CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00084428		2 Total pages filed: 27
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Erin E.			Date Received
					ELECTRONICALLY FILED
]
		LAST		SUFFIX	07/15/2025
		Gamez			
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	777 E. Harrison				
ADDRESS	Suite C				Receipt # Amount
Change of Address	Brownsville, TX 78520				
	Brownsville, 17, 70320				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER		FIRST		MI	
NAME	Ms.	Jaime S.			
	NICKNAME	LAST		SUFFIX	
		Gomez		M.D.	
6 CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE);	APT	r / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	5700 N. Expressway 77/83				
	Suite 100				
(Residence or Business)	Brownsville, TX 78526				
	Brownsville, 177 10020				
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	EXTENSION		
TREASURER PHONE	(956) 504-7121				
THONE					
8 REPORT					
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
	Tub 15	Oth day bafara	alastian 🗖	Eveneded modified	appointment (officeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
a DEDIOD	Manualla Barra Vana			Marth Dav	Wa sii
9 PERIOD COVERED	Month Day Year	TU	IROUGH	Month Day	Year
	01/01/2025	In	IROUGH	06/30/202	5
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year		rimary	Runoff	Other
		□G	eneral	Special	
11 OFFICE	OFFICE HELD (if any)	·		12 OFFICE SOUGHT	(if known)
	State Representative Distri	ct 38 Cameron	l		
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Gamez, Erin E. (The	Honorable)		14 Filer ID 00084428	(Ethics Comn	nission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditu may have been made without t quired to report this information	the candidate's or offic	eholder's knoi	wledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
_	GENERAL						
		COMMITTEE ADDF	RESS				
	SPECIFIC						
		COMMITTEE CAME	PAIGN TREASURER NAME				
		COMMITTEE CAME	PAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS			NTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00	
		CAL CONTRIBUTION PLEDGES, LOANS, O	IS OR GUARANTEES OF LOANS	5)	\$	26,035.62	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	0.00	
	4. TOTAL POLITIC	CAL EXPENDITURES	5		\$	46,745.17	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	96,912.79	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	53,432.00	
17 AFFIDAVIT		ti	swear, or affirm, under penalty rue and correct and includes al under Title 15, Election Code.				
			The Hono	orable Erin E. Game	ez		
		_	Signature of	Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL AB	OVE					
				, this the		_ day	
of	, 20, to co	ertify which, witness r	my hand and seal of office.				
Signature of office	cer administering	Printed name o	of officer administering	Title of office	er administerin	ng oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 0	of 27
18 FILER NAME	19 Filer ID	(Ethics Commission File	ers)
Gamez, Erin E. (The Honorable)	00084428		
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOU	JNT
NAME OF SCHEDULE			
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 25,1	176.92
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	858.70
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	<u> </u>	\$ 46,5	554.11
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1	191.06
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/27		
2	FILER NAME Gamez, Erin	E. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00084428		
4	Date 06/29/2025	 Full name of contributor	000401224	7	Amount of Contribution (\$) \$1,728.90		
_		Boston, MA 02196					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 06/30/2025	Full name of contributor x out-of-state PAC (ID#: CACTBLUE TEXAS PAC Contributor address; City; State; Zip Code	000401224)		Amount of Contribution (\$) \$48.02		
		Boston, MA 02196					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ American Council of Engineering Companies of Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00		
		Austin, TX 78701					
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ B.P.O.A. PAC Fund Contributor address; City; State; Zip Code Brownsville, TX 78520)		Amount of Contribution (\$) \$500.00		
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Blanchard, Sandra Contributor address; City; State; Zip Code Brownsville, TX 78520)		Amount of Contribution (\$) \$50.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
		•					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/27			
2	FILER NAME Gamez, Erin	E. (The Honorable)		3	Filer ID (Ethics Commission 00084428	n Filers)		
4	Date 06/24/2025	 Full name of contributor out-of-state PAC (ID#:_ Cornerstone Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$250.00		
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions)				
_	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See Manacions	,				
	Date Full name of contributor out-of-state PAC (ID#:) 05/25/2025 Friends of Dr Greg Bonnen PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00		
	Principal occu	Friendswood, TX 77546 pation / Job title (See Instructions)	Employer (See Instructions					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Gamez, Rebecca Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00		
		Brownsville, TX 78526						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Garza, Adela Contributor address; City; State; Zip Code Olmito, TX 78575			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Lopez, Daniella Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/27			
2	FILER NAME Gamez, Erin	E. (The Honorable)		3	Filer ID (Ethics Commission 00084428	n Filers)		
4	Date 06/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ MOAKCASEY LLC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00		
_	Deignaignal annu	AUSTIN, TX 78701	O Franks or (Cas Instructions					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))				
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Martinez, Rosemary Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00		
	Dringinal occu	Brownsville, TX 78520 pation / Job title (See Instructions)	Employer (See Instructions					
	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions)				
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Moody, Joseph (Rep.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00		
		El Paso, TX 79902						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_PHILIPS & MEACHUM LLC Contributor address; City; State; Zip Code AUSTIN, TX 78711			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Parra, Jaime Contributor address; City; State; Zip Code Brownsville, TX 78526			Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/27		
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)	
	Gamez, Erin	E. (The Honorable)				00084428		
4	Date 06/24/2025	5 Full name of contributorSaldana, Amanda6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,500.00	
		Pharr, TX 78577						
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)			
	General Cou	insel		Pathfinder Public Affairs	;			
_	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	06/23/2025	TEXAS TRIAL LAWYERS	ASSOCIATION PAC				\$2,500.00	
		Contributor address; City; St	tate; Zip Code					
			. ,					
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	06/23/2025	06/23/2025 TREPAC-TEXAS ASSOCIATION OF REALTORS					\$5,000.00	
		Contributor address; City; State; Zip Code						
		AUSTIN, TX 78768						
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	06/24/2025	Texans for Truth Liberty F	PAC				\$10,000.00	
		Contributor address; City; St	tate; Zip Code					
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	06/24/2025	WHOLESALE BEER DIS	TRIBUTORS OF TEXA	S			\$1,000.00	
		Contributor address; City; State; Zip Code						
		AUSTIN, TX 78701						
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	5)			
			•					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Ins	truction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/27				
2 FILER NA Gamez, I	ME Erin E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084428				
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 06/24/20	7 Contributor address; City; State; Zip Code	8 Amount of contribution (\$) In-kind contribution description \$380.00					
10 Principal o	Harlingen, TX 78552 ccupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)				
12 Contributo	r's principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributo	r's employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
16 If contribu	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 06/24/20	Full name of contributor out-of-state PAC (ID#: MOAKCASEY LLC Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$228.70 I food, space rental, drinks				
	AUSTIN, TX 78701		Check if travel outside of Texas. Complete Schedule T.				
Principal o	occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributo	r's principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributo	r's employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
If contribu	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1					
Date 06/24/20	Full name of contributor out-of-state PAC (ID#: TREPAC-TEXAS ASSOCIATION OF REALTOR Contributor address; City; State; Zip Code	25	Amount of In-kind contribution contribution (\$) description \$250.00 Advertising for fundraising.				
Duinning	AUSTIN, TX 78768	Franksian (FOR NON	Check if travel outside of Texas. Complete Schedule T.				
Principal (occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributo	r's principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributo	r's employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
If contribu	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mittee	Legal Services			Vages	/Contract Labor		OTHER (enter	a category not listed a	bove)
L	orean oara'r ayment			The Instruction	Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 1/18 Rpt: 9/27	(Gamez, Erii	n E. (The Hon	orable)					00084428		
4	Date	5 F	Payee name									
	03/25/2025	/	A Little Cas	tle Flower Sh	ор							
6	Amount (\$)	7 F	Payee addre	ss; City;	Stat	e; Zip Co	de					
l	\$74.95]	1102 E Har	rison Ave.								
		۱,	Harlingen ,	TX 78550								
Ļ	DURDOCE	├					(h)	5				
8	PURPOSE OF			ee Categories listed		chedule)	(D)	Description	nutei	de of Teyes Cor	nplete Schedule T.	
	EXPENDITURE	۱ ۱	GIII/Awarus	/Memorials E	xpense			=		officeholder livin		
								Sally DeLeon	1			
9	Complete ONLY if direct	Cá	andidate/Offi	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					_					
H	Date		Payee name									
	03/03/2025	I	•	JRT-MEDELL	.IN. GEORG	ETTE						
⊢	Amount (\$)	<u> </u>	Payee addres			e; Zip Co	nde					
	\$90.46	1	5749 HIDDI	•	Otat	.o, <u>Lip</u> oo	uc					
	Ψ30.40	`	3743111001	_11 0/110								
		Ι,		U I E TV 70E	26							
L		-		ILLE, TX 785								
	PURPOSE OF			ee Categories listed		chedule)	(b)	Description	outoi	do of Toyon Cor	nnloto Sobodulo T	
	EXPENDITURE	'	Loan Repay	/ment/Reimbu	ırsement			=		officeholder livin	nplete Schedule T. g expense	
								Charro Days				
								•				
┢	Complete ONLY if direct	Cá	andidate/Offi	ceholder name		Office sou	ght			Office h	eld	
l	expenditure to benefit C/OI	Н										
F	Date	F	Payee name									
	01/27/2025	1	BIG HEROE	ES								
⊢	Amount (\$)	-	Payee addres	ss; City;	Stat	e; Zip Co	de					
	\$250.00	1	•	BERRY RD		-, -p						
	¥200.00	`										
l		,	RDOWNSV	ILLE, TX 785	21							
L	DUDDOOF	١					4->					
	PURPOSE OF			ee Categories listed		chedule)	(a)	Description	nutei	de of Teyes Cor	nplete Schedule T.	
l	EXPENDITURE			ns/Donations Officeholder/P		mittee				officeholder livin		
		`	oanalaato, C	Jiliocholaciii	ontioal com	milloc		Fun Run Spo				
								•		•		
Н	Complete ONLY if direct	Ca	andidate/Offi	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						-					
\vdash												
ı												

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)

Gredit Card F ayment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Fil	ers)
Sch: 2/18 Rpt: 10/27	Gamez, Erin E. (The Honorable)	00084428	
4 Date	5 Payee name	•	
01/16/2025	BROWNSVILLE CRIMESTOPPERS		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$500.00	600 E JACKSON		
	BROWNSVILLE, TX 78520		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	Crimestoppers Luncheon	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght Office held	
expenditure to benefit C/O	Н		
Date	Payee name		
03/03/2025	Benavides Elementary		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$200.00	3101 McAllen Road		
	Brownsville, TX 78520		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	Chess Team Tournament donation	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held	
expenditure to benefit C/O	Н		
Date	Payee name		
04/15/2025	Betancourt-Medellin, Georgette		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$200.00	5749 Hidden Oaks		
	Brownsville, TX 78526		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	assistance	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		personal	
		paration.	
Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held	
expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 3/18 Rpt: 11/27	Gamez, Erin E. (The Honorable) 00084428	
4	Date	5 Payee name	_
	01/07/2025	Betancourt-Medellin, Georgette	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$100.00	5749 Hidden Oaks	
		Brownsville, TX 78526	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense assistance	
		assistance	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	=
	05/07/2025	Beto Flower Shop LLC	
_	Amount (\$)	Payee address; City; State; Zip Code	_
	\$95.00	2207 Florencia Ave STE 1	
	Ψ00.00	2201 11010110101 110 012 1	
l		Brownsville, TX 78526	
┝	PURPOSE		_
l	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		IMO Carlos Hernandez-CC Sheriffs Dept	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			_
	Date	Payee name	
L	06/24/2025	Beto Flower Shop LLC	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$95.00	2207 Florencia Ave STE 1	
		Brownsville, TX 78526	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		IMO Seaman Angelina Resendiz	
		= =	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/18 Rpt: 12/27	Gamez, Erin E. (The Honorable) 00084428
4	Date	5 Payee name
	05/02/2025	Blue Victory Communication
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	PO Box 300624
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Intuit Quickbooks
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/09/2025	Blue Victory Communications
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 300624
	Φ5,000.00	PO BOX 300024
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		May 2025 Consulting Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	S
_	Date	Payee name
	04/03/2025	Blue Victory Communications
		·
	Amount (\$)	Payee address; City; State; Zip Code PO Box 300624
	\$5,000.00	PO BOX 300024
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		March
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 5/18 Rpt: 13/27	2 FILER NAME Gamez, Erin E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084428
4 Date	5 Payee name
02/28/2025	CHARRO DAYS INC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$172.00	455 E ELIZABETH ST.
	Brownsville, TX 78520
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Charro Days Parade Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Decorations
	Decorations
O Commission ONULY III	Condidate/Officeholder norse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/27/2025	CHILDREN'S ADVOCACY CENTER
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO BOX 2145
	SAN BENITO, TX 78586
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
02/18/2025	Cano's Flower Shop
Amount (\$)	Payee address; City; State; Zip Code
\$125.07	385 Old Port Isabel Rd
	Brownsville, TX 78521
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	IMO Erasmo Castro
	INIO Etasilio Castio
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/18 Rpt: 14/27	2 FILER NAME Gamez, Erin E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084428
4	Date	5 Payee name
	01/27/2025	DIGITAL PRINT & ADVERTISING
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$494.16	2900 CENTRAL BLVD
		Brownsville, TX 78521
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		push cards and t-shirts-food giveaway
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Davida marea
	03/03/2025	Payee name
		DIGITAL PRINT & ADVERTISING
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.54	2900 CENTRAL BLVD
		Brownsville, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	ZAI ZHOHORZ	Check if Austin, TX, officeholder living expense
		Car Magnets
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2025	De La Rosa & Company, CPA's
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	302 Lorenaly Dr #E
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Carys Matar W-2
	Complete ONLY if alias -t	Condidate/Officeholder name Office country
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/18 Rpt: 15/27	Gamez, Erin E. (The Honorable) 00084428
4	Date	5 Payee name
	03/10/2025	Element Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,981.52	109 E 7th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Session stay
		3C3SIOH SILLY
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	03/28/2025	Element Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,366.00	109 E 7th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 02/25 session stay
		02/20 3033i0i1 3idy
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 04/10/2025	Payee name Element Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	109 E 7th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense March session stay
		wardt session stay
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 8/18 Rpt: 16/27	Gamez, Erin E. (The Honorable)	00084428						
4	Date	5 Payee name							
	04/30/2025	Element Austin							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,336.00	109 E 7th St							
		Austin, TX 78701							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District	el outside of Texas. Complete Schedule T.						
		Leg session	in, TX, officeholder living expense						
			om,						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OI								
	Date	Payee name							
	05/08/2025	Element Austin							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,500.00	109 E 7th St							
	Austin, TX 78701								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Traver out of District	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense						
		Leg session							
		209 3033,011							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/O	Н							
	Date	Payee name							
	05/23/2025	Element Austin							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,500.00	109 E 7th St							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District	el outside of Texas. Complete Schedule T.						
		Leg session	in, TX, officeholder living expense						
		Leg session	July						
		1							
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	Complete ONLY if direct expenditure to benefit C/O		Office held						
			Office held						
			Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/18 Rpt: 17/27	Gamez, Erin E. (The Honorable) 00084428
4	Date	5 Payee name
	04/15/2025	Gamez, Valerie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	5 Irapuato Ct
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	-	Check if Austin, TX, officeholder living expense 2026 Membership Dues
		2020 Membership Dues
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	Dete	
	Date	Payee name
	01/15/2025	Gamez, Valerie
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	5 Irapuato Ct
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for EEG MALC dues
		Reimbursement for ELG WIALC dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Davies same
	Date 05/01/2025	Payee name Gamez, Valerie
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,111.00	5 Irapuato Ct
		Brownsville, TX 78526
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Carys Matar (social media
		manager) May
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_	Total pages Cab - dul - Ed	<u> </u>	_			
1	Total pages Schedule F1: Sch: 10/18 Rpt: 18/27	2 FILER NAME Gamez, Erin E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084428				
4	Date	5 Payee name				
	03/03/2025	Grant Martin Campaigns				
6	Amount (\$) \$724.40	7 Payee address; City; State; Zip Code 2383 Bush St San Francisco, CA 94115				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	\neg			
	OF	Consulting Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense Constant Contact subscription				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	03/25/2025	Grant Martin Campaigns				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	2383 Bush St				
		San Francisco, CA 94115				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		April 2025 consulting fee				
7 (pm 2020 00) Sultang 100						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	06/30/2025	HEB #446				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$66.91	2155 PAREDES LN ROAD				
		BROWNSVILLE, TX 78521				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Fundraiser 06/30/25				
		1 dildidisti 00/00/25				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_			

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/18 Rpt: 19/27	Gamez, Erin E. (The Honorable) 00084428
4	Date 02/28/2025	5 Payee name HEB #489
6	Amount (\$) \$81.82	7 Payee address; City; State; Zip Code 2250 Boca Chica 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers to Priscilla Guajardo
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2025	Harlingen Chamber of Commerce
	Amount (\$) \$600.00	Payee address; City; State; Zip Code 11 E Tyler Ave
		Harlingen, TX 78550
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Women's Empowerment Night
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/23/2025	Payee name IBC BANK
	Amount (\$) \$15.00	Payee address; City; State; Zip Code 1300 GUADALUPE
		LAREDO, TX 78040
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ATM Instant Card Replacement Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 12/18 Rpt: 20/27	Gamez, Erin E. (The Honorable) 00084428							
4	Date	5 Payee name							
	02/14/2025	JUNIOR LEAGUE OF BROWNSVILLE							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$500.00	PO Box 3151							
		BROWNSVILLE, TX 78523							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Avetic TV officeholder living gyreege							
		Candidate/Officeholder/Political Committee							
		Tiow were dookin event sponsorship							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
ľ	expenditure to benefit C/O								
H	Date	Payee name							
	01/30/2025	Legislative Study Group							
H	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	PO Box 12943							
	+ =,000.00								
		Austin, TX 78711							
H	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense							
		membership dues							
⊢	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·							
⊨	Date	Payee name							
	03/01/2025	MATAR, CARYS							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,111.00	2662 DEER TRAIL							
	Ψ1,111.00	2002 3 2 2 1 1 1 1 0 1 2							
		BROWNSVILLE, TX 78521							
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Social Media Manager							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·							
\vdash									
1									
1									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 13/18 Rpt: 21/27	Gamez, Erin E. (The Honorable) 00084428					
4	Date	5 Payee name					
	05/31/2025	MATAR, CARYS					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1,111.00	2662 DEER TRAIL					
		BROWNSVILLE, TX 78521					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Social Media Manager					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	02/05/2025	MATAR, CARYS					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,111.00	2662 DEER TRAIL					
		BROWNSVILLE, TX 78521					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Social Media Manager					
	Social media manager						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	01/30/2025	MEXICAN AMERICAN LEGISLATIVE CAUCUS					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$750.00	1108 Lavaca Street					
		AUSTIN, TX 78701					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense 2nd half of 25-26 dues					
		211d Hall of 23-20 ddc3					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 14/18 Rpt: 22/27	Gamez, Erin E. (The Honorable) 00084428
4	Date	5 Payee name
	02/18/2025	MR AMIGO ASSOCIATION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$375.00	455 E ELIZABETH
		BROWNSVILLE, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		2025 Program Book Advertising-quarter page (donation)
		, ,
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	oxperialitate to beliefit 6/01	
	Date	Payee name
	05/29/2025	Martinez, Armando
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.25	General Delivery
		Welsaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense committee gift
		Committee gut
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	Davida nama
	Date 01/27/2025	Payee name NORTH BROWNSVILLE ROTARY
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	274 CREEKBEND DR
		BROWNSVILLE, TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Super bown runuraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/18 Rpt: 23/27	Gamez, Erin E. (The Honorable) 00084428
4	Date	5 Payee name
	05/29/2025	Perez, MaryAnn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	General Delivery
		Pasadena, TX 77506
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		committee gift
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/23/2025	Proyecto Juan Diego
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3910 Paredes Line Rd
		Brownsville, TX 78526
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Sisters on the Run
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/07/2025	RICARDO'S RESTAURANT
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	425 E. 10TH ST.
		BROWNSVILLE , TX 78521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 1/18/2025 Veterans Luncheon-deposit
		1/10/2020 Veterano Ediforicon deposit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Political Committee				Legal Services Salaries/Wages/Contract Labor						OTHER (enter a category not listed above)		
Credit Card Payment			٦	he Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FI	ILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 16/18 Rpt: 24/27	G	Samez, Erin	E. (The Hono	rable)					00084428		
4	Date	5 Pa	ayee name						<u> </u>			
	01/20/2025	I		RESTAURAN	IT							
6	Amount (\$)		ayee address			e; Zip Co	do					
ľ	\$875.00	l	25 E. 10TH	•	State	e, Zip Co	ue					
	φ013.00	~	25 L. 10111	31.								
				. E TV 7050	4							
		В	ROWNSVIL	LE , TX 7852	1							
8	PURPOSE OF			Categories listed at	the top of this sc	hedule)	(b)	Description				
	EXPENDITURE	E	vent Expen	se				브		de of Texas. Con officeholder livin	nplete Schedule T.	
								1/18/25 Veter				
								_,,		2 200		
9	Complete ONLY if direct	Cal	ndidate/Office	eholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		. ididate/Office	Shower Hume		Cinco Sou	9111			Office II	O.G	
_	Data	_										
	Date	l	ayee name									
	02/07/2025		Revival of Cu									
	Amount (\$)	l	ayee address		State	e; Zip Co	de					
	\$250.00	14	452 E Madi	son St								
		В	rownsville,	TX 78520								
	PURPOSE	(a) C	ategory (See	Categories listed at	the top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE			/Donations M	,			=			nplete Schedule T.	
		C	andidate/O	fficeholder/Po	litical Comr	nittee		Dia Internacio		officeholder livin		
								Dia internacio	Jila	ıı De la Müji	5 1	
_	Complete ONLY if direct	Cal	ndidate/Office	eholder name		Office sou	aht			Office h	eld.	
	expenditure to benefit C/OI		indidate/Office	enoluei name		Office Sou	giit			Office fi	eiu	
_	<u> </u>	_										
	Date	1	ayee name	O. It	4.0							
	03/04/2025	-		Cultural Even	· · · · · ·							
	Amount (\$)	l	ayee address	•	State	e; Zip Co	de					
	\$600.00	P	O Box 5724									
		В	rownsville,	TX 78520		_						
	PURPOSE			Categories listed at		hedule)	(b)	Description				
	OF EXPENDITURE			/Donations M				ш			nplete Schedule T.	
		C	andidate/O	fficeholder/Po	litical Comr	nittee		Agave Fest S		officeholder livin	g expense	
								Agave rest S	ppu	HSOISHIP		
_	Complete ONLY if direct		ndidato/Office	eholder name		Office sou	aht			Office h	eld.	
	Complete ONLY if direct expenditure to benefit C/OI		i iuiuate/Offici	enoluel Haille		Office Sou	yııı			Onice n	ciu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 17/18 Rpt: 25/27	Gamez, Erin E. (The Honorable) 00084428					
4	Date	5 Payee name					
	01/29/2025	TEXAS LEGISLATIVE LADIES CLUB					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$41.56	PO Box 300247					
		AUSTIN, TX 78705					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF Fees		Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		luncheon					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Ol	1					
	Date	Payee name					
	01/27/2025	TXTAG					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$10.47	PO BOX 650749					
		DALLAS, TX 75265					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Toll fees					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
02/14/2025		Texas Southmost College Foundation, Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
\$500.00 80 Fort Brown St.							
		Brownsville, TX 78520					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
		Candidate/Officeholder/Political Committee					
		7 WHOLITYSE Sala and Manachi i estival					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide exp		pense 'ages/Contract Labor	-	Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:					- 1	iler ID	(Ethics Commission Filers)
L	Sch: 18/18 Rpt: 26/27		rin E. (The Honorable)			(00084428	
4	Date	5 Payee name						
L	03/05/2025	VETERAN FEMALES UNITED						
6	Amount (\$)	7 Payee addr	•	State; Zip Co	de			
	\$300.00	GENERAL	DELIVERY					
		BROWNS'	VILLE, TX 78520					
8	PURPOSE	(a) Category (See Categories listed at the top of t	his schedule)	(b) Description			
	OF EXPENDITURE		ons/Donations Made By				e of Texas. Comp officeholder living	olete Schedule T.
		Candidate	/Officeholder/Political C	ommittee	5th Annual			
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ght		Office he	ld

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
-	Sch: 1/1 Rpt: 27/27	Gamez, Erin E. (The Honorable)	00084428					
4	Date	5 Payee name	•					
	06/10/2025	Casas, Nahomi						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$41.06	General Delivery						
	Reimbursement from political contributions intended	Brownsville, TX 78520						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if Austin, TX, officeholder living expense					
	EXI ENDITORE	Reimbursement	for lunch meeting					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/25/2025	Gamez, Blanca Nelly						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$150.00	General Delivery						
	Reimbursement from political contributions intended	Brownsville, TX 78520						
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE		Loan Repayment/Reimbursement Check if Austin, TX, officeholder living expensions Charro Days Car Decorations						
		3.3.0						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held					