# 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<br>(Ethics Commis<br>00084428 | sion Filers)                      | 2 Total pages fil     | led:<br>8         |
|-------------------------|-----------------------------|-----------------|--|-----------------------------------|-----------------------|-------------------|
| 3 CANDIDATE /           | MS / MRS / MR               | FIRST           |  | MI                                | OFFICE I              | JSE ONLY          |
| OFFICEHOLDER<br>NAME    | The Honorable               | Erin E.         |  |                                   | Date Received         |                   |
| ''''                    |                             |                 |  |                                   | ELECTRONICA           | ALL V EIL ED      |
|                         |                             |                 |  |                                   |                       | ALLI FILLD        |
|                         | NICKNAME                    | LAST            |  | SUFFIX                            | 07/15/2024            |                   |
|                         |                             | Gamez           |  |                                   |                       |                   |
| 4 CANDIDATE /           | ADDRESS / PO BOX; APT       | / SUITE #; CIT  | Υ;                                       | ZIP CODE                          | Date Hand-delivered o | r Date Postmarked |
| OFFICEHOLDER<br>MAILING | 777 E. Harrison             |                 |  |                                   |                       |                   |
| ADDRESS                 | Suite C                     |                 |  |                                   | Receipt #             | Amount            |
| Change of Address       | Brownsville, TX 78520       |                 |  |                                   |                       |                   |
| Onlinge of Address      | Brownsville, 17 76520       |                 |  |                                   | Date Processed        |                   |
|                         |                             |                 |  |                                   |                       |                   |
|                         |                             |                 |  |                                   | Date Imaged           |                   |
|                         |                             |                 |  |                                   |                       |                   |
| 5 CAMPAIGN<br>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 77/83    |                 |  |                                   |                       |                   |
| ADDRESS                 | Suite 100                   |                 |  |                                   |                       |                   |
| (Residence or Business) |                             |                 |  |                                   |                       |                   |
|                         | Brownsville, TX 78526       |                 |  |                                   |                       |                   |
|                         |                             |                 |  |                                   |                       |                   |
| 7 CAMPAIGN              | AREA CODE PHON              | E NUMBER E      | XTENSION                                 |                                   |                       |                   |
| TREASURER               | (956) 504-7121              |                 |  |                                   |                       |                   |
| PHONE                   |                             |                 |  |                                   |                       |                   |
| 8 REPORT                |                             |                 |  |                                   |                       |                   |
| TYPE                    | January 15                  | 30th day before | election                                 | Runoff                            | 15th day after ca     | mpaign treasurer  |
|                         |                             | <b>-</b>        |  | _                                 | appointment (offi     |                   |
|                         | X July 15                   | 8th day before  | election                                 | Exceeded modified reporting limit | Final Report (Atta    | ach C/OH-FR)      |
|                         |                             |                 |  |                                   |                       |                   |
| 9 PERIOD<br>COVERED     | Month Day Year              |                 |  | Month Day                         | Year                  |                   |
| COVERED                 | 01/01/2024                  | TH              | ROUGH                                    | 06/30/202                         | 4                     |                   |
|                         |                             |                 |  |                                   |                       |                   |
| 10 ELECTION             | ELECTION DATE               |                 |  | ELECTION TYPE                     |                       |                   |
|                         | Month Day Year              | P               | rimary                                   | Runoff                            | Other                 |                   |
|                         |                             | ∏G              | eneral                                   | Special                           |                       |                   |
|                         |                             |                 |  |                                   |                       |                   |
| 11 OFFICE               | OFFICE HELD (if any)        | l               |  | 12 OFFICE SOUGHT                  | (if known)            |                   |
|                         | State Representative Distr  | ict 38 Cameron  |  |                                   | (II KIIOWII)          |                   |
|                         | State Representative Blet.  | iot de dameron  |  |                                   |                       |                   |
|                         |                             |                 |  |                                   |                       |                   |
|                         |                             |                 |  |                                   |                       |                   |
|                         |                             |                 |  |                                   |                       |                   |
|                         |                             | GO T            | O PAGE 2                                 |                                   |                       |                   |
| I                       |                             |                 |  |                                   |                       |                   |

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 18

| 13 C / OH NAME                                 | Gamez, Erin E. (The           | 14 Filer ID<br>00084428          | (Ethics Comr   | mission Filers)                              |                |           |
|--|-------------------------------|----------------------------------|--|--|----------------|-----------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>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 offic                     | 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<br>TOTALS                      | \$                            | 0.00                             |  |  |                |           |
|  |                               | CAL CONTRIBUTION PLEDGES, LOANS, | <b>NS</b><br>OR GUARANTEES OF LOANS  | 5)   | \$             | 21,989.53 |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM               | \$                               | 0.00   |  |                |           |
|  | 4. TOTAL POLITIC              | AL EXPENDITURE                   | S  |  | \$             | 13,200.35 |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC REPORTING PE |                                  | NS MAINTAINED AS OF THE L  | AST DAY OF THE                               | \$             | 40,669.00 |
| OUTSTANDING<br>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<br>true and correct and includes a<br>under Title 15, Election Code. |  |                |           |
|  |                               |                                  |  |  |                |           |
|  |                               |                                  |  | orable Erin E. Game<br>Candidate or Officeho |                |           |
|  |                               |                                  | Signature of   | Canadate of Cincerio                         | 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

|                                | over one   | 3 of 18                     |                 |             |  |  |  |  |
|--------------------------------|--|-----------------------------|-----------------|-------------|--|--|--|--|
| <b>18</b> FILER NA<br>Gamez, I | ME<br>Erin E. (The Honorable)  | <b>19</b> Filer ID 00084428 | (Ethics Commiss | ion Filers) |  |  |  |  |
| l                              | LE SUBTOTALS  SCHEDULE   |                             | SUBTOTAL        | AMOUNT      |  |  |  |  |
| 1. X                           | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                  |                             | \$              | 21,989.53   |  |  |  |  |
| 2.                             | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |                             | \$              |             |  |  |  |  |
| 3.                             | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |                             |                 |             |  |  |  |  |
| 4.                             | SCHEDULE E: LOANS  |                             | \$              |             |  |  |  |  |
| 5. X                           | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS               | S                           | \$              | 13,200.35   |  |  |  |  |
| 6.                             | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |                             | \$              |             |  |  |  |  |
| 7.                             | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION               | ONS                         | \$              |             |  |  |  |  |
| 8.                             | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                  |                             | \$              |             |  |  |  |  |
| 9.                             | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                         | \$                          |                 |             |  |  |  |  |
| 10.                            | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS                 | OF C/OH                     | \$              |             |  |  |  |  |
| 11.                            | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION             | ONS                         | \$              |             |  |  |  |  |
| 12.                            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I<br>TO FILER | RETURNED                    | \$              |             |  |  |  |  |
|                                |  |                             |                 |             |  |  |  |  |

|                        | MONEI                     | ARY POLITICAL CONTRIBUTIONS   |          | SCHEDULE A1                                    |           |  |
|------------------------|---------------------------|---|----------|--|-----------|--|
|                        | The Instru                | ction Guide explains how to complete this form.   | 1        | Total pages Schedule A1:<br>Sch: 1/5 Rpt: 4/18 |           |  |
| 2                      | FILER NAME<br>Gamez, Erin | E. (The Honorable)  | 3        | Filer ID (Ethics Commission 00084428           | n Filers) |  |
| 4                      | Date 01/07/2024           | 5 Full name of contributor  | 7        | Amount of Contribution (\$)                    | \$9.60    |  |
| 8                      | Principal occu            | SOMERVILLE, MA 02144 pation / Job title (See Instructions)  9 Employer (See Instru  | uctions) |  |           |  |
|                        | Date<br>02/04/2024        | Full name of contributor x out-of-state PAC (ID#: C00401224  ACT BLUE PAC  Contributor address; City; State; Zip Code  SOMERVILLE, MA 02144 |          | Amount of Contribution (\$)                    | \$480.25  |  |
|                        | Principal occu            | pation / Job title (See Instructions)  Employer (See Instru   | uctions) |  |           |  |
|                        | Date<br>02/04/2024        | Full name of contributor x out-of-state PAC (ID#: C00401224  ACT BLUE PAC  Contributor address; City; State; Zip Code                       |          | Amount of Contribution (\$)                    | \$9.60    |  |
|                        | Principal occu            | pation / Job title (See Instructions)  Employer (See Instru   | uctions) |  |           |  |
| 02/25/2024 ACT BLUE PA |                           | Full name of contributor  |          | Amount of Contribution (\$)                    | \$48.02   |  |
|                        | Principal occu            | pation / Job title (See Instructions)  Employer (See Instru   | uctions) |  |           |  |
|                        | Date<br>03/03/2024        | Full name of contributor  |          | Amount of Contribution (\$)                    | \$9.60    |  |
|                        | Principal occu            | pation / Job title (See Instructions)  Employer (See Instru   | uctions) |  |           |  |
|                        |                           | l   |          |  |           |  |

|   | MONEI                     | ARY POLITICAL CONTRIBUTIONS   | SCHEDULE A1                                       |
|---|---------------------------|---|---|
|   | The Instru                | ction Guide explains how to complete this form.   | 1 Total pages Schedule A1:<br>Sch: 2/5 Rpt: 5/18  |
| 2 | FILER NAME<br>Gamez, Erin | E. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00084428 |
| 4 | Date<br>03/24/2024        | <ul> <li>Full name of contributor  x out-of-state PAC (ID#: C00401224 ACT BLUE PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul> | 7 Amount of Contribution (\$) \$48.02             |
| 8 | Principal occu            | SOMERVILLE, MA 02144 pation / Job title (See Instructions)  9 Employer (S   | See Instructions)                                 |
|   | Date<br>04/07/2024        | Full name of contributor X out-of-state PAC (ID#: C00401224 ACT BLUE PAC Contributor address; City; State; Zip Code  SOMERVILLE, MA 02144         | ) Amount of Contribution (\$) \$9.60              |
|   | Principal occu            | pation / Job title (See Instructions) Employer (S   | See Instructions)                                 |
|   | Date<br>04/28/2024        | Full name of contributor x out-of-state PAC (ID#: C00401224  ACT BLUE PAC  Contributor address; City; State; Zip Code                             |   |
|   | Principal occu            | SOMERVILLE, MA 02144 pation / Job title (See Instructions) Employer (S  | See Instructions)                                 |
|   | Date<br>05/05/2024        | Full name of contributor X out-of-state PAC (ID#: C00401224  ACT BLUE PAC  Contributor address; City; State; Zip Code  SOMERVILLE, MA 02144       | Amount of Contribution (\$) \$9.60                |
|   | Principal occu            |   | Gee Instructions)                                 |
|   | Date<br>05/26/2024        | Full name of contributor X out-of-state PAC (ID#: C00401224  ACT BLUE PAC  Contributor address; City; State; Zip Code                             | Amount of Contribution (\$) \$48.02               |
|   | Principal occu            | SOMERVILLE, MA 02144 pation / Job title (See Instructions) Employer (S  | See Instructions)                                 |
|   |                           | I   |   |

|   | MONET   | ARY POLITICAL (   |  | SCHEDULE A1                     |                             |  |             |  |
|---|---|---|--|---------------------------------|-----------------------------|--|-------------|--|
|   | The Instru  | ction Guide explains how  | to complete this fo                      | orm.                            | 1                           | Total pages Schedule A1:<br>Sch: 3/5 Rpt: 6/18 |             |  |
| 2 | FILER NAME<br>Gamez, Erin   | E. (The Honorable)  |  |                                 | 3                           | Filer ID (Ethics Commission 00084428           | ion Filers) |  |
| 4 | Date 06/02/2024   | 5 Full name of contributor<br>ACT BLUE PAC  | x out-of-state PAC (ID#: Cate; Zip Code  |                                 | 7                           | Amount of Contribution (\$)                    | \$9.60      |  |
|   |   | SOMERVILLE, MA 02144  | 1  |                                 |                             |  |             |  |
| 8 | Principal occu  | pation / Job title (See Instructions  | )  | 9 Employer (See Instructions    | s)                          |  |             |  |
|   | Date<br>06/23/2024  | Full name of contributor ACT BLUE PAC Contributor address; City; St                         |  | Amount of Contribution (\$)     | \$9.60                      |  |             |  |
|   | Principal occu  | SOMERVILLE, MA 02144  |  | Employor (Soo Instructions      | ·/                          |  |             |  |
|   | Principal occu  | pation / Job title (See Instructions  | )  | Employer (See Instructions      | ·)                          |  |             |  |
|   | Date<br>01/24/2024  | Full name of contributor AYALA, JOSE  Contributor address; City; Si                         | out-of-state PAC (ID#:_<br>ate; Zip Code |                                 |                             | Amount of Contribution (\$)                    | \$2,500.00  |  |
|   |   | HARLINGEN, TX 78711   |  |                                 | Ĺ                           |  |             |  |
|   | Principal occu<br>PHYSICIAN   | pation / Job title (See Instructions  | i)                                       | Employer (See Instructions VBMC | 5)                          |  |             |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  05/02/2024 BORDER HEALTH PAC  Contributor address; City; State; Zip Code  MC ALLEN, TX 78504 |   | )  |                                 | Amount of Contribution (\$) | \$10,000.00                                    |             |  |
|   | Principal occu  | pation / Job title (See Instructions  | )  | Employer (See Instructions      | 5)                          |  |             |  |
|   | Date 02/01/2024   | Full name of contributor BROTHERHOOD OF LOG Contributor address; City; Si DECATUR, TX 76234 |  |                                 |                             | Amount of Contribution (\$)                    | \$500.00    |  |
|   | Principal occu  | pation / Job title (See Instructions  | )  | Employer (See Instructions      | s)                          |  |             |  |
|   |   |   |  |                                 |                             |  |             |  |

|   | MONET                     | ARY POLITICAL CONTRIBUTION   | SCHEDULE A1                  |   |  |            |  |
|---|---------------------------|--|------------------------------|---|--|------------|--|
|   | The Instru                | ction Guide explains how to complete this f  | orm.                         | 1 | Total pages Schedule A1:<br>Sch: 4/5 Rpt: 7/18 |            |  |
| 2 | FILER NAME<br>Gamez, Erin | E. (The Honorable)   |                              | 3 | Filer ID (Ethics Commission 00084428           | n Filers)  |  |
| 4 | Date 05/01/2024           | 5 Full name of contributor out-of-state PAC (ID#:_ BROWNSVILLE FIREFIGHTERS LOCAL 970 6 Contributor address; City; State; Zip Code               | )                            | 7 | Amount of Contribution (\$)                    | \$1,500.00 |  |
| 0 | Dringing occu             | BROWNSVILLE, TX 78523  | Employer (See Instructions   |   |  |            |  |
| 8 | Principal occu            | pation / Job title (See Instructions)  | 9 Employer (See Instructions | ) |  |            |  |
|   | Date<br>01/10/2024        | Full name of contributor X out-of-state PAC (ID#: COMCAST CORP & NBCUNIVERSAL  Contributor address; City; State; Zip Code                        | C00248716 )                  |   | Amount of Contribution (\$)                    | \$500.00   |  |
|   | Principal occu            | PHILADELPHIA, PA 19103  pation / Job title (See Instructions)  | Employer (See Instructions   | ) |  |            |  |
|   | Date<br>02/23/2024        | Full name of contributor out-of-state PAC (ID#:_ FRIENDS OF THE UNIVERSITY OF TEXAS Contributor address; City; State; Zip Code  AUSTIN, TX 78763 |                              |   | Amount of Contribution (\$)                    | \$1,000.00 |  |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |  |            |  |
|   | Date<br>03/15/2024        | Full name of contributor out-of-state PAC (ID#:_ HOUSTON PILOTS  Contributor address; City; State; Zip Code  DEER PARK, TX 77536                 |                              |   | Amount of Contribution (\$)                    | \$500.00   |  |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |  |            |  |
|   | Date<br>05/01/2024        | Full name of contributor out-of-state PAC (ID#:_MISSION FIRE FIGHTERS CMTE FOR RESPO   | )<br>INSIBLE GOVERNMENT      |   | Amount of Contribution (\$)                    | \$500.00   |  |
|   | Principal occu            | pation / Job title (See Instructions)  | Employer (See Instructions   | ) |  |            |  |
|   |                           |  |                              |   |  |            |  |

|   | MONET                     | ARY POLITICAL CONTRIBUTION  |                                   | SCHEDULE A1                 |  |            |  |  |
|---|---------------------------|---|-----------------------------------|-----------------------------|--|------------|--|--|
|   | The Instru                | ction Guide explains how to complete this f   | form.                             | 1                           | Total pages Schedule A1:<br>Sch: 5/5 Rpt: 8/18 |            |  |  |
| 2 | FILER NAME<br>Gamez, Erin | ı E. (The Honorable)  |                                   | 3                           | Filer ID (Ethics Commission 00084428           | on Filers) |  |  |
| 4 | Date 04/20/2024           | Full name of contributor  | <u>C00366559</u> )                | 7                           | Amount of Contribution (\$)                    | \$1,000.00 |  |  |
|   | Duit single one           | PRINCETON, NJ 08540   | To Fare Loren (Co.o. Instructions |                             |  |            |  |  |
| 8 | Principal occu            | pation / Job title (See Instructions)   | 9 Employer (See Instructions)     | 5)                          |  |            |  |  |
|   | Date<br>02/12/2024        | Full name of contributor out-of-state PAC (ID#:_ RESNICK, STEWART Contributor address; City; State; Zip Code  |                                   | Amount of Contribution (\$) | \$500.00                                       |            |  |  |
|   | Principal occu            | LOS ANGELES, CA 90064  upation / Job title (See Instructions)   | Employer (See Instructions        | <u> </u>                    |  |            |  |  |
|   |                           |   |                                   | ,                           |  |            |  |  |
|   | Date<br>02/20/2024        | Full name of contributor out-of-state PAC (ID#:_ TEXAS DAIRYMEN PAC  Contributor address; City; State; Zip Code   | )                                 |                             | Amount of Contribution (\$)                    | \$1,000.00 |  |  |
|   |                           | AUSTIN, TX 78711  |                                   |                             |  |            |  |  |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions)       | 5)                          |  |            |  |  |
|   | Date<br>02/12/2024        | Full name of contributor out-of-state PAC (ID#:_ TX AFT Contributor address; City; State; Zip Code  AUSTIN, TX 78741                                    |                                   |                             | Amount of Contribution (\$)                    | \$250.00   |  |  |
|   | Principal occu            | pation / Job title (See Instructions)   | Employer (See Instructions        | <u>,</u>                    |  |            |  |  |
|   | Date<br>01/24/2024        | Full name of contributor X out-of-state PAC (ID#: UNION PACIFIC CORPORATION FUND FOR I 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        | 5)                          |  |            |  |  |
|   |                           |   | 1                                 |                             |  |            |  |  |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

|   | Candidate/Officenoider/Politica<br>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: 1/10 Rpt: 9/18  | Gamez, Erin E. (The Honorable) 00084428   |
| 4 | Date   | 5 Payee name  |
|   | 06/30/2024   | ACTBLUE FEES  |
| 6 | Amount (\$) \$30.47  | 7 Payee address; City; State; Zip Code PO BOX 441146  SOMERVILLE, MA 02144  |
| 8 | PURPOSE  |   |
| • | OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donations Page   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 01/30/2024   | BROWNSVILLE CRIMESTOPPERS   |
|   | Amount (\$)<br>\$500.00                                    | Payee address; City; State; Zip Code 600 E JACKSON  BROWNSVILLE, TX 78520   |
|   | DUDDOCE  |   |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense Luncheon Tickets  |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 03/29/2024   | BROWNSVILLE POLICE DEPARTMENT   |
|   | Amount (\$) \$500.00                                       | Payee address; City; State; Zip Code 600 E JACKSON  |
|   |  | BROWNSVILLE, TX 78520   |
|   | PURPOSE<br>OF<br>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 Golf Tournament |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held   |
|   |  |   |

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

|     | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Committ       | Gift/Av<br>Legal<br><b>The</b> I | vards/Memorials E<br>Services | xpense           |            | pense<br>ages/ | e<br>/Contract Labor                | Т     | Tavel III District<br>Travel Out of Di<br>OTHER (enter a | strict    | ot listed above) |        |
|-----|--|---------------|----------------------------------|-------------------------------|------------------|------------|----------------|-------------------------------------|-------|--|-----------|------------------|--------|
| 1   | Total pages Schedule F1:   | 2 FIL         | ER NAME                          |                               |                  |            |                |                                     | 3 F   | iler ID  | (Ethics ( | Commission Fi    | lers)  |
|     | Sch: 2/10 Rpt: 10/18   | Ga            | mez, Erin E.                     | (The Honora                   | ble)             |            |                |                                     | C     | 00084428   |           |                  |        |
| 4   | Date   | -             | yee name                         |                               |                  |            |                |                                     |       |  |           |                  |        |
|     | 06/28/2024   | CA            | MERON COL                        | JNTY CONS                     | TABLE PC         | T 2        |                |                                     |       |  |           |                  |        |
| 6   | Amount (\$)  | <b>7</b> Pay  | yee address;                     | City;                         | State;           | Zip Cod    | de             |                                     |       |  |           |                  |        |
|     | \$100.00   | 83            | 5 E LEVEE                        |                               |                  |            |                |                                     |       |  |           |                  |        |
|     |  |               |                                  |                               |                  |            |                |                                     |       |  |           |                  |        |
|     |  | BR            | ROWNSVILLE                       | , TX 78520                    |                  |            |                |                                     |       |  |           |                  |        |
| 8   | PURPOSE  | <b>(a)</b> Ca | tegory (See Cate                 | egories listed at the         | top of this sche | dule)      | (b)            | Description                         |       |  |           |                  |        |
|     | OF<br>EXPENDITURE  |               | ntributions/Do                   |                               | -                |            |                | Check if travel of                  |       |  |           | lule T.          |        |
|     |  | Ca            | indidate/Office                  | eholder/Politi                | cal Commi        | ttee       |                | Check if Austin, Back to Scho       |       |  | g expense |                  |        |
|     |  |               |                                  |                               |                  |            |                | Dack to Scho                        | ,OI D | 2311   |           |                  |        |
| 9   | Complete ONLY if direct  | Cano          | didate/Officeho                  | der name                      | 0                | ffice soug | thr            |                                     |       | Office h   | eld       |                  |        |
|     | expenditure to benefit C/OI  |               |                                  | a                             | · ·              |            | J              |                                     |       | <b>CC</b>  | 0.0       |                  |        |
| _   | Date   | Pav           | yee name                         |                               |                  |            |                |                                     |       |  |           |                  |        |
|     | 01/10/2024   |               | IARRO DAYS                       | SINC                          |                  |            |                |                                     |       |  |           |                  |        |
|     | Amount (\$)  | Pav           | yee address;                     | City;                         | State;           | Zip Coo    | de             |                                     |       |  |           |                  |        |
|     | \$500.00   | 45            | 5 E ELIZABE                      | TH ST.                        |                  | ·          |                |                                     |       |  |           |                  |        |
|     |  |               |                                  |                               |                  |            |                |                                     |       |  |           |                  |        |
|     |  | Bro           | ownsville, TX                    | 78520                         |                  |            |                |                                     |       |  |           |                  |        |
|     | PURPOSE<br>OF  |               | tegory (See Cate                 | egories listed at the         | top of this sche | edule)     | (b)            | Description                         |       |  |           |                  |        |
|     | EXPENDITURE  | Ev            | ent Expense                      |                               |                  |            |                | Check if travel of Check if Austin, |       |  |           | lule T.          |        |
|     |  |               |                                  |                               |                  |            |                | Parade Entry                        |       |  | у окронос |                  |        |
|     |  |               |                                  |                               |                  |            |                | ,                                   |       |  |           |                  |        |
|     | Complete ONLY if direct  |               | didate/Officeho                  | der name                      | 0                | ffice souç | ght            |                                     |       | Office h   | eld       |                  |        |
|     | expenditure to benefit C/OI  | l             |                                  |                               |                  |            |                |                                     |       |  |           |                  |        |
|     | Date   | Pay           | yee name                         |                               |                  |            |                |                                     |       |  |           |                  |        |
|     | 05/03/2024   | Ca            | meron Count                      | y Bar Assn                    |                  |            |                |                                     |       |  |           |                  |        |
|     | Amount (\$)  | Pay           | yee address;                     | City;                         | State;           | Zip Cod    | de             |                                     |       |  |           |                  |        |
|     | \$500.00   | PC            | Box 3866                         |                               |                  |            |                |                                     |       |  |           |                  |        |
|     |  |               |                                  |                               |                  |            |                |                                     |       |  |           |                  |        |
|     |  | Bro           | ownsville, TX                    | 78523                         |                  |            |                |                                     |       |  |           |                  |        |
|     | PURPOSE  | <b>(a)</b> Ca | tegory (See Cate                 | egories listed at the         | top of this sche | edule)     | (b)            | Description                         |       |  |           |                  |        |
|     | OF<br>EXPENDITURE  |               | ntributions/Do                   |                               |                  |            |                | Check if travel of                  |       |  |           | lule T.          |        |
|     |  | Ca            | indidate/Office                  | eholder/Politi                | cal Commi        | ttee       |                | Check if Austin,                    |       |  | g expense |                  |        |
|     |  |               |                                  |                               |                  |            |                | Western Nigh                        | ıı Gâ | ua   |           |                  |        |
|     | Complete ONLY if direct  | Can           | didate/Officeho                  | der name                      | 0                | ffice souç | thr            |                                     |       | Office h   | eld       |                  |        |
|     | expenditure to benefit C/O   |               |                                  |                               | J                | 55 5000    |                |                                     |       | J.1.00 II  |           |                  |        |
|     |  |               |                                  |                               |                  |            |                |                                     |       |  |           |                  |        |
|     |  |               |                                  |                               |                  |            |                |                                     |       |  |           |                  |        |
| Eor | me provided by Texas F   | hice C        | Commission                       | 1484                          | w othics st      | tata ty    |                |                                     |       |  | Vorcion   | V// 1 0 d2       | 70aha0 |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

|   | Candidate/Officeholder/Politica                     |          | mmittee               | Git/Awards/Memorial<br>Legal Services | s Expense            | Salaries/V |      | se<br>s/Contract Labor       |        | OTHER (enter       | istrict<br>a category not listed ab | ove)        |
|---|---|----------|-----------------------|---------------------------------------|----------------------|------------|------|------------------------------|--------|--------------------|-------------------------------------|-------------|
|   | Credit Card Payment                                 |          |                       | The Instruction G                     | uide explains l      | how to co  | mple | ete this form.               |        |                    |                                     |             |
| 1 | Total pages Schedule F1:                            | 2        | FILER NAME            |                                       |                      |            |      |                              | 3      | Filer ID           | (Ethics Commiss                     | ion Filers) |
|   | Sch: 3/10 Rpt: 11/18                                |          | Gamez, Erir           | n E. (The Hono                        | rable)               |            |      |                              |        | 00084428           |                                     |             |
| 4 | Date  | 5        | Payee name            |                                       |                      |            |      |                              | _      |                    |                                     |             |
|   | 03/11/2024  |          |                       | TS OF SOUTH                           | ERN CAME             | RON CO     | UC   | NTY                          |        |                    |                                     |             |
| 6 | Amount (\$)   | 7        | Payee addres          | ss; City;                             | State;               | Zip Co     | ode  |                              |        |                    |                                     |             |
|   | \$75.00   |          | 5460 Pared            | es Line Rd                            |                      |            |      |                              |        |                    |                                     |             |
|   |   |          |                       |                                       |                      |            |      |                              |        |                    |                                     |             |
|   |   |          | Brownsville,          | TX 78526                              |                      |            |      |                              |        |                    |                                     |             |
| 8 | PURPOSE   | (a)      |                       | e Categories listed at                | the top of this cal- | adula)     | (b)  | Description                  |        |                    |                                     |             |
| • | OF  | ``'      |                       | s/Donations M                         |                      | eaule)     | (~)  | `                            | outsi  | de of Texas. Cor   | nplete Schedule T.                  |             |
|   | EXPENDITURE   |          |                       | Officeholder/Po                       | -                    | ittee      |      | Check if Austin              | ı, TX, | officeholder livin | g expense                           |             |
|   |   |          |                       |                                       |                      |            |      | BBQ Tickets                  |        |                    |                                     |             |
|   |   |          |                       |                                       |                      |            |      |                              |        |                    |                                     |             |
| 9 | Complete ONLY if direct expenditure to benefit C/OI |          | Candidate/Offic       | ceholder name                         | C                    | Office sou | ıght |                              |        | Office h           | eld                                 |             |
|   | experialitie to beliefit G/OI                       | <u> </u> |                       |                                       |                      |            |      |                              |        |                    |                                     |             |
|   | Date  |          | Payee name            |                                       |                      |            |      |                              |        |                    |                                     |             |
|   | 02/05/2024  |          | DOWN BY               | THE BORDER                            |                      |            |      |                              |        |                    |                                     |             |
|   | Amount (\$)   |          | Payee addres          | ss; City;                             | State;               | Zip Co     | ode  |                              |        |                    |                                     |             |
|   | \$200.00  |          | 15 W MADIS            | SON                                   |                      |            |      |                              |        |                    |                                     |             |
|   |   |          | STE A                 |                                       |                      |            |      |                              |        |                    |                                     |             |
|   |   |          | Brownsville,          | TX 78520                              |                      |            |      |                              |        |                    |                                     |             |
|   | PURPOSE   | (a)      | Category (Se          | e Categories listed at                | the top of this sche | edule)     | (b)  | Description                  |        |                    |                                     |             |
|   | OF<br>EXPENDITURE                                   |          |                       | s/Donations M                         | ,                    |            |      | <b>=</b>                     |        |                    | nplete Schedule T.                  |             |
|   | -   |          | Candidate/C           | Officeholder/Po                       | litical Comm         | ittee      |      | Event Donation               |        | officeholder livin | g expense                           |             |
|   |   |          |                       |                                       |                      |            |      | Lveni Donaii                 | OII    |                    |                                     |             |
|   | Complete ONLY if direct                             | <u> </u> | Candidate/Offic       | ceholder name                         |                      | Office sou | laht |                              |        | Office h           | eld                                 |             |
|   | expenditure to benefit C/OI                         |          |                       |                                       |                      |            | .9   |                              |        | <b>CC</b>          | 0.0                                 |             |
|   | Date  | Т        | Payoo namo            |                                       |                      |            |      |                              |        |                    |                                     |             |
|   | 03/18/2024  |          | Payee name<br>HWNTRGV |                                       |                      |            |      |                              |        |                    |                                     |             |
|   | Amount (\$)   | ┝        | Payee addres          |                                       | Stato:               | Zip Co     | ndo  |                              |        |                    |                                     |             |
|   | \$600.00  |          | PO Box 152            | -                                     | State,               | Zip Cc     | Jue  |                              |        |                    |                                     |             |
|   | φοσο.σσ   |          | 1 O DOX 132           | 210                                   |                      |            |      |                              |        |                    |                                     |             |
|   |   |          | AUSTIN, TX            | 7 70715                               |                      |            |      |                              |        |                    |                                     |             |
|   | DUDDOOF   | (-)      |                       |                                       |                      |            | 4->  |                              |        |                    |                                     |             |
|   | PURPOSE<br>OF                                       | (a)<br>  |                       | e Categories listed at s/Donations M  |                      | edule)     | (D)  | Description  Check if travel | outsi  | de of Texas. Cor   | nplete Schedule T.                  |             |
|   | EXPENDITURE   |          |                       | Officeholder/Po                       |                      | ittee      |      |                              |        | officeholder livin |                                     |             |
|   |   |          |                       |                                       |                      |            |      | Hispanic Wor                 | mei    | ns' Network        | Award Event                         |             |
|   |   |          |                       |                                       |                      |            |      |                              |        |                    |                                     |             |
|   | Complete ONLY if direct                             |          | Candidate/Offic       | ceholder name                         | C                    | Office sou | ight |                              |        | Office h           | eld                                 |             |
|   | expenditure to benefit C/OI                         | H        |                       |                                       |                      |            | _    |                              |        |                    |                                     |             |
|   |   |          |                       |                                       |                      |            |      |                              |        |                    |                                     |             |
|   |   |          |                       |                                       |                      |            |      |                              |        |                    |                                     |             |
|   |   |          |                       |                                       |                      |            |      |                              |        |                    |                                     |             |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | I Committee     | Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide exp |               | xpens<br>Wages   | se<br>s/Contract Labor |       | Travel in District<br>Travel Out of Dis<br>OTHER (enter a | trict<br>category not listed above) |
|---|---|-----------------|---|---------------|------------------|------------------------|-------|---|-------------------------------------|
| 1 | Total pages Schedule F1:  |                 |   |               |                  |                        |       | Filer ID  | (Ethics Commission Filers)          |
| L | Sch: 4/10 Rpt: 12/18  | Gamez, Er       | in E. (The Honorable)   |               |                  |                        | (     | 00084428  |                                     |
| 4 | Date  | 5 Payee name    |   |               |                  |                        |       |   |                                     |
| L | 04/11/2024  | JOHNSON         | , ANN   |               |                  |                        |       |   |                                     |
| 6 | Amount (\$)   | 7 Payee addre   | ess; City;  | State; Zip Co | ode              |                        |       |   |                                     |
|   | \$1,500.00  | PO BOX 50       | 6386  |               |                  |                        |       |   |                                     |
|   |   |                 |   |               |                  |                        |       |   |                                     |
|   |   | HOUSTON         | , TX 77256  |               |                  |                        |       |   |                                     |
| 8 | PURPOSE   | (a) Category (S | see Categories listed at the top of t   | his schedule) | (b)              | Description            |       |   |                                     |
|   | OF<br>EXPENDITURE   |                 | ns/Donations Made By  |               |                  | <b>=</b>               |       | e of Texas. Comp<br>officeholder living                   | olete Schedule T.                   |
|   |   | Candidate/      | Officeholder/Political C  | ommittee      |                  | Campaign Do            |       |   | expense                             |
|   |   |                 |   |               |                  | 9 2 0                  |       |   |                                     |
| 9 | Complete ONLY if direct   | Candidate/Off   | iceholder name  | Office sou    | <u>ı</u><br>ught |                        |       | Office he   | ld                                  |
|   | expenditure to benefit C/OI   | 4               |   |               |                  |                        |       |   |                                     |
|   | Date  | Payee name      |   |               |                  |                        |       |   |                                     |
|   | 06/03/2024  | 1               | CONNECTION WORS   | SHIP CTR      |                  |                        |       |   |                                     |
|   | Amount (\$)   | Payee addre     | ess; City;  | State; Zip Co | ode              |                        |       |   |                                     |
|   | \$500.00  | 2634 OLD        | PORT ISABEL RD  |               |                  |                        |       |   |                                     |
|   |   |                 |   |               |                  |                        |       |   |                                     |
|   |   | Brownsville     | e, TX 78526   |               |                  |                        |       |   |                                     |
|   | PURPOSE   | (a) Category (s | iee Categories listed at the top of t   | his schedule) | (b)              | Description            |       |   |                                     |
|   | OF<br>EXPENDITURE   | Contributio     | ns/Donations Made By  |               |                  | <b>—</b>               |       |   | olete Schedule T.                   |
|   | EXI ENDITORE  | Candidate/      | Officeholder/Political C  | ommittee      |                  |                        |       | officeholder living                                       | expense                             |
|   |   |                 |   |               |                  | Juneteenth G           | aid   | <b>4</b> 044  |                                     |
| _ | Complete ONLY if direct   | Candidate/Off   | iceholder name  | Office sou    | l<br>Jaht        |                        |       | Office he   | ld                                  |
|   | expenditure to benefit C/O  |                 |   | 250 500       | J. 10            |                        |       | 230 110   |                                     |
| _ | Date  | Payee name      |   |               |                  |                        |       |   |                                     |
|   | 03/05/2024  | LEIJA, CHI      |   |               |                  |                        |       |   |                                     |
|   | Amount (\$)   | Payee addre     |   | State; Zip Co | ode              |                        |       |   |                                     |
|   | \$80.00   | ĺ               | A DEL ANGELES   | р О           | •                |                        |       |   |                                     |
|   | 755.30  | <del>-</del>    |   |               |                  |                        |       |   |                                     |
|   |   | BROWNS\         | /ILLE, TX 78521   |               |                  |                        |       |   |                                     |
|   | PURPOSE   |                 | see Categories listed at the top of t   | his schedule) | (b)              | Description            |       |   |                                     |
|   | OF<br>EXPENDITURE   | Event Expe      |   | ,             |                  | Check if travel of     |       |   | olete Schedule T.                   |
|   | EM ENDITORE   |                 |   |               |                  | _                      |       | officeholder living                                       | expense                             |
|   |   |                 |   |               |                  | Event Prepara          | aliOl | 1   |                                     |
|   | Complete ONLY if direct   | Candidate/Off   | iceholder name  | Office sou    | lapt             |                        |       | Office he   | ld                                  |
|   | expenditure to benefit C/O  |                 | ioonoidoi ridific   | Onice 300     | agrit            |                        |       | Office file   | 14                                  |
|   |   |                 |   |               |                  |                        |       |   |                                     |
|   |   |                 |   |               |                  |                        |       |   |                                     |
|   |   |                 |   |               |                  |                        |       |   |                                     |

#### SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbur

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

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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|
| _                           | Tatal was as a Calcadal Ed.  | O FILED MANE   |  |  |  |  |  |  |
| 1                           | Total pages Schedule F1:<br>Sch: 5/10 Rpt: 13/18   | 2 FILER NAME Gamez, Erin E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084428 |  |  |  |  |  |  |
| 4                           | Date   | 5 Payee name   |  |  |  |  |  |  |
|                             | 02/02/2024   | MATAR, CARYS   |  |  |  |  |  |  |
| 6                           | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |  |  |  |  |  |
|                             | \$1,111.00   | 2662 DEER TRAIL  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
|                             |  | BROWNSVILLE, TX 78526  |  |  |  |  |  |  |
| L                           |  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |  |
| 8                           | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description           |  |  |  |  |  |  |
|                             | EXPENDITURE  | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.      |  |  |  |  |  |  |
|                             |  | Check if Austin, TX, officeholder living expense   |  |  |  |  |  |  |
|                             |  | Social Media Director  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
| 9                           | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                                      |  |  |  |  |  |  |
|                             | expenditure to benefit C/OI  | 1  |  |  |  |  |  |  |
|                             | Date   | Payee name   |  |  |  |  |  |  |
|                             | 02/29/2024   | MATAR, CARYS   |  |  |  |  |  |  |
|                             |  | · ·  |  |  |  |  |  |  |
|                             | Amount (\$)  |  |  |  |  |  |  |  |
|                             | \$1,111.00   | 2662 DEER TRAIL  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
|                             |  | BROWNSVILLE, TX 78526  |  |  |  |  |  |  |
|                             | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description           |  |  |  |  |  |  |
|                             | OF   | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.      |  |  |  |  |  |  |
|                             | EXPENDITURE  | Check if Austin, TX, officeholder living expense   |  |  |  |  |  |  |
|                             | Social Media Director  |  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
| _                           | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held                                      |  |  |  |  |  |  |
| expenditure to benefit C/OH |  |  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
|                             | Date   | Payee name   |  |  |  |  |  |  |
|                             | 03/28/2024   | MATAR, CARYS   |  |  |  |  |  |  |
|                             | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |  |  |  |
|                             | \$1,111.00   | 2662 DEER TRAIL  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
|                             |  | BROWNSVILLE, TX 78526  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
|                             | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description          |  |  |  |  |  |  |
|                             | EXPENDITURE  | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.      |  |  |  |  |  |  |
|                             |  | Check if Austin, TX, officeholder living expense  Social Media Director                    |  |  |  |  |  |  |
|                             |  | Sucial Media Director  |  |  |  |  |  |  |
| _                           | 0 1. 0   |  |  |  |  |  |  |  |
|                             | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officeholder name Office sought Office held                                      |  |  |  |  |  |  |
| L                           |  |  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
|                             |  |  |  |  |  |  |  |  |
| l                           |  |  |  |  |  |  |  |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

|                       | Candidate/Officeholder/Politica<br>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: 6/10 Rpt: 14/18                                   | Gamez, Erin E. (The Honorable) 00084428  |  |  |  |  |  |  |
| 4                     | Date   | 5 Payee name   |  |  |  |  |  |  |
|                       | 05/01/2024   | MATAR, CARYS   |  |  |  |  |  |  |
| 6                     | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |  |  |  |  |  |
|                       | \$1,111.00   | 2662 DEER TRAIL  |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |  |  |
|                       |  | BROWNSVILLE, TX 78526  |  |  |  |  |  |  |
| 8                     | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |
|                       | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor  |  |  |  |  |  |  |
|                       |  | Check if Austin, TX, officeholder living expense  Social Media Director  |  |  |  |  |  |  |
|                       |  | Social Wedia Director  |  |  |  |  |  |  |
| 9                     | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |
| 9                     | expenditure to benefit C/O                             |  |  |  |  |  |  |  |
| $\vdash$              | Data   | David and the second se |  |  |  |  |  |  |
|                       | Date   | Payee name   |  |  |  |  |  |  |
|                       | 06/03/2024   | MATAR, CARYS   |  |  |  |  |  |  |
|                       | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |  |  |  |
|                       | \$1,111.00   | 2662 DEER TRAIL  |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |  |  |
|                       |  | BROWNSVILLE, TX 78526  |  |  |  |  |  |  |
|                       | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |
|                       | OF<br>EXPENDITURE                                      | Salaries/Wages/Contract Labor  |  |  |  |  |  |  |
|                       |  | Check if Austin, TX, officeholder living expense  Social Media Director  |  |  |  |  |  |  |
|                       |  | Social Media Director  |  |  |  |  |  |  |
|                       | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |
|                       | expenditure to benefit C/O                             |  |  |  |  |  |  |  |
| _                     | Data   |  |  |  |  |  |  |  |
|                       | Date   | Payee name   |  |  |  |  |  |  |
|                       | 06/28/2024   | MCDONALDS  |  |  |  |  |  |  |
|                       | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |  |  |  |
|                       | \$16.00  | 101 S EXPRESSWAY   |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |  |  |
| BROWNSVILLE, TX 78520 |  |  |  |  |  |  |  |  |
|                       | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |  |  |  |  |
|                       | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |  |
|                       |  | Check if Austin, TX, officeholder living expense  Food   |  |  |  |  |  |  |
|                       |  | Fuou   |  |  |  |  |  |  |
| _                     | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |  |  |  |  |  |  |
|                       | expenditure to benefit C/O                             |  |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |  |  |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |          |                     | Gift/Awards/Memoria   |                          |             | /ages | /Contract Labor |       | Travel Out of<br>OTHER (ente | District<br>r a category not list | ed above)       |
|----------|--|----------|---------------------|-----------------------|--------------------------|-------------|-------|-----------------|-------|------------------------------|-----------------------------------|-----------------|
|          | •  |          |                     | The Instruction       | Guide explains           | now to co   | mple  | ete this form.  | _     |                              |                                   |                 |
| 1        | Total pages Schedule F1:   | 2        | FILER NAME          |                       |                          |             |       |                 | 3     | Filer ID                     | (Ethics Com                       | mission Filers) |
|          | Sch: 7/10 Rpt: 15/18   | ⊢        | Gamez, Erir         | n E. (The Hone        | orable)                  |             |       |                 |       | 00084428                     | 3                                 |                 |
| 4        | Date   | ı        | Payee name          |                       |                          |             |       |                 |       |                              |                                   |                 |
|          | 06/28/2024   |          | MCDONALI            | OS                    |                          |             |       |                 |       |                              |                                   |                 |
| 6        | Amount (\$)  | 7        | Payee addres        | ss; City;             | State                    | ; Zip Co    | de    |                 |       |                              |                                   |                 |
|          | \$13.28  |          | 101 S EXPF          | RESSWAY               |                          |             |       |                 |       |                              |                                   |                 |
|          |  |          |                     |                       |                          |             |       |                 |       |                              |                                   |                 |
|          |  |          | BROWNSV             | ILLE, TX 7852         | 20                       |             |       |                 |       |                              |                                   |                 |
| 8        | PURPOSE  | (a)      | Category (c-        | e Categories listed a | it the ten of this call  | andula)     | (b)   | Description     |       |                              |                                   |                 |
|          | OF   |          |                     | age Expense           | ii trie top of triis scr | ledule)     | ()    | _ `             | outsi | de of Texas. C               | omplete Schedule                  | г.              |
|          | EXPENDITURE  |          | . 554, 55401        | ago Expondo           |                          |             |       | Check if Austin | , TX, | officeholder liv             | ing expense                       |                 |
|          |  |          |                     |                       |                          |             |       | Food            |       |                              |                                   |                 |
|          |  |          |                     |                       |                          |             |       |                 |       |                              |                                   |                 |
| 9        | Complete ONLY if direct  |          | Candidate/Offic     | ceholder name         | (                        | Office sou  | ght   |                 |       | Office                       | held                              |                 |
|          | expenditure to benefit C/O   |          |                     |                       |                          |             | -     |                 |       |                              |                                   |                 |
| <b>-</b> | Date   | Г        | Davee name          |                       |                          |             |       |                 |       |                              |                                   |                 |
|          | 05/21/2024   |          | Payee name MORALES, | MARISOI               |                          |             |       |                 |       |                              |                                   |                 |
|          |  | ⊢        |                     |                       |                          | <del></del> |       |                 |       |                              |                                   |                 |
|          | Amount (\$)  |          | Payee addres        |                       | State                    | ; Zip Co    | de    |                 |       |                              |                                   |                 |
|          | \$50.00  |          | GENERAL I           | DELIVERY              |                          |             |       |                 |       |                              |                                   |                 |
|          |  |          |                     |                       |                          |             |       |                 |       |                              |                                   |                 |
|          |  |          | BROWNSV             | ILLE, TX 7852         | 20                       |             |       |                 |       |                              |                                   |                 |
|          | PURPOSE  | (a)      | Category (Se        | e Categories listed a | t the top of this sch    | nedule)     | (b)   | Description     |       |                              |                                   |                 |
|          | OF<br>EXPENDITURE  |          | Contribution        | s/Donations N         | /lade By                 |             |       | Check if travel |       |                              | omplete Schedule                  | г.              |
|          | LAFLINDITORE   |          | Candidate/C         | Officeholder/Po       | olitical Comm            | nittee      |       | Check if Austin |       |                              |                                   |                 |
|          |  |          |                     |                       |                          |             |       | RGV Havoc \     | No    | rid Series                   | Sponsor                           |                 |
| L        |  |          |                     |                       |                          |             |       |                 |       |                              |                                   |                 |
|          | Complete ONLY if direct  |          | Candidate/Offic     | ceholder name         |                          | Office sou  | ght   |                 |       | Office                       | held                              |                 |
| L        | expenditure to benefit C/OI  | Н        |                     |                       |                          |             |       |                 |       |                              |                                   |                 |
|          | Date   |          | Payee name          |                       |                          |             |       | -               |       |                              |                                   |                 |
|          | 04/15/2024   |          | PANDORA             |                       |                          |             |       |                 |       |                              |                                   |                 |
| -        | Amount (\$)  | $\vdash$ | Payee addres        | ss; City;             | State                    | ; Zip Co    | de    |                 |       |                              |                                   |                 |
|          | \$5.40   | ı        | 2100 FRAN           |                       | Sidic                    | , 2.5 00    | 40    |                 |       |                              |                                   |                 |
|          | Ψ5.40  | l        |                     | INCHIN OT             |                          |             |       |                 |       |                              |                                   |                 |
|          |  | l        | STE 700             | <b></b>               |                          |             |       |                 |       |                              |                                   |                 |
| L        |  | L        | OAKLAND,            | CA 94612              |                          |             |       |                 |       |                              |                                   |                 |
|          | PURPOSE  | (a)      | Category (Se        | e Categories listed a | t the top of this sch    | nedule)     | (b)   | Description     |       |                              |                                   |                 |
|          | OF<br>EXPENDITURE  |          | Office Overl        | nead/Rental E         | xpense                   |             |       | ш               |       |                              | omplete Schedule                  | Г.              |
|          |  |          |                     |                       |                          |             |       | Cubocription    | , TX, | officeholder liv             | ring expense                      |                 |
|          |  |          |                     |                       |                          |             |       | Subscription    |       |                              |                                   |                 |
|          |  |          |                     |                       |                          |             |       |                 |       |                              |                                   |                 |
|          | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 |          | Candidate/Offic     | ceholder name         | (                        | Office sou  | ght   |                 |       | Office                       | held                              |                 |
|          |  |          |                     |                       |                          |             |       |                 |       |                              |                                   |                 |
|          |  |          |                     |                       |                          |             |       |                 |       |                              |                                   |                 |
|          |  |          |                     |                       |                          |             |       |                 |       |                              |                                   |                 |
|          |  |          |                     |                       |                          |             |       |                 |       |                              |                                   |                 |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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<br>Candidate/Officeholder/Politica<br>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:<br>Sch: 8/10 Rpt: 16/18   | 2 FILER NAME Gamez, Erin E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084428       |  |  |  |
| 1                              | <u> </u>   |  |  |  |  |
| 4                              | Date 02/21/2024  | 5 Payee name<br>ROTARY CLUB OF NORTH BROWNSVILLE   |  |  |  |
| 6                              | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |  |  |
|                                | \$250.00   | 274 CREEKBEND  |  |  |  |
|                                |  |  |  |  |  |
|                                |  | BROWNSVILLE, TX 78520  |  |  |  |
| 8                              | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |  |  |  |
|                                | OF   | Contributions/Donations Made By  |  |  |  |
|                                | EXPENDITURE  | Candidate/Officeholder/Political Committee   |  |  |  |
|                                |  | Run Event  |  |  |  |
|                                |  |  |  |  |  |
| 9                              | Complete ONLY if direct expenditure to benefit C/Ol  | Candidate/Officeholder name Office sought Office held  |  |  |  |
| _                              | Date   | Payee name   |  |  |  |
|                                | 06/18/2024   | RUVALCABA, DIONNE  |  |  |  |
| _                              |  |  |  |  |  |
|                                | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |
|                                | \$250.00   | GENERAL DELIVERY   |  |  |  |
|                                |  |  |  |  |  |
|                                |  | BROWNSVILLE, TX 78520  |  |  |  |
|                                | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |  |  |  |
|                                | OF   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.          |  |  |  |
|                                | EXPENDITURE  | Candidate/Officeholder/Political Committee   |  |  |  |
| Kid Cameron Boxing Sponsorship |  |  |  |  |  |
|                                |  |  |  |  |  |
|                                | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |  |  |  |
|                                | expenditure to benefit C/OI  | 1  |  |  |  |
|                                | Date   | Payee name   |  |  |  |
|                                | 04/23/2024   | SHARP ELEMENTARY   |  |  |  |
|                                | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |  |
|                                | \$125.00   | 1439 PALM BLVD   |  |  |  |
|                                | Ψ120.00  | 1400 I NEW BEVB  |  |  |  |
|                                |  | Brownsville, TX 78520  |  |  |  |
| -                              | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |  |  |  |
|                                | OF   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.          |  |  |  |
|                                | EXPENDITURE  | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense      |  |  |  |
|                                |  | Student Movie Trip   |  |  |  |
|                                |  |  |  |  |  |
|                                | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |  |  |  |
|                                | expenditure to benefit C/OI  |  |  |  |  |
|                                |  |  |  |  |  |
|                                |  |  |  |  |  |
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#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

|                                     | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |  |  |
|-------------------------------------|--|--|--|--|
| Ļ                                   |  |  |  |  |
| 1                                   | Total pages Schedule F1:<br>Sch: 9/10 Rpt: 17/18   | 2 FILER NAME Gamez, Erin E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084428  |  |  |
| 4                                   | Date   | 5 Payee name   |  |  |
|                                     | 03/12/2024   | TIP O TEXAS LITTLE MISS KICKBALL   |  |  |
| 6                                   | Amount (\$)  | 7 Payee address; City; State; Zip Code   |  |  |
|                                     | \$250.00   | 24 W LOS EBANOS  |  |  |
|                                     |  | Brownsville, TX 78520  |  |  |
| 8                                   | PURPOSE<br>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   |  |  |
|                                     |  | Tournament Sponsor   |  |  |
|                                     |  |  |  |  |
| 9                                   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held  |  |  |
|                                     | Date   | Payee name   |  |  |
|                                     | 02/13/2024   | UNITED WAY RGV   |  |  |
|                                     | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |
|                                     | \$350.20   | 634 E LEVEE  |  |  |
|                                     |  |  |  |  |
|                                     |  | Brownsville, TX 78526  |  |  |
|                                     | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Controlled to the c |  |  |
| 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   |  |  |
| Tickets: All You Need Is Love Event |  |  |  |  |
|                                     |  |  |  |  |
|                                     | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held  |  |  |
|                                     | Date   | Payee name   |  |  |
|                                     | 02/22/2024   | VALDEZ, DANIELLA LOPEZ   |  |  |
|                                     | Amount (\$)  | Payee address; City; State; Zip Code   |  |  |
|                                     | \$1,000.00   | GENERAL DELIVERY   |  |  |
|                                     |  |  |  |  |
| L                                   |  | BROWNSVILLE, TX 78520  |  |  |
|                                     | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |  |  |
|                                     | OF<br>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  |  |  |
|                                     |  | Candidate/Officeholder/Political Committee   |  |  |
|                                     |  | Sampaigh Bohaton   |  |  |
|                                     | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |  |  |
|                                     | expenditure to benefit C/OI  |  |  |  |
|                                     |  |  |  |  |
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|                                     |  |  |  |  |

#### 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

|   | Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | e By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District itical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lis  The Instruction Guide explains how to complete this form. | ted above)       |
|---|--|---|------------------|
| 1 | Total pages Schedule F1:   | 1: 2 FILER NAME 3 Filer ID (Ethics Con  | nmission Filers) |
|   | Sch: 10/10 Rpt: 18/18  | 8 Gamez, Erin E. (The Honorable) 00084428   |                  |
| 4 | Date   | 5 Payee name  |                  |
|   | 02/09/2024   | YOUNG DEMOCRATS   |                  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |                  |
|   | \$250.00   | 0 975 W RUBEN TORRES BLVD   |                  |
|   |  | STE 2   |                  |
|   |  | Brownsville, TX 78526   |                  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |                  |
|   | OF<br>EXPENDITURE  | Contributions/Donations Made By   | Т.               |
|   |  | Candidate/Officeholder/Political Committee  |                  |
|   |  | Broken Sprocket Event   |                  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  | t Candidate/Officeholder name Office sought Office held /OH   |                  |
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