CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Commi 00084428 | | 2 Total pages f | iled: 15 |
|-------------------------|-----------------------------|------------------|---|--------------------|---------------------|--------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE | USE ONLY |
| OFFICEHOLDER NAME | The Honorable | Erin E. | | | | |
| IVAIVIL | | | | | Date Received | |
| | | | | | ELECTRONIC | ALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 07/17/2023 | |
| | | Gamez | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT | / SUITE#; CIT | Υ; | ZIP CODE | Date Hand-delivered | or Date Postmarked |
| OFFICEHOLDER MAILING | 777 E. Harrison | | | | | |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Brownsville, TX 78520 | | | | | |
| | Brownsvine, 17, 70320 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| TREASURER | | Jaime S. | | IVII | | |
| NAME | Ms. | Jaime 5. | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Gomez | | M.D. | | |
| | | | | | | |
| 6 CAMPAIGN TREASURER | STREET ADDRESS (NO PO | | AP' | T / SUITE #; CITY; | ST | ATE; ZIP CODE |
| ADDRESS | 5700 N. Expressway 77/8 | 3 | | | | |
| (Residence or Business) | Suite 300 | | | | | |
| (, | Brownsville, TX 78526 | | | | | |
| | | | | | | |
| | 4DE4 00DE BUO | | | | | |
| 7 CAMPAIGN TREASURER | | NE NUMBER E | EXTENSION | | | |
| PHONE | (956) 504-7121 | | | | | |
| 0 DEDODT | | | | | | |
| 8 REPORT TYPE | January 15 | 30th day before | election \square | Runoff | 15th day after ca | ampaign treasurer |
| | | Journal Belore | Ciccion | Kulloli | appointment (off | |
| | X July 15 | 8th day before 6 | election | Exceeded modified | Final Report (Att | ach C/OH-FR) |
| | | | | reporting limit | | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2023 | TH | ROUGH | 06/30/202 | 23 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | Pi | rimary | Runoff | Other | |
| | | ∏G | eneral | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | _ | | 12 OFFICE SOUGHT | (if known) | |
| 11 011102 | State Representative Dist | rict 38 Cameron | | | (ii kilowii) | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 15

| 13 C / OH NAME | Gamez, Erin E. (The | Honorable) | 14 Filer ID 00084428 | (Ethics Com | mission Filers) |
|--|----------------------------------|--|--|------------------|-----------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expe These expenditures may have been made with I officeholders are required to report this inform | hout the candidate's or off | ficeholder's kno | owledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | COMMITTEE ADDRESS | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| | Si Zoniio | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAM | ME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADD | DRESS | | |
| | | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEM OR GUARANTE | ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE | THAN PLEDGES, LOANS ELECTRONICALLY) | \$ | 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO | DANS) | \$ | 2,500.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ | 20,123.43 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF TI RIOD | HE LAST DAY OF THE | \$ | 37,453.41 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD | S AS OF THE LAST DAY | \$ | 53,432.00 |
| 17 AFFIDAVIT | | | | | |
| | | I swear, or affirm, under pe true and correct and includ under Title 15, Election Co | les all information required | | |
| | | Tho | Honorable Erin E. Gam | 207 | |
| | | | re of Candidate or Officeh | | |
| AFFIX NO | TARY STAMP / SEAL ABO | DVE | | | |
| Sworn to and subso | cribed before me, by the s | aid | , this the | | day |
| of | , 20, to ce | ertify which, witness my hand and seal of office |). | | |
| | | | | | |
| Signature of office | cer administering | Printed name of officer administering | Title of office | cer administeri | ng oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | | JVLK 3 | 3 of 15 | | | | |
|-----|--|--|------------------|--------------|-----------|--|--|--|--|
| l | 8 FILER NAME Gamez, Erin E. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00084428 | | | | | | | | |
| l | HEDULI ME OF : | | SUB ⁻ | TOTAL AMOUNT | | | | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 2,500.00 | | | | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | | | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | | | |
| 4. | | SCHEDULE E: LOANS | | \$ | | | | | |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ | 20,123.43 | | | | |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | | | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | | |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | | | | | |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | | | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER | RETURNED | \$ | | | | | |
| | | | | | | | | | |

| N | MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|------------|--|---|
| Т | he Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/15 |
| | ILER NAME Gamez, Erin E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00084428 |
| 4 D | ate 6/30/2023 Full name of contributor out-of-state PAC (ID#: Anzaldua, Rene Contributor address; City; State; Zip Code | 7 Amount of Contribution (\$) \$1,000.00 |
| | Edinburg, TX 78542 | |
| | rincipal occupation / Job title (See Instructions) aail Bondsman 9 Employer (See Instructions) Anzaldua Bail | |
| | Full name of contributor out-of-state PAC (ID#: | |
| | Contributor address; City; State; Zip Code | |
| | Edinburg, TX 78539 rincipal occupation / Job title (See Instructions) Obbyist Employer (See Instructions) Self | nstructions) |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains ho | w to comp | lete this form. | | |
|---|----------------------------|---|-------------|--|------------------------|----------------------------|
| 1 | Total pages Schedule F1: | FILER NAME | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 1/11 Rpt: 5/15 | Gamez, Erin E. (The Honorable) | | | 00084428 | |
| 4 | Date | Payee name | | • | | |
| | 06/28/2023 | ACTBLUE FEES | | | | |
| 6 | Amount (\$) | Payee address; City; State; 2 | Zip Code | | | |
| | \$99.15 | PO BOX 441146 | | | | |
| | | | | | | |
| | | SOMERVILLE, MA 02144 | | | | |
| 8 | PURPOSE | Category (See Categories listed at the top of this schedu | ule) (b) |) Description | | |
| | OF EXPENDITURE | Fees | | Check if travel outs | | |
| | EXI ENDITORE | | | Check if Austin, TX | | g expense |
| | | | | PROCESSING | FEE5 | |
| 9 | Complete ONLY if direct | andidate/Officeholder name Offi | ice sought | <u> </u> | Office h | old |
| 9 | expenditure to benefit C/O | andidate/Officenoider name Offi | ice sougrii | l | Office fi | eiu |
| _ | Data | | | | | |
| | Date | Payee name | | | | |
| | 03/22/2023 | AIM MEDIA | | | | |
| | Amount (\$) | | Zip Code | | | |
| | \$1,640.00 | PO BOX 3267 | | | | |
| | | | | | | |
| | | MCALLEN, TX 78502 | | | | |
| | PURPOSE OF | Category (See Categories listed at the top of this schedu | ule) (b) |) Description | | |
| | EXPENDITURE | Advertising Expense | | Check if travel outs Check if Austin, TX | | |
| | | | | BROWNSVILLE | | у схренос |
| | | | | | | |
| | Complete ONLY if direct | andidate/Officeholder name Offi | ice sought | t | Office h | eld |
| | expenditure to benefit C/O | | | | | |
| | Date | Payee name | | | | |
| | 06/09/2023 | AIM MEDIA | | | | |
| | Amount (\$) | Payee address; City; State; | Zip Code | | | |
| | \$1,715.00 | PO BOX 3267 | | | | |
| | • | | | | | |
| | | MCALLEN, TX 78502 | | | | |
| | PURPOSE | | (b) |) Description | | |
| | OF | Category (See Categories listed at the top of this scheduly Advertising Expense | ule) | Description Check if travel outs | side of Texas. Com | nplete Schedule T. |
| | EXPENDITURE | Advertising Expense | | Check if Austin, TX | K, officeholder living | g expense |
| | | | | BROWNSVILLE | HERALD | |
| | | | | | | |
| | Complete ONLY if direct | andidate/Officeholder name Offi | ice sought | t | Office h | eld |
| | expenditure to benefit C/O | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| Ļ | | |
| 1 | Total pages Schedule F1: | |
| | Sch: 2/11 Rpt: 6/15 | Gamez, Erin E. (The Honorable) 00084428 |
| 4 | Date | 5 Payee name |
| L | 03/30/2023 | BORDER PRESS |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$114.75 | 620 E PRICE RD |
| | | |
| | | BROWNSVILLE, TX 78521 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Printing Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | VETERANS HS FOOTBALL FOLDERS |
| L | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 04/12/2023 | Benavides, Benito |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$130.00 | 777 E. Harrison |
| | | #205 |
| | | Brownsville, TX 78520 |
| _ | DUDDOSE | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | REIMBURSE FOR FRAMES |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 06/15/2023 | CALLEJAS, YOANY |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$150.00 | 2341 MUNICH ST |
| | Ψ130.00 | 2012 MONION 01 |
| | | PROWNSVILLE TV 70520 |
| | | BROWNSVILLE, TX 78520 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas, Complete Schedule T |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | STUDENT DONATION |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extraory not listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · |
| | Sch: 3/11 Rpt: 7/15 | Gamez, Erin E. (The Honorable) 00084428 |
| 4 | Date | 5 Payee name |
| | 01/11/2023 | CAPITOL GIFT SHOP |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$487.13 | 1400 CONGRESS |
| | | SUITE E1.006 |
| | | AUSTIN, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense |
| | | Check if Austin, TX, officeholder living expense STATE PINS - GIFTS FOR VISITORS |
| | | STATE PINS - GIFTS FOR VISITORS |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| • | expenditure to benefit C/OI | |
| _ | Date | Payee name |
| | 01/26/2023 | CHARRO DAYS, INC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 455 E ELIZABETH |
| | +555.55 | |
| | | BROWNSVILLE, TX 78520 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense PARADE ENTRY FEE |
| | | TANABE ENTRE LE |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 03/28/2023 | CHILDREN'S ADVOCACY CENTER |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | PO BOX 2145 |
| | | |
| | | SAN BENITO, TX 78586 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | EXI ENDITORE | Candidate/Officeholder/Political Committee |
| | | MARGARITA MADNESS SPONSOR |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1. Total pages Cabadula 51: | 1 |
| 1 Total pages Schedule F1: Sch: 4/11 Rpt: 8/15 | 2 FILER NAME Gamez, Erin E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084428 |
| 4 Date | 5 Payee name |
| 06/22/2023 | EDINBURG AFT |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code 1508 SUGAR RD EDINBURG, TX 78539 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense EDUCATION DONATION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/03/2023 | GARZA, JOEY |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$150.00 | 409 W. LEVEE |
| | BROWNSVILLE, TX 78520 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOTBALL TEAM SPONSOR |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/26/2023 | GIRL SCOUTS OF AMERICA |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code GENERAL DELIVERY |
| | BROWNSVILLE, TX 78520 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GIRL SCOUT COOKIES |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| | | |
| 1 | Total pages Schedule F1: Sch: 5/11 Rpt: 9/15 | 2 FILER NAME Gamez, Erin E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084428 |
| 4 | Date 03/23/2023 | 5 Payee name HARLINGEN AREA EDUC FOUNDATION |
| 6 | Amount (\$) \$150.00 | 7 Payee address; City; State; Zip Code 26623 WHITE RANCH RD LA FERIA, TX 78559 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TEAM GUS DONATION |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 06/27/2023 | HARLINGEN NATL BASEBALL LEAGUE |
| | Amount (\$) \$100.00 | Payee address; City; State; Zip Code 3139 WILSON RD |
| | \$100.00 | 3139 WILSON RD |
| | | HARLINGEN, TX 78552 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TEAM SPONSOR |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H |
| | Date 02/15/2023 | Payee name JUNIOR LEAGUE OF BROWNSVILLE |
| | Amount (\$) \$750.00 | Payee address; City; State; Zip Code PO Box 3151 |
| | | BROWNSVILLE, TX 78523 |
| _ | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SPONSOR DONATION |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Candidate/Officeholder/Politica | | Legal Services | | | se s/Contract Labor | | OTHER (enter a | category not listed above) | |
|---|---|-------------------|-------------------------------|--------------------------|----------|------------------------|-------|---|----------------------------|-------|
| | Credit Card Payment | | The Instruction Gu | iide explains how to co | ompl | ete this form. | | | | |
| 1 | Total pages Schedule F1: | 2 FILER N | AME | | | | 3 | Filer ID | (Ethics Commission Fi | lers) |
| | Sch: 6/11 Rpt: 10/15 | Gamez, | Erin E. (The Honor | able) | | | | 00084428 | | |
| 4 | Date | 5 Payee na | ıme | | | | _ | | | |
| | 06/01/2023 | | ZUELAS DE REM | | | | | | | |
| 6 | Amount (\$) | 7 Payee ac | Idress; City; | State; Zip Co | ode | | | | | |
| | \$900.00 | 3101 PA | ABLO KISEL | | | | | | | |
| | | | | | | | | | | |
| | | BROWN | ISVILLE, TX 78526 | | | | | | | |
| 8 | PURPOSE | (a) Category | (See Categories listed at the | oo top of this schodulo) | (b) | Description | | | | |
| | OF | | tions/Donations Ma | | l` ´ | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | te/Officeholder/Poli | | | \Box | | officeholder living | expense | |
| | | | | | | VETERAN'S | BR | EAKFAST | | |
| L | | | | | <u> </u> | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Officeholder name | Office sou | ught | | | Office he | eld | |
| | ' | | | | | | | | | |
| | Date | Payee na | | | | | | | | |
| | 03/24/2023 | LEIJA, (| CHESSELY | | | | | | | |
| | Amount (\$) | Payee ad | | State; Zip Co | ode | | | | | |
| | \$100.00 | GENER | AL DELIVERY | | | | | | | |
| | | | | | | | | | | |
| | | BROWN | ISVILLE, TX 78520 | | | | | | | |
| | PURPOSE OF | | (See Categories listed at the | ne top of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Event E | xpense | | | = | | de of Texas. Com officeholder living | | |
| | | | | | | EVENT PREI | | · | • | |
| | | | | | | | | | | |
| | Complete ONLY if direct | | Officeholder name | Office sou | ught | | | Office he | eld | |
| | expenditure to benefit C/OI | 1 | | | | | | | | |
| | Date | Payee na | ıme | | | | | | | |
| | 01/17/2023 | MATAR | , CARYS | | | | | | | |
| | Amount (\$) | Payee ac | Idress; City; | State; Zip Co | ode | | | | | |
| | \$1,111.95 | 2662 DE | ER TRAIL | | | | | | | |
| | | | | | | | | | | |
| | | BROWN | ISVILLE, TX 78521 | | | | | | | |
| | PURPOSE | (a) Category | (See Categories listed at the | ne top of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | /Wages/Contract La | | | | | de of Texas. Com | | |
| | EXI ENDITORE | | | | | COMMUNICA | | officeholder living | | |
| | | | | | | COMMONICA | -(11 | ONS DIREC | TOR | |
| _ | Complete ONLY if direct | Candidate | Officeholder name | Office sou | laht | | | Office he | ald. | |
| | expenditure to benefit C/OI | | Cincendide Haine | Office Suc | agrit | | | Office He | JIG. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Credit Card Payment | The Instruction Guide explains how to com | plete this form. |
|---|--|--|--|
| 1 | Total pages Schedule F1: | · | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 7/11 Rpt: 11/15 | Gamez, Erin E. (The Honorable) | 00084428 |
| 4 | Date | 5 Payee name | • |
| | 02/13/2023 | MATAR, CARYS | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Cod | 9 |
| | \$1,111.95 | 2662 DEER TRAIL | |
| | | | |
| L | | BROWNSVILLE, TX 78521 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | COMMUNICATIONS DIRECTOR |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sougl | nt Office held |
| | expenditure to benefit C/O | | |
| H | Date | Payee name | |
| | 03/01/2023 | MATAR, CARYS | |
| L | Amount (\$) | · | |
| | \$1,111.95 | Payee address; City; State; Zip Cod 2662 DEER TRAIL | - |
| | Ф1,111.95 | 2002 DEER TRAIL | |
| | | DDOWNICKILLE TV 70504 | |
| | | BROWNSVILLE, TX 78521 | |
| | PURPOSE OF | , , , | b) Description Check if traval outside of Taxas, Complete Schedule T |
| | EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | COMMUNICATIONS DIRECTOR |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | nt Office held |
| | expenditure to benefit C/OH | 1 | |
| F | Date | Payee name | |
| | 03/28/2023 | MATAR, CARYS | |
| | Amount (\$) | Payee address; City; State; Zip Cod | 9 |
| | \$1,111.95 | 2662 DEER TRAIL | |
| | . , | | |
| | | BROWNSVILLE, TX 78521 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense COMMUNICATIONS DIRECTOR |
| | | | COMMUNICATIONS DIRECTOR |
| | | l l | |
| | Complete ONL V if direct | Candidate/Officeholder name Office count | nt Office hold |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sough | nt Office held |
| | | • | nt Office held |
| | | • | office held |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/11 Rpt: 12/15 | Gamez, Erin E. (The Honorable) 00084428 |
| 4 | Date | 5 Payee name |
| | 04/28/2023 | MATAR, CARYS |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,111.95 | 2662 DEER TRAIL |
| | | |
| | | BROWNSVILLE, TX 78521 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense COMMUNICATIONS DIRECTOR |
| | | COMMONIO/TIONS BIRECTOR |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | d |
| F | Date | Payee name |
| | 05/30/2023 | MATAR, CARYS |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,111.95 | 2662 DEER TRAIL |
| | | |
