

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00062322	2 Total pages filed: 76		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Michael Paul	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/17/2023	
	NICKNAME	LAST Gomez	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 500 Cordell St. #A Houston, TX 77009		Date Hand-delivered or Date Postmarked		
			Receipt #	Amount	
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Daniel	MI		
	NICKNAME	LAST Ramirez	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 150 W. Parker Rd. Fl 3 Houston, TX 77056				
7 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 493-5529	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 01/01/2023		THROUGH	Month Day Year 06/30/2023	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
	11 OFFICE OFFICE HELD (if any) District Judge District 129 Harris		12 OFFICE SOUGHT (if known) District Judge District 129		

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Gomez, Michael Paul (The Honorable) **14** Filer ID (Ethics Commission Filers)
00062322

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	109,797.88
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	45,855.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	207,879.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

The Honorable Michael Paul Gomez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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18 FILER NAME Gomez, Michael Paul (The Honorable)		19 Filer ID 00062322	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	109,238.94
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	558.94
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	29,276.21
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	16,579.52
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/36 Rpt: 4/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler, Jim	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77027	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Principal
10 Contributor's employer/law firm Jim S. Adler & Associates		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agosto, Benny	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Abraham, Watkins, Nichols, Sorrels, Agosto & Frien		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmad, Zavitsanos & Mensing, P.C.	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Houston, TX 77010	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/36 Rpt: 5/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amaro, James	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77008	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Founder
10 Contributor's employer/law firm Amaro Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Araujo, Jose Luis	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77084	
Contributor's Principal Occupation IT Technician		Contributor's Job Title Project Director
Contributor's employer/law firm Harris Health System		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balli, Celia	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77055	
Contributor's Principal Occupation Attorney		Contributor's Job Title Vice President
Contributor's employer/law firm KBR, Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/36 Rpt: 6/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck Redden, LLP	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77010	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bosquez, Miranda	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Contributor's Principal Occupation Assistant		Contributor's Job Title Brand Ambassador
Contributor's employer/law firm Farah Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bracewell PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/36 Rpt: 7/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley Arant Boulton Cummings Texas PAC	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75270	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Terry	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Terry Bryant Accident and injury Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Eric	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401	
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Carter Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/36 Rpt: 8/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassin, Angeles	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Bellaire, TX 77401	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Shareholder
10 Contributor's employer/law firm GreenbergTraurig		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cokinos, Young, PC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77010	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colon, Edgardo	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Edgardo E. Colon, PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/36 Rpt: 9/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortes, Eddie	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77076	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Founder
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coulter, Keith	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Contributor's Principal Occupation Lawyer		Contributor's Job Title Partner
Contributor's employer/law firm Coulter, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Collin	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Gibson, Dunn & Crutcher LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/36 Rpt: 10/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Mindy	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77005	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Executive Director
10 Contributor's employer/law firm Houston Bar Association		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Joshua	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Founder
Contributor's employer/law firm Davis Law Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Rey	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code Houston, TX 77010	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm AZA Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/36 Rpt: 11/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 05/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogler Brar O'Neil & Gray LLP	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77010	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Juan	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Contributor's Principal Occupation Attorney		Contributor's Job Title Founding Partner
Contributor's employer/law firm Johnson Garcia LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Roland	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77042	
Contributor's Principal Occupation Attorney		Contributor's Job Title Associate Attorney
Contributor's employer/law firm Greenberg Traurig		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/36 Rpt: 12/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Robin	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002	
8 Contributor's Principal Occupation Lawyer		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Gibbs & Bruns LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilman, Luke	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Jackson Walker LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guss, Stewart	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77070	
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Stewart J. Guss, Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/36 Rpt: 13/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Gloria	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77252	
8 Contributor's Principal Occupation PRIVATE INVESTIGATOR		9 Contributor's Job Title Investigator
10 Contributor's employer/law firm PI Quest		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagans, William	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Hagans Montgomery Hagans		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Benjamin	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Columbia, TX 77024	
Contributor's Principal Occupation Lawyer		Contributor's Job Title Founder
Contributor's employer/law firm Hall Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/36 Rpt: 14/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Shelby	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Houston, TX 77007	
8 Contributor's Principal Occupation Fundraising		9 Contributor's Job Title Finance Director
10 Contributor's employer/law firm Strong Strategies		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanszen LaPorte, LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77079	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havins, John	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Contributor's Principal Occupation Attorney		Contributor's Job Title President
Contributor's employer/law firm Havins & Associates PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/36 Rpt: 15/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawes, Randall	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Bellaire, TX 77401	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Shareholder
10 Contributor's employer/law firm Chamberlain Hrdlicka		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Valerie	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Kansas City, MO 64108	
Contributor's Principal Occupation Administration		Contributor's Job Title Office Administrator
Contributor's employer/law firm Shook, Hardy & Bacon LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes and Boone Political Action Committee	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75219	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/36 Rpt: 16/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Ana	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77251	
8 Contributor's Principal Occupation State Representative		9 Contributor's Job Title State Representative
10 Contributor's employer/law firm State Representative		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks Thomas LLP	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Richard	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Hinojosa Law, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/36 Rpt: 17/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 05/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover Slovacek, LLP <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77210	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunton Andrews Kurth Texas PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Husain, Nomaan <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Founder
Contributor's employer/law firm Husain Law + Associates, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/36 Rpt: 18/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Craig	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77009	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Professor of Law
10 Contributor's employer/law firm Texas Southern University		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson, Dale	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Partner
Contributor's employer/law firm Martin, Disiere, Jefferson & Wisdom		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane Russell Coleman Logan PC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75052	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/36 Rpt: 19/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 05/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kherkher Garcia, LLP	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77098	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, John	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Contributor's Principal Occupation Lawyer		Contributor's Job Title Owner
Contributor's employer/law firm The Kim Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzer, Seth	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation attorney		Contributor's Job Title Owner
Contributor's employer/law firm Law Office of Seth Kretzer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/36 Rpt: 20/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroger, Elizabeth	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77024	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Martin, Disiere, Jefferson & Wisdom		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam, Ethan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Katy, TX 77449	
Contributor's Principal Occupation Senior Medical Technologist		Contributor's Job Title Technologist
Contributor's employer/law firm Memorial Herman - Katy		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Omar O Vargas PC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77074	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/36 Rpt: 21/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Domingo Garcia, L.L.P.	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75243	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Sergio	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Bellaire, TX 77401	
Contributor's Principal Occupation Attorney		Contributor's Job Title Head of Compliance
Contributor's employer/law firm Ericsson		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Charles	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77069	
Contributor's Principal Occupation Administration		Contributor's Job Title Alternate Administrator
Contributor's employer/law firm C & C Home Care & Services LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

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2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 05/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Link, Scott	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77055	
8 Contributor's Principal Occupation Attorney/Mediator		9 Contributor's Job Title Managing Attorney
10 Contributor's employer/law firm Scott Link Law--Link mediations		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez II, Jose	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Law Offices of Jose R. Lopez II, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowenberg, Mike	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Lowenberg Law Firm, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/36 Rpt: 23/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 05/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMillan, Chance	7 Amount of Contribution (\$) \$2,000.00
	6 Contributor address; City; State; Zip Code houston, TX 77002	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Owner
10 Contributor's employer/law firm McMillan Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Francisco	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Rick	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77034	
Contributor's Principal Occupation Lawyer		Contributor's Job Title Owner
Contributor's employer/law firm Molina Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

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2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monty & Ramirez, L.L.P. 6 Contributor address; City; State; Zip Code Houston, TX 77076	7 Amount of Contribution (\$) \$2,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muessig, Craig Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musslewhite, Jeffrey Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Brown & Musslewhite, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 22/36 Rpt: 25/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musslewhite, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Brown & Musslewhite, LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Rourke, Sean <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Simon and O'Rourke Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, John <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Padilla & Rodriguez, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 23/36 Rpt: 26/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Javier	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Katy, TX 77449	
8 Contributor's Principal Occupation Real Estate Agent		9 Contributor's Job Title Agent
10 Contributor's employer/law firm Nextgen Real Estate		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Juan	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77084	
Contributor's Principal Occupation Researcher		Contributor's Job Title Clinical Laboratory Scientist
Contributor's employer/law firm NASA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Brent	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77010	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Burford Perry LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 24/36 Rpt: 27/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prather, Kelly	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77008	
8 Contributor's Principal Occupation Lawyer		9 Contributor's Job Title Owner
10 Contributor's employer/law firm The Greenwood Prather Law Firm PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quan, Gordon	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Partner
Contributor's employer/law firm Quan, Burdette & Perez		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp & Krock, PC	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 25/36 Rpt: 28/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Rosa	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77004	
8 Contributor's Principal Occupation Paralegal		9 Contributor's Job Title Legal Assistant
10 Contributor's employer/law firm Chamberlain Hrdlicka		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Chris	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Reynolds Frizzell LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robichaux, Ragan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Kingwood, TX 77345	
Contributor's Principal Occupation Attorney		Contributor's Job Title Associate
Contributor's employer/law firm Chamberlain Hrdlicka		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 26/36 Rpt: 29/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Kent	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002	
8 Contributor's Principal Occupation lawyer		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Schaffer Kennedy Johnson & Mays		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Kent	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Contributor's Principal Occupation lawyer		Contributor's Job Title Partner
Contributor's employer/law firm Schaffer Kennedy Johnson & Mays		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shackelford, Bowen, McKinley, & Norton, LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 27/36 Rpt: 30/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehy Ware Pappas & Grubbs <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77010	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelby, Timothy <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Ahmad Zavitsanos & Mensing PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Lena <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Associate Trial Attorney
Contributor's employer/law firm Beck Redden LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 28/36 Rpt: 31/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorola-Pohlman, Lenora	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77008	
8 Contributor's Principal Occupation Insurance Broker		9 Contributor's Job Title Health Insurance Consultan
10 Contributor's employer/law firm Sorola insurance services		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorrels, Randall	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Sorrels Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stam, Charles	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77006	
Contributor's Principal Occupation Attorney		Contributor's Job Title Associate
Contributor's employer/law firm Hinojosa Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 29/36 Rpt: 32/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, John	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77471	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Jr. Attorney
10 Contributor's employer/law firm Stevenson & Murray		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart J. Guss & Associates	Amount of Contribution (\$) \$558.94
	Contributor address; City; State; Zip Code Houston, TX 77070	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, James	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478	
Contributor's Principal Occupation Doctor		Contributor's Job Title Urological Surgery
Contributor's employer/law firm Memorial Herman		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 30/36 Rpt: 33/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, Pat	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Houston, TX 77056		
8 Contributor's Principal Occupation Finance Consultant		9 Contributor's Job Title Founder/Owner
10 Contributor's employer/law firm Strong Strategies		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturm, Charles	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Houston, TX 77002		
Contributor's Principal Occupation Attorney		Contributor's Job Title Founding Partner
Contributor's employer/law firm Sturm Law PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Ammons Law Firm, LLP	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Houston, TX 77006		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 31/36 Rpt: 34/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Kruckemeyer Law Firm	7 Amount of Contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code Houston, TX 77007		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilton, Michael	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77004		
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Tilton & Tilton LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrence, Travis	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77018		
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Counsel
Contributor's employer/law firm Shell USA, Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 32/36 Rpt: 35/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson & Elkins Texas PAC	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vuong, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77082	
Contributor's Principal Occupation Lawyer		Contributor's Job Title Owner
Contributor's employer/law firm David Vuong & Associates		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walle, Armando	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77039	
Contributor's Principal Occupation Attorney		Contributor's Job Title Lawyer
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 33/36 Rpt: 36/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Lance	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77002	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Tracey Fox & Walters		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Jackson, Lee, O'Neill, Smith & Barrow LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77019	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiedemer, James	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 34/36 Rpt: 37/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wotring, Earnest	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Bellaire, TX 77401	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Baker Wotring LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yetter Coleman LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarghouni, Matthew	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77027	
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm Zar Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 35/36 Rpt: 38/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zehl, Ryan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation Lawyer		9 Contributor's Job Title Owner
10 Contributor's employer/law firm Zehl & Associates		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Alvin <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title of Counsel
Contributor's employer/law firm Spencer Fane LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zwernemann, Allen <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Owner
Contributor's employer/law firm The Zwernemann Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 36/36 Rpt: 39/76
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) delPozo, Ephraim <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$150.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Porter Hedges		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 40/76	
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/23/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart J. Guss & Associates	8 Amount of contribution (\$) \$558.94	9 In-kind contribution description Food, beverage, and event expense
	7 Contributor address; City; State; Zip Code Houston, TX 77070	<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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/16 Rpt: 41/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 Date 05/25/2023	5 Payee name Campaign Warriors
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6 Amount (\$) \$1,750.00	7 Payee address; City; State; Zip Code 14237 E. Sam Houston Parkway N. Suite 200 Houston, TX 77044
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/30/2023	Payee name Chase Credit Card (M)
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Amount (\$) \$352.73	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (6/27 Pappas BBQ)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/05/2023	Payee name Chase Credit Card (SWP)
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Amount (\$) \$40.00	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (1/29 Houston LGBTQ+)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/16 Rpt: 42/76	2	FILER NAME Gomez, Michael Paul (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062322
4	Date 04/05/2023	5	Payee name Chase Credit Card (SWP)		
6	Amount (\$) \$435.65	7	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (1/31 Pappas)		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/05/2023		Payee name Chase Credit Card (SWP)		
	Amount (\$) \$394.03		Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (2/1 Treebeard's)		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 04/05/2023		Payee name Chase Credit Card (SWP)		
	Amount (\$) \$337.09		Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (1/27 El Tiempo)		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/16 Rpt: 43/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
4 Date 04/05/2023	5 Payee name Chase Credit Card (SWP)	
6 Amount (\$) \$672.47	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (2/28 El Tiempo)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$56.27	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (2/28 El Tiempo [add-on])
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$321.18	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (2/24 Pappas BBQ)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/16 Rpt: 44/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 Date 04/05/2023	5 Payee name Chase Credit Card (SWP)
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6 Amount (\$) \$68.20	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (2/23 Irma's)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/05/2023	Payee name Chase Credit Card (SWP)
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Amount (\$) \$58.04	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (1/25 Irma's)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/05/2023	Payee name Chase Credit Card (SWP)
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Amount (\$) \$73.75	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (3/3 Frank's Pizza)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/16 Rpt: 45/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
4 Date 04/05/2023	5 Payee name Chase Credit Card (SWP)	
6 Amount (\$) \$3,328.99	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (3/27 Houston Bar Association)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$47.97	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (1/10 Constant Contact)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$47.97	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (2/10 Constant Contact)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/16 Rpt: 46/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
4 Date 04/05/2023	5 Payee name Chase Credit Card (SWP)	
6 Amount (\$) \$47.97	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (3/10 Constant Contact)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/05/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$47.97	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (4/10 Constant Contact)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$232.74	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (4/6 River Oaks Flowers)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 7/16 Rpt: 47/76	2	FILER NAME Gomez, Michael Paul (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062322
4	Date 05/10/2023	5	Payee name Chase Credit Card (SWP)		
6	Amount (\$) \$47.97	7	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (5/10 Constant Contact)		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/30/2023		Payee name Chase Credit Card (SWP)		
	Amount (\$) \$47.97		Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (6/10 Constant Contact)		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/10/2023		Payee name Chase Credit Card (SWP)		
	Amount (\$) \$75.30		Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (4/24 El Tiempo)		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 8/16 Rpt: 48/76	2	FILER NAME Gomez, Michael Paul (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062322	
4	Date 05/10/2023	5	Payee name Chase Credit Card (SWP)			
6	Amount (\$) \$1,664.00	7	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Credit Card Payment		(b)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (4/27 Houston Bar Association)
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
	Date 05/10/2023		Payee name Chase Credit Card (SWP)			
	Amount (\$) \$547.08		Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Credit Card Payment		(b)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (4/27 Mortons)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
	Date 05/10/2023		Payee name Chase Credit Card (SWP)			
	Amount (\$) \$500.00		Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Credit Card Payment		(b)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (4/27 Texas Gulf Coast Labor)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/16 Rpt: 49/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
4 Date 05/10/2023	5 Payee name Chase Credit Card (SWP)	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (4/27 Harris County Democratic Party)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (4/28 Vision Forge)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$26.06	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (5/16 TADJ)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/16 Rpt: 50/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/30/2023	5 Payee name Chase Credit Card (SWP)	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (5/16 Houston Black American Democrats)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$521.49	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (5/18 El Tiempo)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$285.24	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (5/19 Treebeards)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/16 Rpt: 51/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/30/2023	5 Payee name Chase Credit Card (SWP)	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (5/23 HC Democratic Lawyers Association)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$327.40	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (6/2 Kinsta)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name Chase Credit Card (SWP)	
Amount (\$) \$312.98	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (6/18 Southwest Airlines)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/16 Rpt: 52/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 Date 06/30/2023	5 Payee name Chase Credit Card (SWP)
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (6/22 Harris County Democratic Party)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/30/2023	Payee name Chase Credit Card (SWP)
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Amount (\$) \$260.00	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (6/30 Houston Bar Association)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/30/2023	Payee name Chase Credit Card (SWP)
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Amount (\$) \$185.09	Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (5/5 Candente)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/16 Rpt: 53/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 Date 04/05/2023	5 Payee name Chase Credit Card (SWP)
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6 Amount (\$) \$540.92	7 Payee address; City; State; Zip Code P.O. Box 15123 Wilmington, DE 19850-5123
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card payment of Sch F4 expenditure (4/4 El Tiempo)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/15/2023	Payee name GreenGo2025
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Amount (\$) \$550.00	Payee address; City; State; Zip Code 118 Dresden Houston, TX 77012
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign sign removal and storage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/13/2023	Payee name La Palapa
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Amount (\$) \$34.20	Payee address; City; State; Zip Code 1110 Preston St Houston, TX 77002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast for jurors [pd to D Thomas]
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/16 Rpt: 54/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 Date 05/30/2023	5 Payee name RallyPay
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6 Amount (\$) \$279.20	7 Payee address; City; State; Zip Code 2626 Cole Avenue Suite #300 Dallas, TX 75204
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for online contributions (May)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/30/2023	Payee name RallyPay
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Amount (\$) \$2,158.00	Payee address; City; State; Zip Code 2626 Cole Avenue Suite #300 Dallas, TX 75204
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for online contributions (June)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/07/2023	Payee name Shipleys Donuts
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Amount (\$) \$33.06	Payee address; City; State; Zip Code 15135 Old Humble Rd Humble, TX 77396
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donuts for judges [pd to D Thomas]
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/16 Rpt: 55/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
4 Date 04/30/2023	5 Payee name St. Patrick Catholic Church	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 4918 Cochran Street Houston, TX 77009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Church festival sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2023	Payee name Strong Strategies, LLC	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 325 W. 18th St. Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising and Compliance Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/01/2023	Payee name Strong Strategies, LLC	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 325 W. 18th St. Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising and Compliance Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/16 Rpt: 56/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
4 Date 06/22/2023	5 Payee name Strong Strategies, LLC	
6 Amount (\$) \$2,727.60	7 Payee address; City; State; Zip Code 325 W. 18th St. Houston, TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising and event expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2023	Payee name Walmart	
Amount (\$) \$29.94	Payee address; City; State; Zip Code 9235 N Sam Houston Pkwy Humble, TX 77396	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee for jurors [pd to D Thomas]
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/19/2023	Payee name Walmart	
Amount (\$) \$134.69	Payee address; City; State; Zip Code 9235 N Sam Houston Pkwy Humble, TX 77396	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee, sugar, cream and related items for jurors [pd to D Thomas]
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 1/18 Rpt: 57/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 05/05/2023	6 Payee name Candente
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7 Amount (\$) \$185.09	8 Payee address; City; State; Zip Code 4306 Yoakum Blvd Houston, TX 77006
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with staff
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/10/2023	Payee name Constant Contact
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Amount (\$) \$47.97	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for online email marketing tool
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 2/18 Rpt: 58/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 02/10/2023	6 Payee name Constant Contact
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7 Amount (\$) \$47.97	8 Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for online email marketing tool
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/10/2023	Payee name Constant Contact
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Amount (\$) \$47.97	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for online email marketing tool
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/18 Rpt: 59/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 04/10/2023	6 Payee name Constant Contact
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7 Amount (\$) \$47.97	8 Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451
---------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for online email marketing tool
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/10/2023	Payee name Constant Contact
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Amount (\$) \$47.97	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for online email marketing tool
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 4/18 Rpt: 60/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 06/10/2023	6 Payee name Constant Contact
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7 Amount (\$) \$47.97	8 Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee for online email marketing tool
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/27/2023	Payee name El Tiempo
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Amount (\$) \$337.09	Payee address; City; State; Zip Code 2814 Navigation Blvd. Houston, TX 77003
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jurors
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 5/18 Rpt: 61/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 02/28/2023	6 Payee name El Tiempo
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7 Amount (\$) \$672.47	8 Payee address; City; State; Zip Code 2814 Navigation Blvd. Houston, TX 77003
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jurors
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/28/2023	Payee name El Tiempo
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Amount (\$) \$56.27	Payee address; City; State; Zip Code 2814 Navigation Blvd. Houston, TX 77003
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jurors (add-on to order)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 6/18 Rpt: 62/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 04/04/2023	6 Payee name El Tiempo
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7 Amount (\$) \$540.92	8 Payee address; City; State; Zip Code 2814 Navigation Blvd. Houston, TX 77003
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jurors
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/24/2023	Payee name El Tiempo
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Amount (\$) \$75.30	Payee address; City; State; Zip Code 2814 Navigation Blvd. Houston, TX 77003
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 7/18 Rpt: 63/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 05/18/2023	6 Payee name El Tiempo
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7 Amount (\$) \$521.49	8 Payee address; City; State; Zip Code 2814 Navigation Blvd. Houston, TX 77003
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jurors
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/03/2023	Payee name Franks Pizza
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Amount (\$) \$73.75	Payee address; City; State; Zip Code 417 Travis Houston, TX 77002
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jurors
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 8/18 Rpt: 64/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 05/23/2023	6 Payee name Harris County Democratic Lawyers Association
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7 Amount (\$) \$75.00	8 Payee address; City; State; Zip Code 3401 Allen Parkway, Suite 100 Houston, TX 77019
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/27/2023	Payee name Harris County Democratic Party
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 4619 Lyons Avenue Houston, TX 77020
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 9/18 Rpt: 65/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 06/22/2023	6 Payee name Harris County Democratic Party
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7 Amount (\$) \$1,000.00	8 Payee address; City; State; Zip Code 3401 Allen Parkway, Suite 100 Houston, TX 77019
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of HCDP pride parade float
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/27/2023	Payee name Houston Bar Association
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Amount (\$) \$3,328.99	Payee address; City; State; Zip Code 1001 Fannin Street #1300 Houston, TX 77002
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor for Houston Bar Association Annual Dinner
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 10/18 Rpt: 66/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 04/27/2023	6 Payee name Houston Bar Association
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7 Amount (\$) \$1,664.00	8 Payee address; City; State; Zip Code 1001 Fannin Street #1300 Houston, TX 77002
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship for Houston Bar Association Annual Dinner
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/30/2023	Payee name Houston Bar Association
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Amount (\$) \$260.00	Payee address; City; State; Zip Code 1001 Fannin Street #1300 Houston, TX 77002
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship of Houston Bar Association LGBTQ+ committee Pride mixer
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 11/18 Rpt: 67/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 05/16/2023	6 Payee name Houston Black American Democrats
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7 Amount (\$) \$100.00	8 Payee address; City; State; Zip Code P.O. Box 2252 Houston, TX 77252
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/29/2023	Payee name Houston LGBTQ+ Political Caucus
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Amount (\$) \$40.00	Payee address; City; State; Zip Code 1915 Commonwealth Suite 104 Houston, TX 77006
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/18 Rpt: 68/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 02/23/2023	6 Payee name Irma's Southwest Grill
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7 Amount (\$) \$68.20	8 Payee address; City; State; Zip Code 1314 Texas Houston, TX 77002
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for staff
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/25/2023	Payee name Irma's Southwest Grill
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Amount (\$) \$58.04	Payee address; City; State; Zip Code 1314 Texas Houston, TX 77002
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 13/18 Rpt: 69/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 06/02/2023	6 Payee name Kinsta
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7 Amount (\$) \$327.40	8 Payee address; City; State; Zip Code 8605 Santa Monica Blvd #92581 West Hollywood, CA 90069
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual website hosting
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/27/2023	Payee name Morton's
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Amount (\$) \$547.08	Payee address; City; State; Zip Code 1001 McKinney St Suite A4 Houston, TX 77002
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Birthday lunch for staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 14/18 Rpt: 70/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 01/31/2023	6 Payee name Pappas BBQ
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7 Amount (\$) \$435.65	8 Payee address; City; State; Zip Code 1217 Pierce Houston, TX 77002
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jurors
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/24/2023	Payee name Pappas BBQ
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Amount (\$) \$321.18	Payee address; City; State; Zip Code 1217 Pierce Houston, TX 77002
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jurors
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 15/18 Rpt: 71/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 06/27/2023	6 Payee name Pappas BBQ
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7 Amount (\$) \$352.73	8 Payee address; City; State; Zip Code 1217 Pierce Houston, TX 77002
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jurors
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/06/2023	Payee name River Oaks Flower House, Inc.
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Amount (\$) \$232.74	Payee address; City; State; Zip Code 5 Greenway Plaza East Houston, TX 77046
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Get well flowers for colleague
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 16/18 Rpt: 72/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 06/18/2023	6 Payee name Southwest Airlines
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7 Amount (\$) \$312.98	8 Payee address; City; State; Zip Code 2702 Love Field Dr. Dallas, TX 75235
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare for travel to Annual Harris County Judicial Education Conference
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/16/2023	Payee name Texas Association of District Judges
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Amount (\$) \$26.06	Payee address; City; State; Zip Code 201 Caroline 10th Floor Houston, TX 77002
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 17/18 Rpt: 73/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 04/27/2023	6 Payee name Texas Gulf Coast Area Labor Federation
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7 Amount (\$) \$500.00	8 Payee address; City; State; Zip Code 2506 Sutherland St. Houston, TX 77023
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor of 2023 Working Families Awards Celebration
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/01/2023	Payee name Treebeards
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Amount (\$) \$394.03	Payee address; City; State; Zip Code 315 Travis Houston, TX 77002
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jurors
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 18/18 Rpt: 74/76	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 05/19/2023	6 Payee name Treebeards
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7 Amount (\$) \$285.24	8 Payee address; City; State; Zip Code 315 Travis Houston, TX 77002
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for jurors
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/28/2023	Payee name Vision Forge Marketing
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Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 7500 Branford Place #1305 Sugarland, TX 77479
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website redesign
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Assets Purchased with Political Contributions and On Hand As of The Last Day of The Reporting Period

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:
Sch: 1/1 Rpt: 75/76

2 FILER NAME
Gomez, Michael Paul (The Honorable)

3 Filer ID (Ethics Commission Filers)
00062322

4 Description of Asset
Alienware x17 R1

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
Sch: 1/1 Rpt: 76/76

2 FILER NAME

Gomez, Michael Paul (The Honorable)

3 Filer ID (Ethics Commission Filers)
00062322

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Southwest Airlines

5 Contribution / Expenditure reported on:

Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

6 Dates of Travel

07/28/2023

07/28/2023

7 Name of person(s) traveling

Gomez, Michael

8 Departure city or name of departure location

Houston

9 Destination city or name of destination location

Chicago

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

Harris County Judicial Education Conference