

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)	2 Total pages filed: 12								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Placido NICKNAME LAST SUFFIX Gomez	OFFICE USE ONLY JUL 15 2024									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4018 Gibson St, Houston, TX, 77007										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (505) 426-7779										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Rolaund NICKNAME LAST SUFFIX Hinojosa	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 515 Memorial Heights Dr, Houston, TX, 77007										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 907-4579										
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☒ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year 1 / 01 / 24 THROUGH Month Day Year 6 / 30 / 24										
11 ELECTION	ELECTION DATE Month Day Year / / ELECTION TYPE Primary Runoff Other Description General Special										
12 OFFICE	OFFICE HELD (if any) HISD Board of Trustees, District VIII 13 OFFICE SOUGHT (if known)										
14 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. <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:20%; text-align: center;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="text-align: center;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="text-align: center;">SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Placido Gomez

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,348.84

CONTRIBUTION
BALANCE

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

\$ 15,849.48

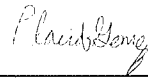
OUTSTANDING
LOAN TOTALS

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

\$ 0

18 SIGNATURE

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Placido Gomez, and my date of birth is May 19, 1991.

My address is 4018 Gibson St, Houston, TX, 77007, USA.

(street)

(city)

(state)

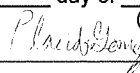
(zip code)

(country)

Executed in Harris County, State of Texas, on the 15th day of July, 2024.

(month)

(year)



Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Placido Gomez		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 127.92
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,220.92
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Placido Gomez	3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2024	5 Payee name Mailchimp	
6 Amount (\$) \$21.32	7 Payee address; City; State; Zip Code 505 N Angier Ave, NE, Atlanta, GA, 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other: Communication	(b) Description Informational emails
	(c) Check if travel outside of Texas. Complete Schedule T. 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 2/20/2024	Payee name Mailchimp
Amount (\$) \$21.32	Payee address; City; State; Zip Code 505 N Angier Ave, NE, Atlanta, GA, 30308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: Communication
	Description Informational emails
Check if travel outside of Texas. Complete Schedule T. 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 3/11/2024	Payee name Mailchimp
Amount (\$) \$21.32	Payee address; City; State; Zip Code 505 N Angier Ave, NE, Atlanta, GA, 30308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: Communication
	Description Informational emails
Check if travel outside of Texas. Complete Schedule T. 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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
Printing Expense
Salaries/Wages/Contract Labor

Substance/Endorsing 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: 2	2 FILER NAME Placido Gomez	3 Filer ID (Ethics Commission Filer)
4 Date 4/22/2024	5 Payee name Mailchimp	
6 Amount (\$) \$21.32	7 Payee address: City: State: Zip Code 505 N Angier Ave, NE, Atlanta, GA, 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other: Communication	(b) Description Informational emails
	(c) Check if paid outside of Texas. Complete Schedule F1. Check if Austin, TX, officeholder living expenses	
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date 5/20/2024	Payee name Mailchimp	
Amount (\$) \$21.32	Payee address: City: State: Zip Code 505 N Angier Ave, NE, Atlanta, GA, 30308	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: Communication	Description Informational emails
	Check if paid outside of Texas. Complete Schedule F1. Check if Austin, TX, officeholder living expenses	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held
Date 6/20/2024	Payee name Mailchimp	
Amount (\$) \$21.32	Payee address: City: State: Zip Code 505 N Angier Ave, NE, Atlanta, GA, 30308	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: Communication	Description Informational emails
	Check if paid outside of Texas. Complete Schedule F1. Check if Austin, TX, officeholder living expenses	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Office Expense
Printing Expense
Posting Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule F4 6	2 FILER NAME Placido Gomez	3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 1/13/2024	6 Payee name United Airlines	
7 Amount (\$) \$303.73	8 Payee address; City; State; Zip Code 900 Grand Plaza Dr, Houston, TX, 77067	
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description Travel to Louisville, KY for professional development
	(c) ☒ Check if travel outside of Texas. Complete Schedule F ☐ Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/26/2024	Payee name Squarespace, Inc.	
Amount (\$) \$35.18	Payee address; City; State; Zip Code 8 Clarkson St, New York, NY, 10014	
TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other: Website	Description Maintenance of political website.
	☐ Check if travel outside of Texas. Complete Schedule F ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expenses
Accounting/Banking
Consulting Expenses
Contributions/Donations Made By
Candidate/Officer/holder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Office Expense
Printing Expenses
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4 6	2 FILER NAME Placido Gomez	3 Filer ID (Ethics Commission Filing)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 02/11/2024	6 Payee name Lyft
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7 Amount (\$) 20.89	8 Payee address: 185 Berry St Suite 400, San Francisco, CA, 94107	City: San Francisco	State: CA	Zip Code: 94107
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9 TYPE OF EXPENDITURE	☒ Political	☐ Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description Travel to Louisville, KY for professional development
	(c) ☒ Check if travel outside of Texas. Complete Schedule F ☐ Check if Austin, TX, officer/holder living expense	

11 Complete ONLY if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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Date 02/11/2024	Payee name Embassy Suites
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Amount (\$) 596.58	Payee address: 501 S 4th St, Louisville, KY, 40202	City: Louisville	State: KY	Zip Code: 40202
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TYPE OF EXPENDITURE	☒ Political	☐ Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description Travel to Louisville, KY for professional development
	☒ Check if travel outside of Texas. Complete Schedule F ☐ Check if Austin, TX, officer/holder living expense	

Complete ONLY if direct expenditure to benefit COH	Candidate / Officer/holder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidates/Officeholders/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/General Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule F4
62 FILER NAME
Placido Gomez

3 Filer ID: (Ethics Commission Filer)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date
02/26/20246 Payee name
Squarespace, Inc.7 Amount: (\$)
\$35.188 Payee address: City, State, Zip Code
8 Clarkson St, New York, NY, 100149 TYPE OF
EXPENDITURE☒ Political ☐ Non-Political10 PURPOSE
OF
EXPENDITURE

(a) Category: (See Categories listed at the top of this schedule)

Other: Website

(b) Description

Maintenance of political website.

(c) Check if payee outside of Texas. Complete Schedule F.

Check if Austin, TX, officeholder living expense.

11 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Office sought Office heldDate
03/26/2024Payee name
Squarespace, Inc.Amount: (\$)
\$35.18Payee address: City, State, Zip Code
8 Clarkson St, New York, NY, 10014TYPE OF
EXPENDITURE☒ Political ☐ Non-PoliticalPURPOSE
OF
EXPENDITURE

Category: (See Categories listed at the top of this schedule)

Other: Website

Description

Maintenance of political website.

Check if payee outside of Texas. Complete Schedule F.

Check if Austin, TX, officeholder living expense.

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/General Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages: Schedule F4 6	2 FILER NAME Placido Gomez	3 Filer ID: (Ethics Commission Filer)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 04/26/2024	6 Payee name Squarespace, Inc.
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7 Amount: (\$) \$35.18	8 Payee address; 8 Clarkson St, New York, NY, 10014	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	☒ Political	☐ Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category: (See Categories listed at the top of this schedule) Other: Website	(b) Description Maintenance of political website.
	(c) ☐ Check if travel outside of Texas. Complete Schedule F ☐ Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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Date 05/26/2024	Payee name Squarespace, Inc.
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Amount: (\$) \$35.18	Payee address; 8 Clarkson St, New York, NY, 10014	City;	State;	Zip Code
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TYPE OF EXPENDITURE	☒ Political	☐ Non-Political
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PURPOSE OF EXPENDITURE	Category: (See Categories listed at the top of this schedule) Other: Website	Description Maintenance of political website.
	☐ Check if travel outside of Texas. Complete Schedule F ☐ Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 6	2 FILER NAME Placido Gomez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 6/26/2024	6 Payee name Squarespace Inc.	
7 Amount (\$) 35.18	8 Payee address; City; State; Zip Code 8 Clarkson St, New York, NY, 10014	
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other: Website	(b) Description Maintenance of political website.
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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

SCHEDULE T

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1	
2 FILER NAME Placido Gomez		3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee United Airlines, Lyft, Uber, Embassy Suites			
5 Contribution / Expenditure reported on: ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS			
6 Dates of travel 2/9/2024-2/11/2024		7 Name of person(s) traveling Placido Gomez	
		8 Departure city or name of departure location Houston, TX	
		9 Destination city or name of destination location Louisville, KY	
10 Means of transportation Flight		11 Purpose of travel (including name of conference, seminar, or other event) Student Outcomes Focused Government Board Cohort Orientation	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS			
Dates of travel		Name of person(s) traveling	
		Departure city or name of departure location	
		Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: ☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS			
Dates of travel		Name of person(s) traveling	
		Departure city or name of departure location	
		Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED