

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084428	2 Total pages filed: 46	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Erin E.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2025
	NICKNAME	LAST Gamez	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 777 E. Harrison Suite C Brownsville, TX 78520		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Jaime S.	MI	
	NICKNAME	LAST Gomez	SUFFIX M.D.	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 5700 N. Expressway 77/83 Suite 100 Brownsville, TX 78526		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 504-7121	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input 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 07/01/2024	THROUGH	Month Day Year 12/31/2024	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 38 Cameron		12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Gamez, Erin E. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00084428
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.										
<table border="1" style="width:100%"> <tr> <td style="width:25%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS			
	COMMITTEE TYPE	COMMITTEE NAME									
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS									
	<input type="checkbox"/> SPECIFIC										
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)	\$	200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	111,164.26
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	1,219.08
	4. TOTAL POLITICAL EXPENDITURES	\$	32,342.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	117,513.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	53,432.00

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 Erin E. Gamez
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 Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Gamez, Erin E. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00084428
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 110,550.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 614.26
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 32,342.18
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/22 Rpt: 4/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A-QUICK BAIL BONDS <hr/> 6 Contributor address; City; State; Zip Code EDINBURG, TX 78540	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AEP PAC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARANSAS-CORPUS CHRISTI PILOTS PAC <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78403	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASSOCIATION OF GENERAL CONTRACTORS OF TEXAS <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78768	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AYALA, JOSE LUIS <hr/> Contributor address; City; State; Zip Code HARLINGEN, TX 78711	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) PEPE'S

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/22 Rpt: 5/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AYALA M.D., JOSE <hr/> 6 Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) SELF
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Federation of Teachers <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Kurt <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Arnold & Itkin
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEER ALLIANCE OF TEXAS PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BNSF RAILPAC <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76161	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/22 Rpt: 6/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAZOS SANTIAGO PILOTS LLC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code LOS FRESNOS, TX 78566		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benson, Arnold (Mr.)	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) PERFECT CRAB
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANALES (DR), RICARDO	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code EDINBURG, TX 78539		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTILLO, EVELYN	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code MCALLEN, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CENTRAL PINES PSYCH. PLLC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code BASTROP, TX 78602		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/22 Rpt: 7/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARTER COMMUNICATIONS, INC TEXAS PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00035006) CHEVRON EMPLOYEEESPAC <hr/> Contributor address; City; State; Zip Code SAN RAMON, CA 94583	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COWEN, JOHN F. <hr/> Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) COWEN GROUP, LTD
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COWEN, MICHAEL <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) COWEN, RODRIGUEZ
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colon, Javier <hr/> Contributor address; City; State; Zip Code BROWNSVILLE, TX 78526	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) NA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/22 Rpt: 8/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DIETRICH, WILLIAM <hr/> 6 Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Essential Utilities, Inc <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FERNANDEZ, JOEL <hr/> Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, ENRIQUE <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) MADHOUSE DEVELOPMENT
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORSHAGE, JOSEPH <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) FOREMOST PAVING

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/22 Rpt: 9/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulghum, Edwin Neel (Mr.)	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Brownsville, TX 78526	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Sierra Title Company
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, MIGUEL	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILLIAM, Lance	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77019	
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) CONCENTRIC COMMUNITY ADVISORS
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, DANIEL (Mr.)	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) SELF
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Robert (Mr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code BROWNSVILLE, TX 78521	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/22 Rpt: 10/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geretz, Elizabeth	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77098	
8 Principal occupation / Job title (See Instructions) PROJECT MANAGER		9 Employer (See Instructions) HARRIS COUNTY PRECINT 4
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Sylvia	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code HARLINGEN, TX 78552	
Principal occupation / Job title (See Instructions) REAL ESTATE BROKER		Employer (See Instructions) GISO REALTY
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Kerry (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77003	
Principal occupation / Job title (See Instructions) MARKETING		Employer (See Instructions) LAN, INC.COM
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALFF ASSOCIATES-STATE PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code RICHARDSON, TX 75081	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA TEXAS GOOD GOVT FUND	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code DALLAS, TX 75240	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/22 Rpt: 11/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERMOSA LAW FIRM & MEDIATIONS, P.C.	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON PILOTS PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code DEER PARK, TX 77536		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HS LAW PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Katie	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code HOUSTON, TX 77005		
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) FOLEY & LARDNER LLP
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holzman, Harry (Mr.)	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Holzman Group LTD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/22 Rpt: 12/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INDEPAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78750	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INSURANCE AGENTS OF TEXAS <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Itkin, Jason <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Arnold & Itkin LLP
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, GALLIGAN, KEY & LOZANO, LLP <hr/> Contributor address; City; State; Zip Code WESLACO, TX 78596	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ann <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77256	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) STATE REPRESENTATIVE		Employer (See Instructions) STATE OF TEXAS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/22 Rpt: 13/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapoor, Poonam	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code HOUSTON, TX 77007		
8 Principal occupation / Job title (See Instructions) MARKETING		9 Employer (See Instructions) ROSE INTERNATIONAL
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAREDO FIRE PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF SALVADOR GARCIA PLLC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR SAMPSON LLC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78760		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOPEZ, JOE L.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Brownsville, TX 78521		
Principal occupation / Job title (See Instructions) SELF		Employer (See Instructions) BUSINESS OWNER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/22 Rpt: 14/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Layiwola, Femk <hr/> 6 Contributor address; City; State; Zip Code BROWNSVILLE, TX 78526	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) VALLEY BAPTIST MEDICAL CENTER
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limas Jr., Fabian (Mr.) <hr/> Contributor address; City; State; Zip Code BROWNSVILLE, TX 78526	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowey, Adam <hr/> Contributor address; City; State; Zip Code Houston, TX 77003	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Loewy Law Firm
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Kimberly <hr/> Contributor address; City; State; Zip Code BROWNSVILLE, TX 78526	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) FIRM ADMINISTRATOR		Employer (See Instructions) AMADOR LAW FIRM
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARATHON PETROLEUM CORPORTATION EMPLOYEES <hr/> Contributor address; City; State; Zip Code TEXAS CITY, TX 77590	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/22 Rpt: 15/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 10/15/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) MCGUIREWOODS PAC <hr/> 6 Contributor address; City; State; Zip Code RICHMOND, VA 23219	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOAKCASEY LLC <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Lisa <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78463	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) DOCTOR		Employer (See Instructions) SELF EMPLOYED
Date 08/26/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: COO366559) NRG ENERGY PAC <hr/> Contributor address; City; State; Zip Code PRINCTON, NJ 08450	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONCOR TEXAS STATE PAC <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75202	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONEOK EMPLOYEES PAC <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARRA Jr., JAIME <hr/> Contributor address; City; State; Zip Code BROWNSVILLE, TX 78526	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions) SELF
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEBLEY, HOWARD TREY <hr/> Contributor address; City; State; Zip Code MCALLEN, TX 78504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CONSTRUCTION		Employer (See Instructions) FOREMOST PAVING
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRONTO BAIL BONDS <hr/> Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Carolina <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77002	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CLINICAL APPLICATIONS SPECIALISTS		Employer (See Instructions) GE HEALTHCARE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/22 Rpt: 17/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Nolan	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code Brownsville, TX 78526		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Texas Digestive Specialists
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R.R.P. CONSULTING ENGINEERS	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code MCALLEN, TX 78504		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RED ROCK TEXAS PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIDER, ZACHARY	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code HOUSTON, TX 77007		
Principal occupation / Job title (See Instructions) PARTNER		Employer (See Instructions) VINSON & ELKINS
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROYSTON, RAYZOR, VICKERY & WILLIAMS LLP	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code BROWNSVILLE, TX 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/22 Rpt: 18/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Rene	7 Amount of Contribution (\$) \$1,500.00
6 Contributor address; City; State; Zip Code Edinburg, TX 78539		
8 Principal occupation / Job title (See Instructions) Lobbyist		9 Employer (See Instructions) Self
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SABINE PILOT PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code PORT ARTHUR, TX 77640		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALDANA, AMANDA	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code PHARR, TX 78577		
Principal occupation / Job title (See Instructions) LOBBIST		Employer (See Instructions) SELF
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMONET, JULIET G	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Manvel, TX 77578		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) COZEN O'CONNOR
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saman, Suliman	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code MCALLEN, TX 78501		
Principal occupation / Job title (See Instructions) ORTHODONTIST		Employer (See Instructions) RODEO DENTAL AND ORTHODONTIST

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/22 Rpt: 19/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaddix, James	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code HOUSTON, TX 77252		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions) NA
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sy, Stanley	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520		
Principal occupation / Job title (See Instructions) PULMONOLOGIST		Employer (See Instructions) VALLEY BAPTIST MEDICAL CENTER
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAMSTERS LOCAL UNION #988	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code HOUSTON, TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TENET HEALTHCARE CORPORATION	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code DALLAS, TX 75254		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AFL-CIO STATE COPE FUND	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78711		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 09/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AGRICULTURAL COOPERATIVE COUNCIL	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code ROUND ROCK, TX 78664		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS AUTOMOBILE DEALERS ASSN	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS LAND TITLE ASSN PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS OPTOMETRIC PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS PODIATRIC MEDICAL ASSOCIATION	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/22 Rpt: 21/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS REGIONAL BANK FEDERAL PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code HARLINGEN, TX 78552		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS SANDS PAC	Amount of Contribution (\$) \$4,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS STATE TEACHERS ASSN PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS TRAIL LAWYERS ASSOCIATION PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS TRIAL LAWYERS ASSOCIATION PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/22 Rpt: 22/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 10/04/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00284885) THE HOME DEPOT PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code WASHINGTON, WA 20004		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THE LAW OFFICE OF ERIN H. GARCIA, PLLC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOUCHY, HUGH P	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code BROWNSVILLE, TX 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC-TEXAS ASSOCIATION OF REALTORS	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78768		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TXANA PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TYLER, ROBERT	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code RANCHO VIEJO, TX 78575		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Building Branch PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Assn PAC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trucking Association PAC	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino III, Baldomero	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code BROWNSVILLE, TX 78521		
8 Principal occupation / Job title (See Instructions) GENERAL MANAGER		9 Employer (See Instructions) MR B MOTOR CO.
Date 09/10/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470) UNION PACIFIC CORPORATION FUND FOR EFFECTIVE	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code WASHINGTON, DC 20005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VISTRA CORP	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code IRVING, TX 75039		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Rigoberto	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Mission, TX 78572		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) DJC Healthcare
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHOLESALE BEER DISTRIBUTORS OF TEXAS	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code AUSTIN, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/46
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZACHARY CORPORATION PAC	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78265	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zarrabi, Saam (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code IRVING, TX 75038	
Principal occupation / Job title (See Instructions) DENTIST		Employer (See Instructions) RODEO DENTAL

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 26/46	
2 FILER NAME Gamez, Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/22/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AGAVE DEMOCRATIC INFRASTRUCTURE FUND	8 Amount of contribution (\$) \$375.00	9 In-kind contribution description COMMUNICATIONS CONSULTING
