

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00062322	2 Total pages filed: 18				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Michael Paul	MI	OFFICE USE ONLY			
	NICKNAME	LAST Gomez	SUFFIX		Date Received ELECTRONICALLY FILED 10/07/2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked			
	REDACTED PER 254.0313, GOV'T CODE			Receipt # Amount			
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Daniel	MI				
	NICKNAME	LAST Ramirez	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
	REDACTED PER 254.0313, GOV'T CODE						
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(281)	493-5529					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	01	2024		09	26	2024
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
	11	05	2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Judge District 129 Harris			12 OFFICE SOUGHT (if known) District Judge District 129			

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 18

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

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,141.44
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	52,881.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	156,871.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Michael Paul Gomez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - JC/OH

18 FILER NAME Gomez, Michael Paul (The Honorable)		19 Filer ID (Ethics Commission Filers) 00062322
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 6,141.44
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 40,253.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 12,627.94
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,407.61
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/18
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bragg, Melanie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77056	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Principal Partner
10 Contributor's employer/law firm Bragg Law PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Cristen	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Feldman & Feldman PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kherker, Steve	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77098	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Kherkher Garcia LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/18
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Date 07/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kherkher, Steve	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77098	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Kherkher Garcia LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarland, Charles	Amount of Contribution (\$) \$1,041.44
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Member
Contributor's employer/law firm McFarland PLLC		Law firm of contributor's spouse (if any) Rusty Hardin & Associates
If contributor is a child, law firm of parent(s) (if any)		
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stogner, Brant	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77042	
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Abraham Watkins		Law firm of contributor's spouse (if any) Abraham Watkins
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 6/18	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
4 Date 09/26/2024	5 Payee name ActBlue	
6 Amount (\$) \$24.00	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Combined online contribution fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name DonorBox	
Amount (\$) \$163.35	Payee address; City; State; Zip Code 1520 Belle View Blvd. Suite 4106 Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Combined online contribution fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name DonorBox	
Amount (\$) \$48.73	Payee address; City; State; Zip Code 1520 Belle View Blvd. Suite 4106 Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Combined online contribution fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/3 Rpt: 7/18	2	FILER NAME Gomez, Michael Paul (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062322
4	Date 08/01/2024	5	Payee name Harris County Democratic Party		
6	Amount (\$) \$35,000.00	7	Payee address; City; State; Zip Code 4619 Lyons Ave Houston, TX 77020		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Harris County Democratic Party Coordinated Campaign		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/26/2024		Payee name Las Cazeulas Antojitos		
	Amount (\$) \$500.00		Payee address; City; State; Zip Code 11500 Northwest Freeway Houston, TX 77092		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Hispanic heritage celebration at courthouse		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/01/2024		Payee name Strong Strategies, LLC		
	Amount (\$) \$1,500.00		Payee address; City; State; Zip Code 325 W. 18th St. Houston, TX 77008		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising and Compliance Services		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: Sch: 3/3 Rpt: 8/18	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
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4 Date 08/01/2024	5 Payee name Strong Strategies, LLC
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6 Amount (\$) \$1,517.52	7 Payee address; City; State; Zip Code 325 W. 18th St. Houston, TX 77008
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising and Compliance Services
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/01/2024	Payee name Strong Strategies, LLC
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Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 325 W. 18th St. Houston, TX 77008
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising and Compliance Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 1/7 Rpt: 9/18	2	FILER NAME Gomez, Michael Paul (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062322
4	CREDIT CARD ISSUER	Name of financial institution Chase (SWP)		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$55.44	(b) Date of Charge 07/10/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Constant Contact		(b) Payee address; City, State, Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly fee for online email marketing tool	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$55.44	(b) Date of Charge 08/10/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Constant Contact		(b) Payee address; City, State, Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly fee for online email marketing tool	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$170.46	(b) Date of Charge 08/15/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Zoom Video Communications,		(b) Payee address; City, State, Zip Code 55 Almaden Boulevard 6th Floor San Jose, CA 77021	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Annual fee for remote communications application	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 2/7 Rpt: 10/18	2	FILER NAME Gomez, Michael Paul (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062322
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$55.44	(b) Date of Charge 09/10/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Constant Contact		(b) Payee address; City, State, Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Monthly fee for online email marketing tool	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 08/12/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Texas Gulf Coast Area Labor		(b) Payee address; City, State, Zip Code 2506 Sutherland St. Houston, TX 77023	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Women of Labor Annual Labor Day Breakfast	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 08/24/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Southwest Democrats		(b) Payee address; City, State, Zip Code PO Box 2053 Bellaire, TX 77402	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Twentieth anniversary celebration sponsorship	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 3/7 Rpt: 11/18	2	FILER NAME Gomez, Michael Paul (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062322
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$504.90	(b) Date of Charge 08/04/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Edelweiss Chocolate		(b) Payee address; City, State, Zip Code 444 N Cannon Dr Beverly Hills, CA 90210	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Chocolate gifts for continuing legal education conference participants	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$1,149.22	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name National Car Rental		(b) Payee address; City, State, Zip Code Valley International Airport 9020 Aviation Blvd Ingelwood, CA 90301	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Rental car for travel to judges' continuing legal education conference	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$103.90	(b) Date of Charge 08/27/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Irma's Southwest Grill		(b) Payee address; City, State, Zip Code 1314 Texas Houston, TX 77002	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Lunch with staff	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 4/7 Rpt: 12/18	2	FILER NAME Gomez, Michael Paul (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062322
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$203.28	(b) Date of Charge 09/14/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Roma's Pizza		(b) Payee address; City, State, Zip Code 233 Main St. Houston, TX 77002	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch for jurors	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$562.69	(b) Date of Charge 09/25/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name El Tiempo	(b) Payee address; City, State, Zip Code 2814 Navigation Blvd. Houston, TX 77003			
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch for jurors	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
PAYMENT	(a) Amount Charged \$83.00	(b) Date of Charge 08/30/2024	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name Houston Lawyers Association	(b) Payee address; City, State, Zip Code PO BOX 300009 Houston, TX 77230			
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Annual membership dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 5/7 Rpt: 13/18	2	FILER NAME Gomez, Michael Paul (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062322
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 09/11/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Precinct2gether Inc.		(b) Payee address; City, State, Zip Code PO Box 57506 Webster, TX 77598	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sponsorship of TeeUp2Gether Charity Golf Tournament	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 09/13/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Meyerland Area Democrats Club		(b) Payee address; City, State, Zip Code PO Box 310061 Houston, TX 77231	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Sponsorship of club celebration	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$478.05	(b) Date of Charge 09/18/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Pinkerton's BBQ		(b) Payee address; City, State, Zip Code 1504 Airline Dr. Houston, TX 77009	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch for Judge's committee meeting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/7 Rpt: 14/18		2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$4,695.20	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name Four Seasons Hotel		(b) Payee address; City, State, Zip Code 300 S Doheny Dr Los Angeles, TX 90048	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging expense for judges' continuing legal education conference	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$199.00	(b) Date of Charge 07/16/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name Anything Wireless		(b) Payee address; City, State, Zip Code 5020 Louetta Road Suite 180 Spring, TX 77379	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Repair services for satellite television for courthouse building	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	(a) Amount Charged \$552.96	(b) Date of Charge 07/12/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code 2702 Love Field Dr. Dallas, TX 75235	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Roundtrip to Los Angeles for judges' continuing legal education conference	
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 7/7 Rpt: 15/18	2	FILER NAME Gomez, Michael Paul (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062322
4	CREDIT CARD ISSUER	Name of financial institution Chase (M)		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT	(a) Amount Charged \$463.75	(b) Date of Charge 08/15/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Morton's		(b) Payee address; City, State, Zip Code 1001 McKinney St Suite A4 Houston, TX 77002	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Lunch for staff birthday	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$448.40	(b) Date of Charge 08/05/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Steak 48		(b) Payee address; City, State, Zip Code 9680 Wilshire Blvd Beverly Hills, CA 90212	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Dinner for judges' continuing legal education conferece	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$346.81	(b) Date of Charge 08/04/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Vons		(b) Payee address; City, State, Zip Code 301 N Pass Ave Burbank, CA 91505	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Snacks and drinks for judges' continuing legal education conference	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Gomez, Michael Paul (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062322
4 Date 09/09/2024	5 Payee name RallyPay	
6 Amount (\$) 1,404.81	7 Payee Address; City; State; Zip 2626 Cole Ave. Suite 300 Dallas, TX 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Fraudulent activity chargeback by Rallypay online merchant
Date 09/26/2024	Payee name RallyPay	
Amount (\$) 2.80	Payee Address; City; State; Zip 2626 Cole Ave. Suite 300 Dallas, TX 75204	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Fraudulent activity chargeback by Rallypay online merchant

Assets Purchased with Political Contributions and On Hand As of The Last Day of The Reporting Period

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:
Sch: 1/1 Rpt: 17/18

2 FILER NAME
Gomez, Michael Paul (The Honorable)

3 Filer ID (Ethics Commission Filers)
00062322

4 Description of Asset
Dell XPS 16

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/1 Rpt: 18/18
2 FILER NAME Gomez, Michael Paul (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062322
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
6 Dates of Travel 08/01/2024 08/01/2024	7 Name of person(s) traveling Gomez, Michael	
	8 Departure city or name of departure location Houston	
	9 Destination city or name of destination location Los Angeles	
10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) Travel to Los Angeles for judges' continuing legal education conference	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
6 Dates of Travel 08/07/2024 08/07/2024	7 Name of person(s) traveling Gomez, Michael	
	Departure city or name of departure location Los Angeles	
	Destination city or name of destination location Houston	
10 Means of transportation Commercial Airplane	11 Purpose of travel (including name of conference, seminar, or other event) Return travel to Houston from judges' continuing legal education conference	