

ABELARDO

GOMEZ

**30 Days Before
Election**

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: **6**

OFFICE USE ONLY

Date Received
CAMERON COUNTY
DEPARTMENT OF ELECTIONS &
VOTER REGISTRATION

FEB 05 2024

RECEIVED *ah @ 5:28PM*
By: Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MR** FIRST MI

NICKNAME LAST SUFFIX
"Abel" *Abelardo* *Gomez* *JR*

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6595 Paredes Line Rd
Brownsville, TX 78526

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 455-1005

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **MR** FIRST MI

NICKNAME LAST SUFFIX
"Ricky" *Ricardo* *Gomez*

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

6593 Paredes Line Rd
Brownsville, Tx. 78526

(Residence or Business)

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 / 2024 THROUGH *02 / 05 / 2024*

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
03 / 05 / 2024 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 <input type="checkbox"/> GENERAL <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 Abelardo Gomez **16 Filer ID (Ethics Commission Filers)**

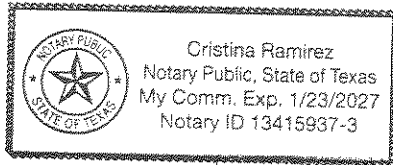
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>5,908⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,408⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>741¹⁸</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,592⁰²</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>19,070.¹³</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 this the 5th day of February, 2024, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Cristina Ramirez
Printed name of officer administering oath

Notary
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

Abel Gomez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,500 ³⁵
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5432.90
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: <u>1</u>
2 FILER NAME <i>Abel Gomez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/10/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonio Muruira</i>	7 Amount of contribution (\$) <i>1,000.00</i>
6 Contributor address; City; State; Zip Code <i>3185 Southwest Rd Brownsville TX, 78521</i>		
8 Principal occupation / Job title (See Instructions) <i>Self Employed</i>		9 Employer (See Instructions) <i>Rancho Auto Plex</i>
Date <i>1/10/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fighting For South Texas Pac</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>121 N. 10th St McAllen TX 78501</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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: <u>2</u>	2 FILER NAME <u>Abel Gomez</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>1/24/24</u>	5 Payee name <u>Johnny Cava205</u>	
6 Amount (\$) <u>1,780.⁸⁹</u>	7 Payee address; City; State; Zip Code <u>1168 Squa W Valley Dr. Brownsville TX 78521</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	(b) Description <u>Trailers with Signs</u>
	<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 <u>1/30/2024</u>	Payee name <u>Carniceria Del Valle</u>	
Amount (\$) <u>214.⁶⁶</u>	Payee address; City; State; Zip Code <u>9453 Palmito St. Olmito TX 78525</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Bunt Expense</u>	Description <u>Food for political rally</u>
	<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 <u>1/29/2024</u>	Payee name <u>The Home Depot</u>	
Amount (\$) <u>321.⁰⁸</u>	Payee address; City; State; Zip Code <u>4551 S Padre Island Hwy Brownsville TX 78521</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising Expense</u>	Description <u>T-POST & Straps</u>
	<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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Abelardo Gomez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>01/16/24</i>	5 Payee name <i>Harbor Freight</i>
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6 Amount (\$) <i>237.⁰¹</i>	7 Payee address; City; State; Zip Code <i>1601 E. Price Rd. Suite 1 Brownsville TX 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>tools for lightning signs</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
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Date <i>1/9/2024</i>	Payee name <i>El Valle Noticias</i>
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Amount (\$) <i>1028³⁷</i>	Payee address; City; State; Zip Code <i>3032 Resaca Vista Dr Brownsville TX 78526</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>News Paper Advertisement</i>
	(c) <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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Date <i>1/2/24</i>	Payee name <i>Johnny Cavazos</i>
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Amount (\$) <i>1850⁸⁹</i>	Payee address; City; State; Zip Code <i>1168 Squaw Valley Dr. Brownsville TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Trailer with LED Sign</i>
	(c) <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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED