CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00084428	sion Filers)	2 Total pages fil	ed: 1
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (JSE ONLY
OFFICEHOLDER NAME	The Honorable	Erin E.			Date Received	
10.000					ELECTRONICA	N I V EII ED
						ALLI FILLD
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Gamez				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	777 E. Harrison					
ADDRESS	Suite C				Receipt #	Amount
X Change of Address	Brownsville, TX 78520					
	Brownsville, 17, 70020				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Ms.	Jaime S.				
	NICKNAME	LAST		SUFFIX		
		Gomez		M.D.		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER	5700 N. Expressway 77/8	3				
ADDRESS	Suite 100					
(Residence or Business)	Brownsville, TX 78526					
	BIOWIISVIIIE, 1X 76520					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER	(956) 504-7121					
PHONE						
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after car	
		<u> </u>	_	_	appointment (office	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	23	
10 ELECTION	ELECTION DATE	<u>_</u>		ELECTION TYPE	_	
	Month Day Year	P	rimary	Runoff	Other	
		│ □G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	ı		12 OFFICE SOUGHT	(if known)	
	State Representative Dist	rict 38 Cameron			,	
	,					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Gamez, Erin E. (The	Honorable)		14 Filer ID 00084428	(Ethics Comr	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus may have been made without is equired to report this information	the candidate's or office	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	1E			
	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	NS OR GUARANTEES OF LOANS	5)	\$	22,775.36
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	XPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURE	S		\$	25,142.23
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	32,326.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	53,432.00
17 AFFIDAVIT	•					
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
				orable Erin E. Game Candidate or Officeho	· <u> </u>	
			Signature of	Canadate of Cincent	idei	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		_ day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
						
Signature of offi	cer administering	Printed name	of officer administering	Title of office	r administerir	ng oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	С	COVER SHEET PG 3 3 of 21				
18 FILER NAME Gamez, Erin E. (The Honorable)	(Ethics Commission Filers)					
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 22,208	.86			
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	3	\$ 566	.50			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4. SCHEDULE E: LOANS		\$				
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBI	UTIONS	\$ 25,142	.23			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTF	RIBUTIONS	\$				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSI	INESS OF C/OH	\$				
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTR	RIBUTIONS	\$				
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$				

	MONEI	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 1/5 Rpt: 4/21
2	FILER NAME Gamez, Erin	E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4	Date 11/05/2023 5 Full name of contributor out-of-state PAC (ID#: C00401224 ACT BLUE PAC 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$9.60	
8	Principal occu	SOMERVILLE, MA 02144 pation / Job title (See Instructions) 9	Employer (See Instructions)	
Date Full name of contributor)	Amount of Contribution (\$) \$2,410.86	
Principal occupation / Job title (See Instructions) Employer (See Instruction				
	Date 08/06/2023	Full name of contributor)	Amount of Contribution (\$) \$9.60
	Principal occu	SOMERVILLE, MA 02144 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/03/2023	Full name of contributor x out-of-state PAC (ID#: C004 ACT BLUE PAC Contributor address; City; State; Zip Code SOMERVILLE, MA 02144)	Amount of Contribution (\$) \$9.60
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	Date 10/01/2023	Full name of contributor x out-of-state PAC (ID#: C004 ACT BLUE PAC Contributor address; City; State; Zip Code SOMERVILLE, MA 02144)	Amount of Contribution (\$) \$9.60
	Principal occu		L Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 2/5 Rpt: 5/21	
2	FILER NAME Gamez, Erin	LER NAME amez, Erin E. (The Honorable)		3	Filer ID (Ethics Commission 00084428	on Filers)
4	Date 5 Full name of contributor x out-of-state PAC (ID#: C00401224) 12/27/2023 ACT BLUE PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$9.60	
_	Delicalis al access	SOMERVILLE, MA 02144	2 Faralassa (Caralassa tasta at			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2023 CHARLES BUTT PUBLIC EDUCATION PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
	Principal occupation / Job title (See Instructions) Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
	rincipal occu	pation 7 300 title (See Instructions)	Employer (See Instructions	,		
	Date 08/30/2023	Full name of contributor out-of-state PAC (ID#:_ HAUSENFLUCK, Amber L Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 IBAT PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/21	
2	FILER NAME Gamez, Erin	ER NAME amez, Erin E. (The Honorable)		3	Filer ID (Ethics Commission 00084428	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$500.00	
0	Principal occu	AUSTIN, TX 78701	Employer (See Instructions			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction		9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 ONCOR TEXAS STATE PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	DALLAS, TX 75202 Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	- Timoipai ocoa	pation / cos title (cos metadotorio)	Employer (eee medacione			
	Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 PAC OF INDEPENDENT INSURANCE AGENTS OF TEXAS Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
		Austin, TX 78768				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID#:_ Rendon, Aaron Contributor address; City; State; Zip Code Brownsville, TX 78520			Amount of Contribution (\$)	\$1,800.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 SOUTHWEST TOW OPERATORS PAC Contributor address; City; State; Zip Code PLANO, TX 75074			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	ULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/21	
2	FILER NAME Gamez, Erin	FILER NAME Gamez, Erin E. (The Honorable)		3	Filer ID (Ethics Commission 00084428	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 08/01/2023 TEXAS OPTOMETRIC PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	AUSTIN, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/16/2023 TEXAS RURAL WATER PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	AUSTIN, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 08/30/2023 TEXAS TRIAL LAWYERS ASSN PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/30/2023	Full name of contributor out-of-state PAC (ID#:_ TSA PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:00041213 11/28/2023 UNION PACIFIC CORPORATION FUND FOR EFFECTIVE Contributor address; City; State; Zip Code WASHINGTON, DC 20005			Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/21
2	FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
4	Date 12/08/2023 Full name of contributor	7 Amount of Contribution (\$) \$1,000.
	BENTONVILLE, AR 72716	
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
	Date Full name of contributorout-of-state PAC (ID#:	Amount of Contribution (\$) \$1,000.
_	Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/21 3 Filer ID (Ethics Commission Filers) FILER NAME Gamez, Erin E. (The Honorable) 00084428 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor Date out-of-state PAC (ID#: Amount of 9 In-kind contribution contribution (\$) description 08/30/2023 **BLACKRIDGE** \$350.00 I EMAIL BLASTS FOR 7 Contributor address; City; State; Zip Code **EVENT** AUSTIN, TX 78701 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) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 08/30/2023 MOAKCASEY LLC \$216.50 FOOD, BEVERAGE, Contributor address; City; State; Zip Code SPACE RENTAL AUSTIN, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Consulting Expense Food/Beverage Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/12 Rpt: 10/21 Gamez, Erin E. (The Honorable) 00084428 4 Date Payee name 12/31/2023 **ACTBLUE FEES** 6 Amount (\$) Payee address; City; State; Zip Code \$2.40 PO BOX 441146 SOMERVILLE, MA 02144 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN EXPENSE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/27/2023 BENAVIDES, GINA (The Honorable) Amount (\$) Payee address; City; State; Zip Code \$1,500.00 4405 S SHEA PARKWAY CORPUS CHRISTI, TX 78413 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **CAMPAIGN CONTRIBUTION** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/12/2023 **BIG HEROES** Amount (\$) Payee address: City; State; Zip Code \$500.00 5552 DOCKBERRY RD **BROWNSVILLE, TX 78521 PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee DONATION Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/12 Rpt: 11/21	Gamez, Erin E. (The Honorable) 00084428
4	Date	5 Payee name
	10/19/2023	BROWNSVILLE ANIMAL REGULATION & CARE CENTER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	416 FM 511
		OLMITO, TX 78575
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		A TOAST TO TAILS GALA
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2023	BROWNSVILLE BORDER LIONS CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	VALLEY INN & COUNTRY CLUB
	Ψ300.00	VALLET INIV & GOOWING GLOD
		BROWNSVILLE, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		GOLF TOOKNAMENT SFONSOK
	Operation ONLY if all part	One districts (Office healths grown and the control of the control
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	12/12/2023	BROWNSVILLE CARDINALS
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	244 RESACA BLVD
		BROWNSVILLE, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		FLAG FOOTBALL TOURNAMENT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		istrict a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 3/12 Rpt: 12/21	Gamez, Erin E. (The Honorable) 00084428	
4	Date	5 Payee name	
	11/27/2023	BROWNSVILLE POLICE DEPARTMENT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	600 E JACKSON	
		BROWNSVILLE, TX 78520	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	nplete Schedule T.
