gomez, Jr this the 14<sup>th</sup> day of July, 2023, to certify which, witness my hand and seal of office.  
Oralía Cisneros Oralía Cisneros Notary Public  
 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<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 30,395 <sup>00</sup>                |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 6010 <sup>00</sup>                  |
| 3.  | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                       | \$ 1,200 <sup>00</sup>                 |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 9,992 <sup>26</sup>                 |
| 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             | \$ 1,825 <sup>00</sup>                 |
| 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: **13**

2 FILER NAME

*Abel/Comer*

3 Filer ID (Ethics Commission Filers)

4 Date

*10-13-2023*

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

*Carlos R. Masso*

7 Amount of contribution (\$) **1,000.00**

6 Contributor address; City; State; Zip Code

*1000 E. Madison Brownsville, TX 78520*

8 Principal occupation / Job title (See Instructions)

*Attorney at Law / owner*

9 Employer (See Instructions)

*Attorney at Law*

Date

*10-12-2023*

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

*Daniel Sanchez*

Amount of contribution (\$) **300.00**

Contributor address; City; State; Zip Code

*11 Rentfro Blvd Unit B Brownsville, TX 78521*

Principal occupation / Job title (See Instructions)

*Insurance Agent / owner*

Employer (See Instructions)

*DBA APEXX Insurance*

Date

*10-1-2023*

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

*Mark Garcia*

Amount of contribution (\$) **500.00**

Contributor address; City; State; Zip Code

*880 W. Price Rd Brownsville, TX 78520*

Principal occupation / Job title (See Instructions)

*Entrepreneur / owner*

Employer (See Instructions)

*DS Scales*

Date

*5-16-2023*

Full name of contributor  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 Agent / owner*

Employer (See Instructions)

*Pronto Bail Bonds*

**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**

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<br><i>Abel Gomez</i>   |  | 3 Filer ID (Ethics Commission Filers)                             |
| 4 Date<br><i>10-7-2023</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Saul Lopez</i> | 7 Amount of contribution (\$) <i>300.00</i>                       |
| 6 Contributor address; City; State; Zip Code<br><i>11605 South Frontage Rd Brownsville TX 78521</i> |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><i>Sales / owner</i>                       |  | 9 Employer (See Instructions)<br><i>Frontera Auto Plex LLC</i>    |
| Date<br><i>10-9-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Leo Cortez</i>   | Amount of contribution (\$) <i>500.00</i>                         |
| Contributor address; City; State; Zip Code<br><i>2100 Ruben Torres Brownsville, TX 78526 Blvd</i>   |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Restaurant / manager</i>                  |  | Employer (See Instructions)<br><i>Lucky Barrel LLC</i>            |
| Date<br><i>10-8-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Joe Martinez</i> | Amount of contribution (\$) <i>500.00</i>                         |
| Contributor address; City; State; Zip Code<br><i>1011 E. Loop 499 Harlingen, Tx 78550</i>           |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Insurance Agent / owner</i>               |  | Employer (See Instructions)<br><i>Salazar Insurance Group LLC</i> |
| Date<br><i>10-17-2023</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Juan Gomez</i>   | Amount of contribution (\$) <i>200.00</i>                         |
| Contributor address; City; State; Zip Code<br><i>340 Cactus ST San Benito, TX 78586</i>             |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Border Patrol Agent</i>                   |  | Employer (See Instructions)<br><i>Home Land Security</i>          |

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**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<br><i>Abel Gomez</i>  |  | 3 Filer ID (Ethics Commission Filers)                        |
| 4 Date<br><i>10-17-2023</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Genaro Mercado</i> | 7 Amount of contribution (\$) <i>500.00</i>                  |
| 6 Contributor address; City; State; Zip Code<br><i>5601 Knights Briche Brownsville, TX 78526</i> |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><i>Construction / owner</i>             |  | 9 Employer (See Instructions)<br><i>Mercado Construction</i> |
| Date<br><i>10-8-2023</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Ruben Ybarra</i>     | Amount of contribution (\$) <i>1,000.00</i>                  |
| Contributor address; City; State; Zip Code<br><i>5402 S Expressway Brownsville, Tx 78552</i>     |  |  |
| Principal occupation / Job title (See Instructions)<br><i>Auto Sales / owner</i>                 |  | Employer (See Instructions)<br><i>RNR Auto LLC</i>           |
| Date<br><i>10-13-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Juan Escobedo</i>    | Amount of contribution (\$) <i>500.00</i>                    |
| Contributor address; City; State; Zip Code<br><i>952 P. no BLUFF Drive Brownsville, Tx 78526</i> |  |  |
| Principal occupation / Job title (See Instructions)<br><i>Transportation / owner</i>             |  | Employer (See Instructions)<br><i>Jesco Logistics LLC</i>    |
| Date<br><i>10-15-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Manny Marroquin</i>  | Amount of contribution (\$) <i>150.00</i>                    |
| Contributor address; City; State; Zip Code<br><i>4416 Paredes Line Rd Brownsville, Tx 78526</i>  |  |  |
| Principal occupation / Job title (See Instructions)<br><i>Rental / owner</i>                     |  | Employer (See Instructions)<br><i>Manny's All in One</i>     |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**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<br><i>Abel Gomez</i>   |  | 3 Filer ID (Ethics Commission Filers)                             |
| 4 Date<br><i>10-16-2023</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Alex Martinez</i>        | 7 Amount of contribution (\$) <i>600.00</i>                       |
| 6 Contributor address; City; State; Zip Code<br><i>7011 Cablas Cir. Brownsville, TX 78526</i>         |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><i>Plumber / owner</i>                       |  | 9 Employer (See Instructions)<br><i>C.L.M Construction L.L.C.</i> |
| Date<br><i>10-15-2023</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Carlos Arturo Guerrero</i> | Amount of contribution (\$) <i>1500.00</i>                        |
| Contributor address; City; State; Zip Code<br><i>14 Michoacan Ct Brownsville, TX 78526</i>            |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Entrepreneur / owner</i>                    |  | Employer (See Instructions)<br><i>CAG Professional Services</i>   |
| Date<br><i>10-9-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Abraham Bennett</i>        | Amount of contribution (\$) <i>200.00</i>                         |
| Contributor address; City; State; Zip Code<br><i>8505 Blue Sage Brownsville, TX 78520</i>             |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Entrepreneur / owner</i>                    |  | Employer (See Instructions)<br><i>Bennett Truck Lines LLC</i>     |
| Date<br><i>10-9-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Luis Esquivel</i>          | Amount of contribution (\$) <i>500.00</i>                         |
| Contributor address; City; State; Zip Code<br><i>905 Fair Park Blvd Harlingen, TX 78550<br/>Ste A</i> |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Bail Bond Agent / owner</i>                 |  | Employer (See Instructions)<br><i>El Padrino Bail Bonds</i>       |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**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

*Abel Gomez*

3 Filer ID (Ethics Commission Filers)

4 Date

10-10-2023

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

*Aaron W. Rendon*

7 Amount of contribution (\$)

300.00

6 Contributor address; City; State; Zip Code

*777 E Harrison St Brownsville, TX 78520*

8 Principal occupation / Job title (See Instructions)

*Attorney at Law / owner*

9 Employer (See Instructions)

*Law Office of Aaron W Rendon, PLLC*

Date

10-10-2023

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

*Basilio Gomez Jr.*

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

*744 Palm Blvd Brownsville, Tx 78520*

Principal occupation / Job title (See Instructions)

*architect / owner*

Employer (See Instructions)

*DBA Gomez Building Design*

Date

5-23-2023

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

*Alejandro Dominguez*

Amount of contribution (\$)

500.00

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 Offices of Alejandro Dominguez*

Date

10-10-2023

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

*Gustavo Corona*

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code

*102 E. Jackson St. Harlingen, Tx 78550*

Principal occupation / Job title (See Instructions)

*Tuxedo Rentals / owner*

Employer (See Instructions)

*Armando's Tuxedos*

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**

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<br><i>Abel Gomez</i>  |  | 3 Filer ID (Ethics Commission Filers)                             |
| 4 Date<br><i>10-22-2023</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Esteban Guerra</i> | 7 Amount of contribution (\$) <i>300.00</i>                       |
| 6 Contributor address; City; State; Zip Code<br><i>5 Calle Jacaranda Brownsville, Tx 78520</i>   |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><i>Entrepreneur / owner</i>   |  | 9 Employer (See Instructions)<br><i>Campaign Fund</i>             |
| Date<br><i>10-26-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Manuel Montes</i>    | Amount of contribution (\$) <i>200.00</i>                         |
| Contributor address; City; State; Zip Code<br><i>5591 Kings Dr Brownsville, Tx 78520</i>   |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Retired Police officer</i>   |  | Employer (See Instructions)<br><i>unemployed</i>                  |
| Date<br><i>10-16-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Antonio Murrain</i>  | Amount of contribution (\$) <i>1,000.00</i>                       |
| Contributor address; City; State; Zip Code<br><i>3185 Southmost Rd Brownsville, Tx 78521</i>   |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Wrecker Service / owner</i>  |  | Employer (See Instructions)<br><i>Rancho AutoPlex, LLC DBA AM</i> |
| Date<br><i>10-23-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Mario Jacinto</i>    | Amount of contribution (\$) <i>400.00</i>                         |
| Contributor address; City; State; Zip Code<br><i>1424 East San Marcelo Brownsville, Tx Blvd 78526</i>  |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Deputy Constable</i>   |  | Employer (See Instructions)<br><i>Propiedades Victoria LLC</i>    |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

*Abel Gomez*

3 Filer ID (Ethics Commission Filers)

4 Date

*5-11-23*

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

*Sergio Santiago*

7 Amount of contribution (\$)

*500.00*

6 Contributor address; City; State; Zip Code

*123 Old Port Isabel Rd Brownsville, TX  
STE A4 78520*

8 Principal occupation / Job title (See Instructions)

*Construction / owner*

9 Employer (See Instructions)

*Chula Vista Const. LLC*

Date

*4-8-23*

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

*Jaime Escobedo*

Amount of contribution (\$)

*1,000.00*

Contributor address; City; State; Zip Code

*55 Galonsky St. Brownsville, TX  
78521*

Principal occupation / Job title (See Instructions)

*Security / owner*

Employer (See Instructions)

*American Divisions*

Date

*11-13-2023*

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

*Fred A. Kowalski*

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

*902 E. Madison St Brownsville, TX  
78520*

Principal occupation / Job title (See Instructions)

*Attorney at Law / owner*

Employer (See Instructions)

*Law Office of Fred A. Kowalski*

Date

*5-13-2023*

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

*Juan Torres Jr.*

Amount of contribution (\$)

*200.00*

Contributor address; City; State; Zip Code

*31200 Hwy 100 Los Fresnos, TX 78546*

Principal occupation / Job title (See Instructions)

*Sales / owner*

Employer (See Instructions)

*Taqueria El Cien*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**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 3 Filer ID (Ethics Commission Filers)

|            |   |                               |
|------------|---|-------------------------------|
| 4 Date     | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) |
| 10-21-2023 | Kay Conly   | \$300.00                      |
|            | 6 Contributor address; City; State; Zip Code                                      |                               |
|            | 2401 Boca Chica Blvd Brownsville, TX 78521  |                               |

|   |                                |
|---|--------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions)  |
| Insurance Agent/owner                                 | Kay Conly State Farm Insurance |

|            |   |                             |
|------------|---|-----------------------------|
| Date       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| 10-22-2023 | Arturo Trevino  | 200.00                      |
|            | Contributor address; City; State; Zip Code                                      |                             |
|            | 4005 Central Blvd Brownsville, TX 78520   |                             |

|   |                                    |
|---|------------------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions)        |
| Sales/owner   | Los Trevi Mini Super Auto Servicio |

|            |   |                             |
|------------|---|-----------------------------|
| Date       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| 10-21-2023 | Dino Esparza  | 250.00                      |
|            | Contributor address; City; State; Zip Code                                      |                             |
|            | 9041 E Los Ebanos Blvd Brownsville, TX 78520                                    |                             |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|   | Esparza & Garza L.L.P       |

|            |   |                             |
|------------|---|-----------------------------|
| Date       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| 10-20-2023 | Jaime Parra Jr  | 500.00                      |
|            | Contributor address; City; State; Zip Code                                      |                             |
|            | 4374 Martinal Rd  |                             |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
| Sales/owner   | Parra Furniture             |

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**

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<br><i>Abel Gomez</i> | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------------------------|

|                             |  |  |
|-----------------------------|--|--|
| 4 Date<br><i>10-20-2023</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Herman Otis Powers, Jr</i> | 7 Amount of contribution (\$)<br><i>350.00</i> |
|                             | 6 Contributor address; City; State; Zip Code<br><i>10042 E Price Rd Ste 101 Brownsville, TX 78520</i>              |  |

|   |   |
|---|---|
| 8 Principal occupation / Job title (See Instructions)<br><i>owner</i> | 9 Employer (See Instructions)<br><i>Powers Financial Services</i> |
|---|---|

|                           |  |  |
|---------------------------|--|--|
| Date<br><i>10-20-2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Gabriel Gallardo</i> | Amount of contribution (\$)<br><i>500.00</i> |
|                           | Contributor address; City; State; Zip Code<br><i>2955 International Blvd Brownsville, TX 78521</i>         |  |

|   |  |
|---|--|
| Principal occupation / Job title (See Instructions)<br><i>Insurance Agent / owner</i> | Employer (See Instructions)<br><i>Gallardo Insurance</i> |
|---|--|

|                           |   |  |
|---------------------------|---|--|
| Date<br><i>10-19-2023</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Andrew Dora</i> | Amount of contribution (\$)<br><i>300.00</i> |
|                           | Contributor address; City; State; Zip Code<br><i>3510 Southmost Rd Brownsville, TX 78521</i>          |  |

|  |  |
|--|--|
| Principal occupation / Job title (See Instructions)<br><i>Nurse Practitioner</i> | Employer (See Instructions)<br><i>Brownsville Adult and Pediatric Clinic</i> |
|--|--|

|                         |  |  |
|-------------------------|--|--|
| Date<br><i>10-20-23</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Javier Reyna</i> | Amount of contribution (\$)<br><i>300.00</i> |
|                         | Contributor address; City; State; Zip Code<br><i>1033 Rey Salomon St Brownsville, TX 78521</i>         |  |

|  |  |
|--|--|
| Principal occupation / Job title (See Instructions)<br><i>Private Investigator / owner</i> | Employer (See Instructions)<br><i>DBA Reyna Investigations</i> |
|--|--|

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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<br><i>Abel Gomez</i>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><i>10-20-2023</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Hiram A Gutierrez</i> | 7 Amount of contribution (\$)<br><i>500.00</i>                                    |
| 6 Contributor address; City; State; Zip Code<br><i>701 N Bentsen Rd Mcallen, Tx 78501</i>  |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><i>Attorney at Law</i>  |   | 9 Employer (See Instructions)<br><i>Perdue Brandon Fielder Collins &amp; Mott</i> |
| Date<br><i>10-19-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Hiram A. Gutierrez</i>  | Amount of contribution (\$)<br><i>500.00</i>                                      |
| Contributor address; City; State; Zip Code<br><i>P.O. Box 29116 Mcallen, Tx 78502<br/>701 N Bentsen Rd Mcallen, Tx 78501</i>   |   |   |
| Principal occupation / Job title (See Instructions)<br><i>Attorney at Law</i>  |   | Employer (See Instructions)<br><i>Perdue Brandon Fielder Collins &amp; Mott</i>   |
| Date<br><i>10-16-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Rick Laurus</i>         | Amount of contribution (\$)<br><i>500.00</i>                                      |
| Contributor address; City; State; Zip Code<br><i>950 East Van Buren Brownsville, Tx 78520</i>  |   |   |
| Principal occupation / Job title (See Instructions)<br><i>Attorney / owner</i>   |   | Employer (See Instructions)<br><i>The Law Firm of Zayas &amp; Zamora</i>          |
| Date<br><i>10-22-2023</i>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jorge Green</i>         | Amount of contribution (\$)<br><i>500.00</i>                                      |
| Contributor address; City; State; Zip Code<br><i>345. Coricist Brownsville, Tx 78520</i>   |   |   |
| Principal occupation / Job title (See Instructions)<br><i>Attorney at Law/owner</i>  |   | Employer (See Instructions)<br><i>The Green Law Firm, P.C.</i>                    |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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

*Abel Gomez*

3 Filer ID (Ethics Commission Filers)

4 Date  
*5-29-23*

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

*Jessica P Cruz*

7 Amount of contribution (\$) *400.00*

6 Contributor address; City; State; Zip Code

*1111 W. Saint Charles St Brownsville, Tx 78520*

8 Principal occupation / Job title (See Instructions)

*Insurance Agent / owner*

9 Employer (See Instructions)

*Self employed*

Date

*10-13-23*

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

*Rodolfo De la Rosa*

Amount of contribution (\$) *500.00*

Contributor address; City; State; Zip Code

*7738 Padre Island Hwy Brownsville, Tx 78521*

Principal occupation / Job title (See Instructions)

*Sales / owner*

Employer (See Instructions)

*Restaurante Mariscos De la Rosa*

Date

*5-21-23*

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

*Mario Vasquez*

Amount of contribution (\$) *150.00*

Contributor address; City; State; Zip Code

*5713 Hudder Oaks Bro TX 78526*

Principal occupation / Job title (See Instructions)

*Entrepreneur*

Employer (See Instructions)

*Self employed*

Date

*5-3-2023*

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

*Enrique Negrete*

Amount of contribution (\$) *300.00*

Contributor address; City; State; Zip Code

*1036 E TTH St. Brownsville, Tx 78520*

Principal occupation / Job title (See Instructions)

*Bail Bond Agent / owner*

Employer (See Instructions)

*Negrete's Bail bonds*

**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**

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<br><i>Abel Gomez</i>  |  | 3 Filer ID (Ethics Commission Filers)                                 |
| 4 Date<br><i>9/16/2023</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Antonio Menchaca</i> | 7 Amount of contribution (\$)<br><i>100<sup>00</sup></i>              |
| 6 Contributor address; City; State; Zip Code<br><i>834 E. Tyler St Bro TX 78520</i>      |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><i>owner</i>                    |  | 9 Employer (See Instructions)<br><i>Legal Ventures of Texas</i>       |
| Date<br><i>9/16/2023</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Antonio Menchaca</i>   | Amount of contribution (\$)<br><i>75<sup>00</sup></i>                 |
| Contributor address; City; State; Zip Code<br><i>834 E. Tyler St Bro TX 78520</i>        |  |   |
| Principal occupation / Job title (See Instructions)<br><i>owner</i>                      |  | Employer (See Instructions)<br><i>Infra</i>                           |
| Date<br><i>9/14/2023</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Leonardo Rincones</i>  | Amount of contribution (\$)<br><i>1000<sup>00</sup></i>               |
| Contributor address; City; State; Zip Code<br><i>854 E Van Buren St Bro TX 78520</i>     |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Attorney / owner</i>           |  | Employer (See Instructions)<br><i>Law Office of Leonardo Rincones</i> |
| Date<br><i>9/20/2023</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Dino Esparrza</i>      | Amount of contribution (\$)<br><i>250<sup>00</sup></i>                |
| Contributor address; City; State; Zip Code<br><i>964 E. Los Ebanos Blvd Bro TX 78520</i> |  |   |
| Principal occupation / Job title (See Instructions)<br><i>Attorney / owner</i>           |  | 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

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: <b>2</b>  |  |
| 2 FILER NAME <b>Abel Conn</b>  |  | 3 Filer ID (Ethics Commission Filers)  |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$ <b>6010<sup>00</sup></b>  |  |
| 5 Date<br><b>6/25/2023</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Thelma Garcia</b>  | 8 Amount of Contribution \$<br><b>4,085<sup>00</sup></b>                         | 9 In-kind contribution description<br><b>Event Prizes</b>        |
| 7 Contributor address; City; State; Zip Code<br><b>23 393 Ceresia Ln Brownsville TX 78521</b>  |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)                      |  | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                                |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)   |  | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                     |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)  |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                      |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                    |  |  |  |
| Date<br><b>6/23/2023</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Alejandro Garcia</b> | Amount of Contribution \$<br><b>1400<sup>00</sup></b>                            | In-kind contribution description<br><b>Prizes for Tournament</b> |
| Contributor address; City; State; Zip Code<br><b>940 W Ruben A Torres Bro TX 78520</b>         |  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Sales / owner</b> |  | Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>EL Novillo Cortes f. no</b> |  |
| 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.

# 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<br><i>Abel Gomez</i>   |   | 3 Filer ID (Ethics Commission Filers)                  |
| 4 Date<br><i>6/20/2023</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Juan Andrade</i>                          | 7 Amount of contribution (\$)<br><i>500.00</i>         |
| 6 Contributor address; City; State; Zip Code<br><i>9963 Anagna olm to TX 78575</i>  |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><i>Bond Agent/owner</i>  |   | 9 Employer (See Instructions)<br><i>Tr's Jail Bond</i> |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>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#: _____)<br><br>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#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                            |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                            |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |  |

# 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: <b>2</b>   |  |
| 2 FILER NAME <b>Abel Gomez</b>  |   | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$  |  |
| 5 Date<br><b>6/16/2023</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ricardo Mireles</b> | 8 Amount of Contribution \$<br><b>\$300<sup>00</sup></b>                                | 9 In-kind contribution description<br><b>Tent Rental</b> |
| 7 Contributor address; City; State; Zip Code<br><b>807 West Price Rd Bro TX 78520</b>                   |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>A.C. Repair / owner</b> |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>T.A.C.</b>                      |  |
| 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<br><b>6/16/2023</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Michael P. Trejo</b>  | Amount of Contribution \$<br><b>\$225<sup>00</sup></b>                                  | In-kind contribution description<br><b>Tent Rental</b>   |
| Contributor address; City; State; Zip Code<br><b>1192 East 9th Street Bro TX 78520</b>                  |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         |  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)<br><b>Attorney / owner</b>       |   | Employer (FOR NON-JUDICIAL) (See Instructions)<br><b>Law Office of Michael P. Trejo</b> |  |
| 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**

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 B: 1  
 3 Filer ID (Ethics Commission Filers)

2 FILER NAME Abel Gomer

4 TOTAL OF UNITEMIZED PLEDGES \$ 1200<sup>00</sup>

5 Date 6/25/2023 6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_) Andres Garcia  
 7 Pledgor address; City; State; Zip Code 27283 S Altas Palmas Rd. Harlingen, TX 78552 8 Amount of Pledge \$ 300<sup>00</sup> 9 In-kind contribution description  
 Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions) Transportation / owner 11 Employer (See Instructions) Circle K Express

Date 6/25/2023 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_) Ricardo Lamas  
 Pledgor address; City; State; Zip Code 1036 E 7th St Brownsville, TX 78500 Amount of Pledge \$ 300<sup>00</sup> In-kind contribution description  
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions) Bail Bond Agent / owner Employer (See Instructions) Lamas Bail Bond

Date 6/25/2023 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_) John Chambers  
 Pledgor address; City; State; Zip Code 6 Henderson Rd Los Fresnos TX 78566 Amount of Pledge \$ 100<sup>00</sup> In-kind contribution description  
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions) \_\_\_\_\_ Employer (See Instructions) Chambers Carpet Cleaners

Date 6/25/2023 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_) Vicente Gonzalez  
 Pledgor address; City; State; Zip Code \_\_\_\_\_ Amount of Pledge \$ 500<sup>00</sup> In-kind contribution description  
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions) Congress. Employer (See Instructions) US Congress

**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 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:<br><b>2</b> | 2 FILER NAME<br><b>Abel Corner</b> | 3 Filer ID (Ethics Commission Filers) |
|--|------------------------------------|---------------------------------------|

|                           |   |
|---------------------------|---|
| 4 Date<br><b>5/1/2023</b> | 5 Payee name<br><b>Apex Grafix Print Shop</b> |
|---------------------------|---|

|   |   |       |        |          |
|---|---|-------|--------|----------|
| 6 Amount (\$)<br><b># 2000<sup>00</sup></b> | 7 Payee address;<br><b>32826 Shore 27 Rd. Los Fresnos, TX 78566</b> | City; | State; | Zip Code |
|---|---|-------|--------|----------|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | (b) Description<br><b>T-Shirt Printing</b>                                |
|                                    | (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 | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                        |                                   |
|------------------------|-----------------------------------|
| Date<br><b>5/17/23</b> | Payee name<br><b>Luis V. Saez</b> |
|------------------------|-----------------------------------|

|   |  |       |        |          |
|---|--|-------|--------|----------|
| Amount (\$)<br><b>#500<sup>00</sup></b> | Payee address;<br><b>117 E. Price Rd. Brownsville TX 78520</b> | City; | State; | Zip Code |
|---|--|-------|--------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Donation made by Candidate</b> | Description<br><b>Political donation</b>                                  |
|                               | <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<br><b>6/21/2023</b> | Payee name<br><b>Apex Grafix</b> |
|--------------------------|----------------------------------|

|  |   |       |        |          |
|--|---|-------|--------|----------|
| Amount (\$)<br><b>#2093<sup>80</sup></b> | Payee address;<br><b>32826 Shore 27rd Los Fresnos, TX 78566</b> | City; | State; | Zip Code |
|--|---|-------|--------|----------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b> | Description<br><b>T-Shirt Printing</b>                                    |
|                               | <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**

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 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<br><i>Abel Gomez</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-----------------------------------|---------------------------------------|

|                            |   |
|----------------------------|---|
| 4 Date<br><i>6/23/2023</i> | 5 Payee name<br><i>Oscar Palomo / Digital Print</i> |
|----------------------------|---|

|   |  |       |        |          |
|---|--|-------|--------|----------|
| 6 Amount (\$)<br><i>4628<sup>46</sup></i> | 7 Payee address;<br><i>2900 Central Blvd Surt B Brownsville TX 78520</i> | City; | State; | Zip Code |
|---|--|-------|--------|----------|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | (b) Description<br><i>Printing Signs, shirts, Banners</i>                 |
|                                    | (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 |
|---|-------------------------------|---------------|-------------|

|                          |                                 |
|--------------------------|---------------------------------|
| Date<br><i>6/27/2023</i> | Payee name<br><i>Porta Sari</i> |
|--------------------------|---------------------------------|

|  |   |       |        |          |
|--|---|-------|--------|----------|
| Amount (\$)<br><i>350<sup>20</sup></i> | Payee address;<br><i>6838 Padre Island Hwy Bro TX 78521</i> | City; | State; | Zip Code |
|--|---|-------|--------|----------|

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

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

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

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**