CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME Frnie ADDRESS / PO BOX; 4 CANDIDATE / STATE: ZIP CODE **OFFICEHOLDER** 1223 Losta Brava Brownsville, TX 75520 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 455-7064 (954) PHONE Receipt # MS / MRS / MR MI 6 CAMPAIGN **TREASURER** Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE CAMPAIGN TREASURER 304 Nickolas St. ADDRESS Rancho Viejo, TX 79575 (Residence or Business) 8 CAMPAIGN **EXTENSION** TREASURER 459-660 PHONE 9 REPORT TYPE 30th day before election 15th day after campaign Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 25/2024 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Day Year Description General Special 13 OFFICE SOUGHT (if known) Brownsville Navigation OFFICE HELD (if any) 12 OFFICE District, Port Commissioner, Place 1 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME Associates - State PAC COMMITTEE ADDRESS 1201 N. Bowser Road, Richardson, TX GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC LC Plugge Jr. COMMITTEE CAMPAIGN TREASURER ADDRESS 1201 N. Bowser Road, Richardson, TX 75081

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$5,362.
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 67,454.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ _0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 18, 137. 77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 32,470.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ - 6 -
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information
200400	/6	112
		luja
	Signature of Ga	andidate or Officeholder
	Please complete either option below	r:
(1) Affidavit	JANIE VELASQUEZ Notary ID #10037177 My Commission Expires January 15, 2027	
NOTARY STAMP/SEA		
	before me by Einer Gutierrez this the	4th day of April,
20, 24 , to certify	which, witness my hand and seal of office.	ALL Plate
	uns Janie Velasquez	Notary roblic
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
		state) (zip code) (country)
Executed in	County, State of , on the day of	, 20 (year)
	V	date/Officeholder (Declarant)
I		, ,

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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

SCHEDULE A1

if the requested information is not applicable, bo not include this page in the report.			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: /2
2 FILER NAME	Ernesto Gutienez		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/24	5 Full name of contributor out-of-state PAC Robert Lee OStos 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) \$\displaystyle 1,000.00
*	1300	instille, TX 7952	6
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (S)
2/2/24	Contributor address; City;	State; Zip Code	\$1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
2/20/24	Contributor address; City;	State; Zip Code 79320	\$ 1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
2/6/24	AMFLO Brokerage Services L Contributor address; City; Br	State; Zip Code runsville TX 73521	\$ 2,500.00
	ation / Job title (See Instructions)	Employer (See Instruct	
Broke	er / President	AMFLO Broke	erage Servics LLC
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A1

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 A1:	
2 FILER NAME	Ernesto Gutierrez	3 Filer ID (Ethics Commission Filers)	
4 Date 2/8/24	5 Full name of contributor out-of-state PAC (ID#: Pomolo Mejicu 6 Contributor address; City; State; Zip Code Brussofte, Tx 735	e	
8 Principal occu	spation / Job title (See Instructions) 9 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (5)	
1/31/24	Ruben Angel Gutierez Contributor address; City; State; Zip Code Brunsville TK 7852	e	
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	
3/14/24	Momas Francis Charvat III Contributor address; City; State; Zip Code Brownsville TX 7952		
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
2/20/24	Contributor address; City; State; Zip Code Brownsville TK 795	\$ 1,000	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	4		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A1

if the requested information is not applicable, bo NoT include this page in the report.			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	Ernesto Coutierrez		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
3/11/24	Nick Tipton Kelly Tipto G Contributor address; City; Browns v.	State; Zip Code	\$ 1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	A COLUMN TO THE	(ID#:)	Amount of contribution (\$)
2/13/24	Contributor address; City;	State; Zip Code IE TX 78520	\$ 5,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
2/13/24	Contributor address; City;	State; Zip Code ESNUS, TX 73566	\$2,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/8/24	Contributor address; City;	State; Zip Code	\$ 1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

SCHEDULE A1

if the requested information is not applicable, be Not include this page in the report.			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Ernest Gutierrez		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/24	Jaime Andres Diez 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 3/15/24	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 3/13/24 Principal occur	Full name of contributor out-of-state PAC Contributor address; City; Contributor address; TX 795 Contributor Agency Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Date 3 / 11 / 24 Principal occup	Full name of contributor out-of-state PAC Mc 2 Mc (umber Production Contributor address; City; Brownsville cation / Job title (See Instructions)	ons UC	Amount of contribution (\$) \$ 450.00
	ATTACH ADDITIONAL COPIES (
	If contributor is out-of-state PAC, please see Instru	uction guide for additional r	eporting requirements.

SCHEDULE A1

e .	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ernesto Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) NAVCO LogISACS LLC 6 Contributor address; City; State; Zip Code Brownsville TX 78321	7 Amount of contribution (\$) \$450.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor Dana Properties Inc. Contributor address; City; State; Zip Code Olmib TX 79575	Amount of contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
V.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

SCHEDULE A1

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

in the requested information is not applicable, bo not include this page in the report.			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME Ernesto Gotiemez	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Industrial Performance 6 Contributor address; City; State; Zip Code Brunsy I e TX 7952	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date Full name of contributor Out-of-state PAC (ID#:) Dipisal USA, Inc Contributor address; City; State; Zip Code	Amount of contribution (\$) \$\frac{4}{50.00}\$		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date Full name of contributor	Amount of contribution (\$) \$ 450.00		
Bernus Commercial Properties LLC Contributor address; City; State; Zip Code Brownsville IX 78526	Amount of contribution (\$) \$450.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED		

SCHEDULE A1

if the requested information is not applicable, bo not include this page in the report.			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Emesto Crutierez	3 Filer ID (Ethics Commission Filers)	
4 Date 3/22/24	5 Full name of contributor out-of-state PAC (ID#) Shape Weath Management LLC 6 Contributor address; City; State; Zip Code Bransville TX 78520	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ttions)	
Date 3/20/24	Full name of contributor	Amount of contribution (\$) \$ 450.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)	
Date 3/24/24	Full name of contributor out-of-state PAC (ID#:) Christopher E. Olson Contributor address; City: State; Zip Code Brownsulle, TX 79526	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date 3/23/24	Full name of contributor out-of-state PAC (ID#:) CANUS A Boxba Contributor address: City: State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED	
	If contributor is out of state DAC inlesses see Instruction guide for additional a		

SCHEDULE A1

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 A1:
2 FILER NAME	Emesto Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 3/23/24	5 Full name of contributor out-of-state PAC (IDH:) The G. Champion	7 Amount of contribution (\$)
21-11-1	6 Contributor address; City; State; Zip Code Brunsville TX 79520	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/23/24	Contributor address: City: State; Zip Code	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	iions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/23/24	Russell P. Adams Contributor address; City; State; Zip Code Brussulle TX 79576	\$ (00.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/25/24	Contributor address; City; State; Zip Code Brunsville TX 75520	\$450.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
	*	
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Ernesto Guticinez	3 Filer ID (Ethics Commission Filers)	
4 Date 3/23/24	5 Full name of contributor out-of-state PAC (ID#:) Pubert E. Galinelo 6 Contributor address; City; State; Zip Code Brunsville TX 79521	73	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)	
Date 3/24/24	Full name of contributor out-of-state PAC (ID#:) Toncether P. Gulley Contributor address; City; State; Zip Code Brownsulle TX 79 521	Amount of contribution (\$) \$450.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)	
Date 3/15/24	Full name of contributor out-of-state PAC (ID#:) ANTUR A Fainas Contributor address; City; State; Zip Code Reinche Viejo TX 705 75	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 2/13/24	Full name of contributor out-of-state PAC (ID#:) James T. Griffin Contributor address; City; State; Zip Code Brownsnile TX 78521	Amount of contribution (\$)	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)	
ar.	ATTACH ADDITIONAL CODIES OF THIS SOUFDLILE AS A	JEEDED.	
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ernesto Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
2/17/24		\$ 500.00
	Brunshille TX 79520	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/23/24	Contributor address; City; State; Zip Code	\$300.00
	Lajuna Vista TX 79578	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/23/24	Pedro Cardenas Contributor address; City; State; Zip Code	\$ 250.00
District	Briensville TX 79526	store at
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/22/24	Devin Van Holsbeke Contributor address; City; State; Zip Code Hovston TY 77095	\$ 250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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

in the requested information is not applicable, be not include this page in the report.					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	Ernesto Gutierrez	3 Filer ID (Ethics Commission Filers)			
4 Date 3/23/24	5 Full name of contributor out-of-state PAC (ID#:) Mario H. Escobedo 6 Contributor address; City: State; Zip Code 3 runs: 11-e TX 73520	7 Amount of contribution (\$) \$ 100.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date 3/23/24	Full name of contributor out-of-state PAC (ID#) Silvano Cristiano Contributor address; City; State; Zip Code Pizarra Pr. Brownsville TX 79520	Amount of contribution (\$)			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date 23 124	Full name of contributor out-of-state PAC (ID#) Andres Shane Contributor address; City; State; Zip Code Browns wille TX 78526	Amount of contribution (\$)			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date 3/23/24	Full name of contributor out-of-state PAC (ID#:) Tose A. Punn Gonzalez Contributor address; City; State; Zip Code	Amount of contribution (\$)			
Principal occup	Brownsville TX 75526 ration / Job title (See Instructions) Employer (See Instruct	ions)			
	ATTACH ADDITIONAL CODIES OF THIS SCHEDUL FAS N	EEDED			
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ernesto Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 2/28/24	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 580.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)
Date 3/13/24	Full name of contributor out-of-state PAC (ID#:	Code \$ 4,000.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)
3/7/24 Principal occup	Brunsville TX 78520	Amount of contribution (\$) Code Fundamental Amount of contribution (\$) Code See Instructions)
		, , , , , , , , , , , , , , , , , , , ,
3-14-24	Full name of contributor out-of-state PAC (IDH:	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEI If contributor is out-of-state PAC, please see Instruction guide for	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

if the requested information is not applicable, bo not include this page in the report.					
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 3		
2 FILER NAME	Ernesto Gutiernez		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 3/23/24	Arinn Rendon		8 Amount of Contribution \$ 9 In-kind contribution description \$ 700.00 Beverages		
10 Principal occ	Brownsville TY 7 supation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. r (FOR NON-JUDICIAL)(See Instructions)		
Atto	mey	Rend	on Law Office		
12 Contributor's	principal occupation (FOR JUDICIAL)		tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	(7)			
Date 3/23/24	Full name of contributor out-of-state PAC (ID#: Arturo Trevino Contributor address; City; State;	Zip Code	Amount of Contribution \$\\ \$ 457.00 Beveryes Check if travel outside of Texas, Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL) (See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)		or's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED		
i i	f contributor is out-of-state PAC please see Instruction				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

in the requested information to not applicable, see No.1 monage this page in the report.					
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAME Ernesto Gutierez	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	utions \$				
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Check if travel outside of Texas. Complete Schedule T.				
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 501 employed	11 Employer (FOR NON-JUDICIAL) (See Instructions) Self employed				
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#:	34701 317103				
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)				
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Guide explains how to complete this form	m. 1 Total pages Schedule A2:				
2 FILER NAME Emesto Gutiernez	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$				
Date 6 Full name of contributor □ out-of-state PAC (ID#: Tulio Grana 7 Contributor address; City; State; Brownsulle TX	Zip Code 78526 Amount of Contribution \$ 9 In-kind contribution description Online Adventsing Merchadise Merchadise Check if travel outside of Texas. Complete Schedule T.				
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions) CRJ Hospitality				
President 12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Full name of contributor out-of-state PAC (ID#:					
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)				
Contributor's principal occupation (FOR JUDICIAL)	Cazha Pesign Studio				
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL COPIES OF T					

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 B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s 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 F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Ernesto Gul	remez		
4 Date 3/23/24	5 Payee name Riverbend Golf Club			
6 Amount (\$)	7 Payon address:	City;	State; Zip Code	
\$5,612.96	4541 vs-281, Brunsvill	e, 1x 19520		
8	(a) Category (See Calegories listed at the top of this s		2 (20)	
PURPOSE OF	Fundraiser -		burnament	
EXPENDITURE	Event Expense	veni	il	
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/23/24	Roberto Castillo		2	
Amount (\$)	Payee address;	City;	State; Zip Code	
\$1,450.00	800 I-69E Frontage Brownsville TX	78521		
	Category (See Categories listed at the top of this so			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Cater	er at Golf. nent Fundraiser	
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Austi	n, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		32	
3-2-24	Mario Saenz			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$1,945.00	51 Calgary CT, Bro	wasulle, TX	78524	
	Category (See Categories listed at the top of this sol	(4.3)	•	
PURPOSE OF EXPENDITURE	Advertising Expense	Signs	-Installed signs	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER NA	Ernesho Gu	tierre	2	3 Filer ID (Ethic	Commission Filers)
4 Date 3-25-24	5 Payee na	ila Guerrero			Computer Administrative Assessment	
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
\$315.00	1837 Bro	E. Taylor St., washle TX 79	APT A 3520			
8	(a) Category	/ (See Categories listed at the top of t	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE	M	/ages		Blocku	ark to private unclidate	"Black "
	(c)	Check if travel outside of Texas. Complet	e Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na					
3-18-24	Shei	la Guerneno				
4 270.00	Payee ad /937 (dress: E. Taylor ST. Ap	ot A , Rv	city: oursulle	State;	Zip Code 3520
	Category	(See Categories listed at the top of the	is schedule)	Description		
PURPOSE OF EXPENDITURE	V	rages		Block	nalk	
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
Date	Payee na	me	_			
3-25-24	Deyo	anira Aranda	Pac	heco		
Amount (\$)	Payee ad	The second secon		City;	State;	Zip Code
\$517.50	1144	E. Washington	St. Br	ownsulle T	× 75	3520
	Category	(See Categories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	-	hages		Block	neelk	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee 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:	2 FILER NAME Ernests Gut	ienez	3 Filer ID (Ethics Commission Filers)	
4 Date 3 - 25 - 24	5 Payee name Ernesto Hernand	ez		
\$ 375-00	7 Payee address; 2342 El Arbol Dr., Bri	ownsville TX 78	State; Zip Code	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description		
PURPOSE OF EXPENDITURE	hages	Block	unle	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3-18-24	Ernesto Hernon	dez		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$300.00	2342 El Arbol Dr. Bra	wasville TX	78520	
	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF EXPENDITURE	wages	Block	cualk	
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3-25-24	Ricardo Hernado	22		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$360.00	2342 ET Arbol Dr. T	Zownsville	TX 78520	
	Category (See Categories listed at the top of this scho	edule) Description		
PURPOSE OF EXPENDITURE	wages	Bloc	k nalk	
₩G	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, 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				

SCHEDULE F1

	E	CPENDITURE CATE	GURIES	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awa al Committee Legal Se	everage Expense ards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/W	oense ages/Contract Labor	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 F1:	2 FILER NAME	Enists Gu	tien	ez	3 Filer ID (Ethics Commission Filers)
4 Date 3-25-24	5 Payee name	ousts Gu	nara	dez	
6 Amount (\$)	7 Payee address;			City;	State; Zip Code
\$60.00	2342 ET 1	Arhad Dr. F	Zven	nsuile	TK 75520
8	(a) Category (See Ca	tegories listed at the top of this	schedule)	(b) Description	
PURPOSE OF EXPENDITURE	wa	ges		Bloc	k walk
	(c) Check if tra	avel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Off	iceholder name		Office sought	Office held
Date	Payee name	44 44			
3-18-24	Lourd	es Herna	nde	2	
Amount (\$)	Payee address;			City;	State; Zip Code
\$75.00	2342 ET	Arbol Dr.	Bru	unsville	TX 78520
	Category (See Cate	egories listed at the top of this s	chedule)	Description	
PURPOSE OF EXPENDITURE	wag	es		Block	c welk
	Check if tra	vel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name	8	Office sought	Office held
Date	Payee name		-	. v	
3-25-24	Maria	Gnselda	L Ro	doquez	
Amount (\$)	Payee address;			City;	State; Zip Code
\$ 465.00	1737 M	ckinley St.	Brown	onsulle TX	79521
	Category (See Cate	gories listed at the top of this so	chedule)	Description	
PURPOSE OF EXPENDITURE	hag	ies		Block	ivelk
	Check if trav	vel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offi	iceholder name		Office sought	Office held
	ATTACHAI	DDITIONAL COPIES	OF THIS S	CHEDULE AS NEEI	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 F1:	2 FILER NAME Enesto Gu	•	3 Filer ID (Ethics Commission Filers)	
4 Date 3-25-24	5 Payee name Berenice Perul	ta		
\$ 450 .00	7 Payee address; 1045 McNair Fumily	Cibe	State; Zip Code sulle TK 79520	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Block	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
3-25-24	Payee name Elisa Arevalo			
Amount (\$) \$225.00	Payee address; 1837 E. Taylor St. 1	Opt. A Brunsul	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Carried Court of the Court of t	uel K	
	Check if travel outside of Texas. Complete Scho	edule T, Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
3-25-24	Payee name Maria Araceli	Sarchez		
\$90.00	Payee address; 1837 E. Taylor St	City; Apt A. Brow	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho	Block	udk	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimburs Office Overhead/Rental Ex Polling Expense Printing Expense Salaries/Wages/Contract L	rpense Transportation Travel In Distr Travel Out Of	
Credit Card Payment	The Instruction Guide explains	how to complete this	form.	
1 Total pages Schedule F1:	2 FILER NAME ENESTO GUT	ievez	3 Filer ID	(Ethics Commission Filers)
4 Date 3 - 24 - 24	5 Payee name Guadalupe Per	alter		
\$ 450 .00	7 Payee address; 1045 McNair Fumile	City		78 5 2 0
8	(a) Category (See Categories listed at the top of this se			
PURPOSE OF EXPENDITURE	wages	1310	ick ualk	ie
	(c) Check if travel outside of Texas. Complete Sch	edule T. Ch	neck if Austin, TX, officeholde	or living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office s	ought	Office held
Date	Payee name .			
3-11-24	Sonia Rodrigu	ez		
Amount (\$)	Payee address;	City		e; Zip Code
\$67.50	1737 Mckinley St. F	Enouneall	e TX 785	72
	Category (See Categories listed at the top of this sch			
PURPOSE OF EXPENDITURE	nages	BI	ock ual	(C
	Check if travel outside of Texas, Complete Sch	edule T. Che	eck if Austin, TX, officeholde	r living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ought	Office held
Date	Payee name			
3-18-24	Sonia Rodna	ez		
Amount (\$)	Payee address;	City	State	e; Zip Code
\$427.50	1737 Mckinley St. B.	rounsville	TX 795	521
	Category (See Categories listed at the top of this sch	edule) Descrip	tion	Acres
PURPOSE OF EXPENDITURE	uages	Ble	ock we	IK
	Check if travel outside of Texas. Complete Scho	edule T. Che	eck if Austin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office so	ought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense		
1 Total pages Schedule F1:	2 FILER NAME Ernesto Gu	tiemer	3 Filer ID (Ethics Commission Filers)	
3-11-24	5 Payee name Mana Sand	ez		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ 30.00	1937 E. Taylor ST.	Apt A Browns	ville TX 78520	
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description		
PURPOSE OF EXPENDITURE	wages	Bloc	1c walk	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	i, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	121 1		
3-11-24	Deyanira Armo	la Pacheco		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$37.50	1144 E. WASHINGTON	ST. Ponunsull	e TY 78520	
	Category (See Categories listed at the top of this sch			
PURPOSE OF EXPENDITURE	hages	Block	k uelk	
	Check if travel outside of Texas. Complete Scho	edule 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	Payee name			
3-13-24	Deyanira Aran	da Pache	Co	
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 487.50	1144 E. WASHINGTON	ST. Brownsul	le TY 10520	
	Category (See Categories listed at the top of this school	Management and the second seco	77	
PURPOSE OF EXPENDITURE	wages	Bloc	Kuelk	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		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	s how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Ernesto Gu	stierrer	3 Filer ID (Ethics Commission Filers)	
4 Date (00000000)	5 Payee name	bres		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$ (Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	- VOI	D —		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	7.7	
PURPOSE OF EXPENDITURE	Condon	RODER		
	(c) Check if travel outside of Texas. Complete Sci	nedule T. Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3-11-24	Juan Monto	ya		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$500.00	Brownsile	TX	79520	
	Category (See Categories listed at the top of this sol	nedule) Description		
PURPOSE OF EXPENDITURE	Advertising Expe	use Advert	hising/maketing	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3-18-24	Vanessa Lopez	Molina	*	
Amount (\$)	Payee address;	City;	State; Zip Code	
\$157.50	105 Vista Del Golf, i	Brownshile TX	79526	
	Category (See Categories listed at the top of this sch	edule) Description	110	
PURPOSE OF EXPENDITURE	hages	Block	e nelk	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, 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				

SCHEDULE F1

		EXPENDITURE CATE	JURIES	FOR BOX 6(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Ex Printing Ex Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER N	AME Ernesto Gut	revre	2	3 Filer ID (Ethics Commission File	ers)
4 Date 3/14/24	5 Payee na	Sams (106				
6 Amount (\$)	7 Payee ac	ldress;		City;	State; Zip Code	
\$109.41	3570	W. Alton Gloor Bl	vd	Brunsville	TX 74526	
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	E	vent Expense		for Croif Turnanut Findraiser		chy C-
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austir	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held	
Date	Payee na	me				
3/19/24	Sun	5 (106				
Amount (\$)	Payee ad	dress;		City;	State; Zip Code	
\$313.90	35701	N. Alton Gloor Bl	vel	Brunsville	TX 78526	
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Eli	ent expense.		purchase of	additional raffle	
		Check if travel outside of Texas, Complete Sci	hedule T.	Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held	
Date	Pavee na	me				
3-18-24	Spe	c's Wines, Spin	rits	of Finer Fo	sools	
Amount (\$)	Payee ad			City;	State; Zip Code	-1100-11-201
\$591.01	4350	US N Expussion	J 43	Brunsulle	TX 78526	
	Category	(See Categories listed at the top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE	Eve	nt Expense		Beverages	for the holf it Fundaison	
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought	Office held	-3400
	ATT	ACH ADDITIONAL COPIES (OF THIS S	SCHEDULE AS NEED	DED	

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		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)
oroan our dymon	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	Enesto G	chemer	3 Filer ID (Ethics Commission Filers)
4 Date 3 - 18 - 24	5 Payee name Joseph Mo	lina	
\$ 52.50	7 Payee address; 204 Las Villas Ave.	Brownsville	State; Zip Code TY 75526
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	hages	Ploc	k walk
	(c) Check if travel outside of Texas. Complete Sc	nedule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/19/24	Loues		
Amount (\$)	Payee address;	City;	State; Zip Code
\$76.90	525 E. Ruben Tornes	Promoville	TX 78520
	Category (See Categories listed at the top of this sc	nedule) Description	
PURPOSE OF EXPENDITURE	Event Expense	Pit Boss A	elets as raffle item
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/16/24	Sams (lub		
Amount (\$) \$1,241.43	Payee address; 3570 W A Hon hour Blud	Brunsulle	State; Zip Code TX 79576
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Event Expense	Purchase ro Gulf Tournar	asfleitens for next Findraiser
	Check if travel outside of Texas. Complete Sch	edule 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 O	F THIS SCHEDULE AS NEED	DED

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir y Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement c Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor 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 F1:	2 FILER NAME Ernesto Gutier	rez.	3 Filer ID (Ethics Commission Filers)
4 Date 3-22-24	5 Payee name H-E-B	×	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$114.50	6135 Expressway 93	Harlingen	TX 78550
8	(a) Category (See Categories listed at the top of this schedul		-
PURPOSE OF EXPENDITURE	Event Expense	Purchase 1 Golf Tourn	food be-erage fr annt Fnoraism
	(c) Check if travel outside of Texas. Complete Schedule	. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-22-24	Feldmuns		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 99.51	116 w. Van Buren Ave.	Harlingen	TV 78550
	Category (See Categories listed at the top of this schedule	Description	
PURPOSE OF EXPENDITURE	Event Expense	Golf Torne	Food; beverage for
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-17-24	Sums (lub		
Amount (\$)			
And the second s	Payee address;	City;	State; Zip Code
\$706.65	Payee address; 3570 W. Alton Glow Blood	5.7	
\$706.65		5.7	17
PURPOSE OF EXPENDITURE	3570 W. Alton Glow Blue	Description	17
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description purchase points	16 TY 78526