	LXI ENDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder livir	g expense
		MARATHON	
_	0 1: 0 1: 0		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office h	ela
	•		
	Date	Payee name	
	07/11/2023	Benavides, Benito	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.74	777 E. Harrison	
		#205	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder livin	g expense
		TAAWING	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	n h
	expenditure to benefit C/OI		Ciu
	Data		
	Date 11/11/2023	Payee name CAMERON COUNTY DEMOCRATIC PARTY	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	PO BOX 533909	
		HARLINGEN, TX 78553	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Col	
		2024 APPL TO BE ON BAI	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	eld
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

sement Solicitation/Fundraising Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
L	Sch: 4/12 Rpt: 13/21	Gamez, Erin E. (The Honorable) 00084428
4	Date	5 Payee name
	09/25/2023	CARDENAS, PEDRO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	PO BOX 911
		BROWNSVILLE, TX 78522
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		CAMPAIGN CONTRIBUTION
	Commission ONU V. if allows	Condidate/Officeholder come
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/15/2023	Cameron County Bar Assn
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 3866
		Brownsville, TX 78523
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EAPENDITURE	Candidate/Officeholder/Political Committee
		SNEAKERS FOR KIDS
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/23/2023	DE LOS SANTOS, ROY
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	4365 PAREDES LINE RD
		BROWNSVILLE, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LADITURE	Candidate/Officeholder/Political Committee
		CAMPAIGN CONTRIBUTION
	Commission ONE V. C. F.	Condidate/Officeholder come
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/12 Rpt: 14/21	Gamez, Erin E. (The Honorable) 00084428
4	Date	5 Payee name
	08/16/2023	Fiesta Graphics Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$92.01	205 Paredes Line Rd
		Brownsville, TX 78521
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		STAFF SHIRTS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Data	
	Date	Payee name
L	09/12/2023	GLADYS PORTER ZOO
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	500 E RINGGOLD
		BROWNSVILLE, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		BOO AT THE ZOO
L	Commiste ONII V if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	08/16/2023	HOME DEPOT
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	605 W MORRISON RD
		BROWNSVILLE, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		ALL HAZARDS AWARENESS FAIR
_	Complete ONLY if alice of	Condidate/Officeholder name Office pought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement
Office Overhead/Rental Expense Fees

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
L	Sch: 6/12 Rpt: 15/21	Gamez, Erin E. (The Honorable) 00084428	
4	Date	5 Payee name	
	07/05/2023	IBC BANK	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.00	1300 GUADALUPE	
		LAREDO, TX 78040	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking	
		Check if Austin, TX, officeholder living expense BANK FEE	
		DAINN FEE	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
	Date	Payee name	
L	07/17/2023	INNOVATION & TECH CAUCUS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1108 LAVACA ST	
		SUITE 110-701	
		AUSTIN, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense MEMBERSHIP	
		INILIVIDLE COLIII	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OH			
-	Date	Payee name	=
	12/14/2023	LEIJA, CHESSELY	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$170.00	5425 VILLA DEL ANGELES	
	41.0.00		
		BROWNSVILLE, TX 78521	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		MAKE-UP	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			-

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee Le	ift/Awards/Memorials egal Services he Instruction G	•		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	2 🖂			•		_		3	Filer ID	(Ethics Commission Filers)	_
_	Sch: 7/12 Rpt: 16/21			E. (The Honor	able)				3	00084428	(Eulica Collilliasion Filets)	
4	Date	5 Pay	yee name									
	09/27/2023	LO	NGORIA,	NORA (The H	onorable)							
6	Amount (\$)	7 Pay	yee address	; City;	State	; Zip Co	de					
	\$1,500.00	370	00 N 10TH	STREET								
		SU	JITE 100									
		MC	C ALLEN, 7	X 78501								
8	PURPOSE	(a) Cat	tegory (See	Categories listed at t	he top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	Co	ntributions	Donations Ma	ade By			=			plete Schedule T.	
	LA LIBITORE	Ca	.ndidate/Of	ficeholder/Pol	itical Comm	nittee		_		officeholder living		
								CAMPAIGN (JU	NIKIBUTIO	JN .	
Ļ												_
9	Complete ONLY if direct expenditure to benefit C/OI		didate/Office	holder name	(Office sou	ght			Office he	eld	
	Date	Pay	yee name									
	08/01/2023	MA	ATAR, CAF	RYS								
	Amount (\$)	Pay	yee address	; City;	State	; Zip Co	de					
	\$1,111.00	266	62 DEER 1	RAIL								
				LE, TX 78521								
	PURPOSE OF			Categories listed at t		nedule)	(b)	Description				
	EXPENDITURE	Sa	laries/Wag	es/Contract L	abor			—		officeholder living	nplete Schedule T. Dexpense	
								COMMUNICA				
	Complete ONLY if direct expenditure to benefit C/Ol		didate/Office	holder name	(Office sou	ght			Office he	eld	
	Date	Pav	yee name									=
	08/30/2023	•	ATAR, CAF	RYS								
	Amount (\$)	Pav	yee address	; City;	State	; Zip Co	de					_
	\$1,111.00	•	62 DEER 1									
	,	-2.										
		BR	ROWNSVIL	LE, TX 78521								
	PURPOSE OF			Categories listed at t		nedule)	(b)	Description				
	EXPENDITURE	Sa	laries/Wag	es/Contract L	abor			ш		de of Texas. Com officeholder living	plete Schedule T.	
								COMMUNICA				
								50			- : :	
	Complete ONLY if direct	Cano	didate/Office	holder name	(Office sou	ght			Office he	eld	_
	expenditure to benefit C/OI				·		J					
												٦

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/12 Rpt: 17/21	Gamez, Erin E. (The Honorable) 00084428
4	Date	5 Payee name
	10/02/2023	MATAR, CARYS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,111.00	2662 DEER TRAIL
		BROWNSVILLE, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense COMMUNICATIONS DIRECTOR
		COMMONIO/(TIONS BINESTOR
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/27/2023	MATAR, CARYS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,111.00	2662 DEER TRAIL
	Ψ1,111.00	2002 DELICITIALE
		BROWNSVILLE, TX 78521
	P. P. C.	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		COMMUNICATIONS DIRECTOR
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/30/2023	MATAR, CARYS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,111.00	2662 DEER TRAIL
		BROWNSVILLE, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		COMMUNICATIONS DIRECTOR
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 9/12 Rpt: 18/21	Gamez, Erin E. (The Honorable) 00084428
4	Date	5 Payee name
	12/29/2023	MATAR, CARYS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,111.00	2662 DEER TRAIL
		BROWNSVILLE, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense COMMUNICATIONS DIRECTOR
		COMMUNICATIONS DIRECTOR
Ļ	Operation ONLY if direct	Occadidate (Office health
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	09/25/2023	MCDONALDS
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.88	101 S EXPRESSWAY
		BROWNSVILLE, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		CARE PARTNER - SHARP ELEMENTARY
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/05/2023	MICHAELS
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.32	LAS TIENDAS PLAZA
		BROWNSVILLE, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		FLAG FRAMES
_	Operation ONE VIII II	Openhalte 10 ff and all the state of the sta
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	- p	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 10/12 Rpt: 19/21	2 FILER NAME Gamez, Erin E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084428
4	Date 12/12/2023	5 Payee name MICHAELS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.19	LAS TIENDAS PLAZA
_		BROWNSVILLE, TX 78526
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FRAMES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/03/2023	MOODY CLINIC
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1901 E 22ND
		BROWNSVILLE, TX 78521
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POINSETTIAS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/19/2023	MOODY CLINIC
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1901 E 22ND
		BROWNSVILLE, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MATCHING GIFT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 20/21	Gamez, Erin E. (The Honorable) 00084428
4	Date	5 Payee name
	09/16/2023	ORIENTAL TRADING CO
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$380.04	PO BOX 2308
		OMAHA, NE 68103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CANDY - BOO AT THE ZOO
		CANDI-BOO AT THE 200
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	07/31/2023	PINK APE MEDIA
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	1365 WILLOW DRIVE
	φ3,000.00	1303 WILLOW DRIVE
		BROWNSVILLE, TX 78520
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CAMPAIGN
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experioration benefit C/O	
	Date	Payee name
	12/15/2023	RODRIGUEZ, SYLVIA (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.65	348 COWAN TERRACE
		BROWNSVILLE, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		CARE DARTNER CITT BACS
		CARE PARTNER GIFT BAGS
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/12 Rpt: 21/21	Gamez, Erin E. (The Honorable) 00084428
4 Date	5 Payee name
07/05/2023	ROTARY CLUB OF NORTH BROWNSVILLE
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$220.00	274 CREEKBEND
	BROWNSVILLE, TX 78520
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	DUES
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/12/2023	SUNSHINE HAVEN
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	7105 W LAKESIDE BLVD
	OLMITO, TX 78575
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	ANGELS AMONG US GALA
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/27/2023	TEXAS SOUTHMOST COLLEGE
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	80 FORT BROWN
	BROWNSVILLE, TX 78520
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	MARY ROSE CARDENAS MEMORIAL
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1