



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Gilbert Gomez*

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *850.<sup>00</sup>*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1,796.70*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *397.42*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *2,500.<sup>00</sup>*

18 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.



*Gilbert Gomez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Gilbert Gomez*, this the *22* day of *February*, 20 *16*, to certify which, witness my hand and seal of office.

*Veronica Mahzoon Hagheghi* *Veronica Mahzoon Hagheghi* Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Gilbert Gomez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>850.<sup>00</sup></i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1,794.70</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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: **2**

2 FILER NAME

**Gilbert Gomez**

3 Filer ID (Ethics Commission Filers)

4 Date

**1/23/16**

5 Full name of contributor

**Gil Gomez Jr.**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**100.<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**3206 Harpers Ferry Corpus Christi, Tx 78410**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**1/30/16**

Full name of contributor

**Samuel Blanco**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.<sup>00</sup>**

Contributor address; City; State; Zip Code

**920 West Ave J. Robstown, Tx 78380**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**1/30/16**

Full name of contributor

**Ruben Figueroa**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.<sup>00</sup>**

Contributor address; City; State; Zip Code

**411 West Ave A Robstown, Tx 78380**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/1/16**

Full name of contributor

**Rosalinda Ramirez**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.<sup>00</sup>**

Contributor address; City; State; Zip Code

**223 West Ave B Robstown, Tx 78380**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

**Gilbert Gomez**

3 Filer ID (Ethics Commission Filers)

4 Date

**2/1/16**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Circle R Services**

7 Amount of contribution (\$)

**100.<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**105 Kissling Ave Robstown, Tx 78380**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**2/4/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Ruby H. Aguilar**

Amount of contribution (\$)

**200.<sup>00</sup>**

Contributor address; City; State; Zip Code

**2305 Venus Corpus Christi, Tx 78409**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/13/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Glenda Chapa**

Amount of contribution (\$)

**100.<sup>00</sup>**

Contributor address; City; State; Zip Code

**805 E. Ave C Robstown, Tx 78380**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/14/16**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Jesse Garza**

Amount of contribution (\$)

**50.<sup>00</sup>**

Contributor address; City; State; Zip Code

**811 West Ave E Robstown, Tx 78380**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Gilbert Gomez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>1/22/16</b>	<b>5</b> Payee name <b>RHS Career + Technology</b>	
<b>6</b> Amount (\$) <b>328.<sup>00</sup></b>	<b>7</b> Payee address; City; State; Zip Code <b>609 Hwy 44 Robstown, Tx 78380</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>1/26/16</b>	Payee name <b>Harland Clarke Check</b>	
Amount (\$) <b>20.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>15955 La Canterra Parkway San Antonio, Tx 78256</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>1/29/16</b>	Payee name <b>Al Perez Printing</b>	
Amount (\$) <b>850.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>817 Horne Rd Corpus Christi, Tx 78416</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing 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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# POLITICAL EXPENDITURES MADE 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: <b>3</b>	2 FILER NAME <b>Gilbert Gomez</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/1/16</b>	5 Payee name <b>MG Building Materials</b>	
6 Amount (\$) <b>159.78</b>	7 Payee address; City; State; Zip Code <b>7406 SPID Corpus Christi, Tx 78412</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>2/4/16</b>	Payee name <b>La Mar Martinez</b>	
Amount (\$) <b>31.24</b>	Payee address; City; State; Zip Code <b>411 West Ave B Robstown, Tx 78380</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>2/12/16</b>	Payee name <b>Coastal Bend Sports</b>	
Amount (\$) <b>190.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>6722 Kram St. #201 Corpus Christi, Tx 78413</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

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<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Gilbert Gomez</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>2/15/16</b>	<b>5</b> Payee name <b>Sam's Club</b>	
<b>6</b> Amount (\$) <b>138.79</b>	<b>7</b> Payee address; City; State; Zip Code <b>4833 SPID Corpus Christi, Tx 78411</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <b>2/15/16</b>	Payee name <b>HEB</b>	
Amount (\$) <b>78.89</b>	Payee address; City; State; Zip Code <b>308 E Main Ave Robstown, Tx 78380</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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