	7 Contributor address; City; State; Zip Code AUSTIN, TX 78763	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOAKCASEY LLC	Amount of contribution (\$) \$239.26	In-kind contribution description FOOD, BEVERAGE, SPACE RENTAL
	Contributor address; City; State; Zip Code AUSTIN, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 1/20 Rpt: 27/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
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4 Date 12/31/2024	5 Payee name ACTBLUE FEES
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6 Amount (\$) \$1,090.88	7 Payee address; City; State; Zip Code PO BOX 441146 SOMERVILLE, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2024 FEES
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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 09/10/2024	Payee name AGAVE DEMOCRATIC INFRASTRUCTURE FUND
--------------------	--

Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 50317 AUSTIN, TX 78763
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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 DONATION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name BETANCOURT-MEDELLIN, GEORGETTE
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Amount (\$) \$68.31	Payee address; City; State; Zip Code 5749 HIDDEN OAKS BROWNSVILLE, TX 78526
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE SUPPLIES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WAGON
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/20 Rpt: 28/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
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4 Date 11/01/2024	5 Payee name BETANCOURT-MEDELLIN, GEORGETTE
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6 Amount (\$) \$361.95	7 Payee address; City; State; Zip Code 5749 HIDDEN OAKS BROWNSVILLE, TX 78526
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 CANDIES FOR CAMERON COUNTY SHERIFFS HALLOWEEN BASH, EXCEPTIONAL ER, BIG
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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 12/02/2024	Payee name BETANCOURT-MEDELLIN, GEORGETTE
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 5749 HIDDEN OAKS BROWNSVILLE, TX 78526
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/18/2024	Payee name BETANCOURT-MEDELLIN, GEORGETTE
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Amount (\$) \$83.61	Payee address; City; State; Zip Code 5749 HIDDEN OAKS BROWNSVILLE, TX 78526
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REIMBURSEMENT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GIFT BAGS & PIONIETTAS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/20 Rpt: 29/46	2	FILER NAME Gamez, Erin E. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00084428
4	Date 12/23/2024	5	Payee name BETANCOURT-MEDELLIN, GEORGETTE		
6	Amount (\$) \$250.00	7	Payee address; City; State; Zip Code 5749 HIDDEN OAKS BROWNSVILLE, TX 78526		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN ASSISTANCE		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/31/2024		Payee name BIG HEROES		
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 5552 DOCKBERRY RD BROWNSVILLE, TX 78521		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BIG CALENDAR 2025		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/17/2024		Payee name BROWNSVILLE ANIMAL REGULATION & CARE CENTER		
	Amount (\$) \$500.00		Payee address; City; State; Zip Code 416 FM 511 OLMITO, TX 78575		
	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 GALA		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/20 Rpt: 30/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
4 Date 07/22/2024	5 Payee name BROWNSVILLE CARDINALS	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 244 RESACA BLVD BROWNSVILLE, TX 78520	
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 FLAG FOOTBALL TOURNAMENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2024	Payee name Brownsville Beerfest Assn	
Amount (\$) \$600.00	Payee address; City; State; Zip Code Market Square Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIP
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2024	Payee name Brownsville Chamber of Commerce	
Amount (\$) \$550.00	Payee address; City; State; Zip Code 1600 University Blvd Brownsville, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/20 Rpt: 31/46	2	FILER NAME Gamez, Erin E. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00084428
4	Date 12/30/2024	5	Payee name CHARRO DAYS INC		
6	Amount (\$) \$500.00	7	Payee address; City; State; Zip Code 455 E ELIZABETH ST. Brownsville, TX 78520		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 PARADE FEE		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/05/2024		Payee name CREATIVE PRINT		
	Amount (\$) \$415.68		Payee address; City; State; Zip Code 1200 CENTRAL BLVD BROWNSVILLE, TX 78520		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MARKETING ITEMS-TENT, T-SHIRTS, ETC		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/08/2024		Payee name Cameron County Bar Assn		
	Amount (\$) \$250.00		Payee address; City; State; Zip Code PO Box 3866 Brownsville, TX 78523		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SNEAKERS FOR STUDENTS		
		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: 6/20 Rpt: 32/46	2	FILER NAME Gamez, Erin E. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00084428
4	Date 11/14/2024	5	Payee name Cameron County Bar Assn		
6	Amount (\$) \$100.00	7	Payee address; City; State; Zip Code PO Box 3866 Brownsville, TX 78523		
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 GOLF TOURNAMENT		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/30/2024		Payee name DELUXE CHECK		
	Amount (\$) \$71.24		Payee address; City; State; Zip Code PO BOX 419059 RANCHO CORDOVA, CA 95741		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CHECK ORDER		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/31/2024		Payee name DOWN BY THE BORDER		
	Amount (\$) \$300.00		Payee address; City; State; Zip Code 15 W MADISON STE A Brownsville, TX 78520		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION		
		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: 7/20 Rpt: 33/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
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4 Date 09/12/2024	5 Payee name GARZA-PEREZ, SYLVIA
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code PO BOX 4322 BROWNSVILLE, TX 78523
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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 TICKETS
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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 12/05/2024	Payee name GOMEZ, HECTOR
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Amount (\$) \$395.00	Payee address; City; State; Zip Code 1244 PINION DR BROWNSVILLE, TX 78526
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 TENTS AND TABLES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2024	Payee name GOOD NEIGHBOR SETTLEMENT HOUSE
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1254 E TYLER BROWNSVILLE, TX 78520
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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 BLACK AND WHITE COCKTAIL
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/20 Rpt: 34/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
4 Date 07/29/2024	5 Payee name Gamez, Valerie	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5 Irapuato Ct Brownsville, TX 78526	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related 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 MOVING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Gamez, Valerie	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 5 Irapuato Ct Brownsville, TX 78526	
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 MOVING ATX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2024	Payee name HEB #446	
Amount (\$) \$154.32	Payee address; City; State; Zip Code 2155 PAREDES LN ROAD BROWNSVILLE, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 FUNDRAISER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 9/20 Rpt: 35/46	2	FILER NAME Gamez, Erin E. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00084428
4	Date 08/14/2024	5	Payee name HERRERA, HECTOR		
6	Amount (\$) \$100.00	7	Payee address; City; State; Zip Code GENERAL DELIVERY BROWNSVILLE, TX 78520		
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 SA SOCCER TOURNAMENT-TICKETS		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/04/2024		Payee name IDEA RIVERVIEW ATHLETICS		
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 2115 W PIKE BLVD WESLACO, TX 78596		
	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 T-SHIRT DONATION FOR TURKEY TROT RUN		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/07/2024		Payee name JASON'S DELI		
	Amount (\$) \$196.12		Payee address; City; State; Zip Code 4365 N EXPWY 77 BROWNSVILLE, TX 78520		
	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 R.C.R. REALTY LUNCHEON		
		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: 10/20 Rpt: 36/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
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4 Date 12/30/2024	5 Payee name KALLA, NICOLAS
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 903 HILLERY COVE CEDAR PARK, TX 78613
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN WORK
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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 12/18/2024	Payee name KOHLS
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Amount (\$) \$175.37	Payee address; City; State; Zip Code 15 W EXPRESSWAY 83 HARLINGEN, TX 78552
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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 CARE PARTNER-SHARP ELEMENTARY STUDENT GIFTS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/08/2024	Payee name LEGISLATIVE SOLUTIONS
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Amount (\$) \$350.00	Payee address; City; State; Zip Code PO BOX 5643 AUSTIN, TX 78763
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 EMAIL DISTRIBUTION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 11/20 Rpt: 37/46	2	FILER NAME Gamez, Erin E. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00084428
4	Date 08/19/2024	5	Payee name LETTUCE EAT SALAD		
6	Amount (\$) \$31.16	7	Payee address; City; State; Zip Code 3341 PABLO KISEL BLVD SUITE R BROWNSVILLE, TX 78526		
8	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 AND BEVERAGE		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/01/2024		Payee name MATAR, CARYS (Miss)		
	Amount (\$) \$1,111.00		Payee address; City; State; Zip Code 2662 DEER TRAIL BROWNSVILLE, TX 78521		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA DIRECTOR		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/06/2024		Payee name MATAR, CARYS (Miss)		
	Amount (\$) \$1,111.00		Payee address; City; State; Zip Code 2662 DEER TRAIL BROWNSVILLE, TX 78521		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA DIRECTOR		
		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: 12/20 Rpt: 38/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
4 Date 09/02/2024	5 Payee name MATAR, CARYS (Miss)	
6 Amount (\$) \$1,111.00	7 Payee address; City; State; Zip Code 2662 DEER TRAIL BROWNSVILLE, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA DIRECTOR
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name MATAR, CARYS (Miss)	
Amount (\$) \$1,111.00	Payee address; City; State; Zip Code 2662 DEER TRAIL BROWNSVILLE, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA DIRECTOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2024	Payee name MATAR, CARYS	
Amount (\$) \$1,111.00	Payee address; City; State; Zip Code 2662 DEER TRAIL BROWNSVILLE, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA DIRECTOR
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/20 Rpt: 39/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
4 Date 12/31/2024	5 Payee name MATAR, CARYS	
6 Amount (\$) \$1,111.00	7 Payee address; City; State; Zip Code 2662 DEER TRAIL BROWNSVILLE, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA DIRECTOR
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2024	Payee name MCDONALDS	
Amount (\$) \$9.17	Payee address; City; State; Zip Code 101 S EXPRESSWAY BROWNSVILLE, TX 78520	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2024	Payee name MEXICAN AMERICAN LEGISLATIVE CAUCUS	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1108 Lavaca Street AUSTIN, TX 78701	
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 2024 MEMBERSHIP DUES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/20 Rpt: 40/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
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4 Date 07/09/2024	5 Payee name MOODY CLINIC
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1901 E 22ND BROWNSVILLE, TX 78521
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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 POINSIETTAS
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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 07/16/2024	Payee name NEXGEN
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Amount (\$) \$100.00	Payee address; City; State; Zip Code 500 E MORRISON RD SUITE 3 BROWNSVILLE, TX 78526
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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 BACK TO SCHOOL
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/22/2024	Payee name NORTH BROWNSVILLE ROTARY
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 274 CREEKBEND DR BROWNSVILLE, TX 78521
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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 DONATION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/20 Rpt: 41/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
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4 Date 10/21/2024	5 Payee name NORTH BROWNSVILLE ROTARY
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 274 CREEKBEND DR BROWNSVILLE, TX 78521
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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 TICKETS
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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 08/07/2024	Payee name ORDER OF THE SERAPE
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Amount (\$) \$262.00	Payee address; City; State; Zip Code 304 PALO VERDE DR BROWNSVILLE, TX 78521
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEMBERSHIP DUES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2024	Payee name PANDORA
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Amount (\$) \$5.40	Payee address; City; State; Zip Code 2100 FRANKLIN ST STE 700 OAKLAND, CA 94612
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 SUBSCRIPTION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/20 Rpt: 42/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
4 Date 11/19/2024	5 Payee name PINK APE MEDIA	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 1365 WILLOW DRIVE BROWNSVILLE, TX 78520	
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 ENGAGEMENT AGENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2024	Payee name RED MASS	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 1910 UNIVERSITY BLVD BROWNSVILLE, TX 78520	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DONATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name RICARDO'S RESTAURANT	
Amount (\$) \$2,340.00	Payee address; City; State; Zip Code 425 E. 10TH ST. BROWNSVILLE , TX 78521	
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 VETERAN'S THANKSGIVING LUNCHEON
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/20 Rpt: 43/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
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4 Date 11/07/2024	5 Payee name SAINT JOSEPH ACADEMY
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 101 SAINT JOSEPH DRIVE BROWNSVILLE, TX 78520
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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 TASTE OF THE TOWN
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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 09/08/2024	Payee name SAINT JOSEPH ATHLETIC BOOSTER
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Amount (\$) \$225.00	Payee address; City; State; Zip Code 101 SAINT JOSEPH DRIVE BROWNSVILLE, TX 78520
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AD
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/30/2024	Payee name STUART, AVA
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 2936 BARTON SKYWAY AUSTIN, TX 78746
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN ASSISTANCE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/20 Rpt: 44/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
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4 Date 12/10/2024	5 Payee name Southwest Airlines
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6 Amount (\$) \$299.97	7 Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DLN IN-PERSON MEETING
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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 12/13/2024	Payee name Southwest Airlines
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Amount (\$) \$56.00	Payee address; City; State; Zip Code 2702 Love Field Dr Dallas, TX 75235
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AUSTIN VISIT-DATE CHANGE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/11/2024	Payee name T G F FLOWERS
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Amount (\$) \$121.21	Payee address; City; State; Zip Code 3902 FANNIN ST HOUSTON, TX 77004
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ALEJANDRA SALINAS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 19/20 Rpt: 45/46	2	FILER NAME Gamez, Erin E. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00084428
4	Date 12/30/2024	5	Payee name TXTAG		
6	Amount (\$) \$9.32	7	Payee address; City; State; Zip Code PO BOX 650749 DALLAS, TX 75265		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TOLL FEES		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 12/04/2024		Candidate/Officeholder name Office sought Office held Texas House Democratic Caucus		
	Amount (\$) \$1,500.00		Payee address; City; State; Zip Code PO Box 12453 Austin, TX 78711		
	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 DUES		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Date 11/07/2024		Candidate/Officeholder name Office sought Office held Uber		
	Amount (\$) \$10.92		Payee address; City; State; Zip Code unknown Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSPORATION		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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: 20/20 Rpt: 46/46	2 FILER NAME Gamez, Erin E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084428
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4 Date 08/06/2024	5 Payee name VILLARREAL, TINO
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1001 E ELIZABETH BROWNSVILLE, TX 78520
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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 EVENT
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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 09/18/2024	Payee name WALMART
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Amount (\$) \$124.47	Payee address; City; State; Zip Code 702 SW 8TH ST BENTONVILLE, AZ 72716
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 SUPPLIES
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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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