| | | BROWNSVILLE, TX 78521 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | COMMUNICATIONS DIRECTOR |
| | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| Г | Date | Payee name |
| | 06/28/2023 | MATAR, CARYS |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,111.95 | 2662 DEER TRAIL |
| | | |
| | | BROWNSVILLE, TX 78521 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | COMMUNICATIONS DIRECTOR |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | |
|-----------------------------|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 9/11 Rpt: 13/15 | Gamez, Erin E. (The Honorable) 00084428 | | | |
| 4 | Date | 5 Payee name | | | |
| | 01/31/2023 | NORTH BROWNSVILLE ROTARY | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$200.00 | 274 CREEKBEND DR | | | |
| | | | | | |
| | | BROWNSVILLE, TX 78521 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Contributions/Donations Made By | | | |
| | | Candidate/Officeholder/Political Committee | | | |
| | | SOI EN BOWE BONATION | | | |
| Ļ | Compulate ONLY if direct | Condidate/Officeholder page Office pought Office hold | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | |
| | Date | Payee name | | | |
| | 05/28/2023 | OFFICE DEPOT | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$2,142.00 | 907 WEST FIFTH STREET | | | |
| | | | | | |
| | | AUSTIN, TX 78703 | | | |
| | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | POSTAGE | | | |
| | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | |
| expenditure to benefit C/OH | | | | | |
| _ | Date | Payee name | | | |
| | 04/01/2023 | PENS.COM | | | |
| | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$426.46 | 342 Shelbyville Mills Rd | | | |
| | | | | | |
| | | Shelbyville, TN 37160 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| | | LOGO BACK FACKS | | | |
| _ | Operation ONE VIII II | Overfield to 100% and a little way of the control o | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 10/11 Rpt: 14/15 | Gamez, Erin E. (The Honorable) 00084428 | | | |
| 4 | Date | 5 Payee name | | | |
| | 02/24/2023 | RODRIGUEZ, SYLVIA (Mrs.) | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$93.73 | 138 W COWEN TERRACE | | | |
| | | | | | |
| | | BROWNSVILLE, TX 78521 | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense REIMBURSE FOR PARADE DECORATIONS | | | |
| | | KEIMBORGET GREEN WIGHT | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| 9 | expenditure to benefit C/O | | | | |
| \vdash | Data | | | | |
| | Date | Payee name | | | |
| | 03/28/2023 | SUNSHINE HAVEN | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$500.00 | 7105 W LAKESIDE BLVD | | | |
| | | | | | |
| | | OLMITO, TX 78575 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Contributions/Donations Made By | | | |
| | | Candidate/Officeholder/Political Committee | | | |
| | | DONATION | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| · | | | | | |
| | Date | Payee name | | | |
| | 01/25/2023 | TEXAS LEGISLATIVE LADIES CLUB | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$41.56 | PO Box 300247 | | | |
| | | | | | |
| | | AUSTIN, TX 78705 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense | | | |
| | | MEMBERSHIP | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | | | | |
|---|--|--|--|--|--|
| | 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) | | | |
| | Sch: 11/11 Rpt: 15/15 | Gamez, Erin E. (The Honorable) 00084428 | | | |
| 4 | Date | 5 Payee name | | | |
| | 03/29/2023 | TEXAS SOUTHMOST COLLEGE | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$500.00 | 80 FORT BROWN | | | |
| | | | | | |
| | | BROWNSVILLE, TX 78520 | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | SAPPHIRE GALA | | | |
| | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | 1 | | | |
| | Date | Payee name | | | |
| | 04/20/2023 | VETERAN FEMALES UNITED | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$300.00 | GENERAL DELIVERY | | | |
| | | | | | |
| | | BROWNSVILLE, TX 78520 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | A SALUTE TO MILITARY MOTHERS | | | |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | 1 | | | |
| | Date | Payee name | | | |
| L | 03/10/2023 | WARRIORS UNITED IN ARMS | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$250.00 | 5 JALISCO CT | | | |
| | | | | | |
| | | BROWNSVILLE, TX 78526 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | DONATION TO VETERANS | | | |
| | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| | experiment to deficill G/OFF | | | | |
| | | | | | |
| | | | | | |