

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: 24				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Ernesto	<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="margin: 5px 0;">Date Received</p> <div style="text-align: center; font-size: 2em; color: blue; border: 1px solid blue; padding: 5px; margin: 5px 0;">RECEIVED</div> <p style="margin: 5px 0; color: red; font-weight: bold;">APR 26 2024</p> <p style="margin: 5px 0;">BY: <i>[Signature]</i></p> <p style="margin: 5px 0;">Date Hand-delivered or Date Postmarked 4/26/24 3:28 pm</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p style="margin: 5px 0;">Date Processed</p> <p style="margin: 5px 0;">Date Imaged</p> </div>		Receipt #	Amount \$		
	Receipt #			Amount \$			
NICKNAME LAST SUFFIX Ernie Gutierrez							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1223 Costa Brava Brownsville, TX 78520						
<input type="checkbox"/> Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 455-7064						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Bryant C.						
	NICKNAME LAST SUFFIX Touchy						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 304 Nickolas St. Rancho Viejo TX 78575						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 459-6607						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03 / 25 / 2024 THROUGH 04 / 26 / 2024						
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Brownsville Navigation District, Port Commissioner, Place 1					
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.						
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

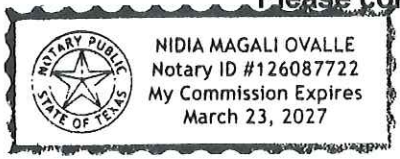
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,190.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,726.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 24,006.31
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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Ernesto Gutierrez* this the *26th* day of *April*, 20*2024*, to certify which, witness my hand and seal of office.

Nidia Ovalle Signature of officer administering oath *Nidia Ovalle* Printed name of officer administering oath *Notary* Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,200
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,800
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -0-
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,535.77
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

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: 4
2 FILER NAME Ernesto Gutierrez		3 Filer ID (Ethics Commission Filers)
4 Date 4-2-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert A. Ostos	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code [Redacted] Brownsville TX 78521		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-26-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royston Rayzor Vickery Williams LLP	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [Redacted] Brownsville TX 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-3-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S4 Group Enterprise LLC	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code [Redacted] Brownsville TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Cardenas	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code [Redacted] Brownsville TX 78521		
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

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 <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-9-24</i> <i>(3-23-24)</i> <i>(Date of check)</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gustaw Elizondo III</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Rancho Viejo TX 79575</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-21-24</i> <i>(3-16-24)</i> <i>(Date of check)</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Reyna Reyes · Rene Gonzalez Reyes</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 79520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-19-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Johnson</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 79523</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-19-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben M. Torres</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Rancho Viejo TX 79575</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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 <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-8-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Gonzalez</i> 6 Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78521</i>	7 Amount of contribution (\$) <i>\$2,700.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-18-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>4 GV Oil and Lubricants LLL</i> Contributor address; City; State; Zip Code [REDACTED] <i>McAllen, TX 78501</i>	Amount of contribution (\$) <i>\$5,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-22-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramon Sampayo</i> Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78521</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-10-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fernando Martinez Tirado</i> Contributor address; City; State; Zip Code [REDACTED] <i>Rancho Viejo TX 78575</i>	Amount of contribution (\$) <i>\$5,000.00</i>
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

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 <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-29-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alfonso Morales</i>	7 Amount of contribution (\$) <i>\$5,000.00</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>MISSION TX 78572</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

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.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Ernesto Gutierrez</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4-21-24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carlos Marin</u>	8 Amount of Contribution \$ <u>\$300.00</u>	9 In-kind contribution description <u>phone call messages</u>
7 Contributor address; City; State; Zip Code <u>[REDACTED] Brownsville, TX 78520</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <u>4-3-24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Hernandez</u>	Amount of Contribution \$ <u>\$2,500</u>	In-kind contribution description <u>Signs - Advertising</u>
Contributor address; City; State; Zip Code <u>Colleyville TX 76034</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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: 16	2 FILER NAME Ernesto Gutierrez	3 Filer ID (Ethics Commission Filers)
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4 Date 4-19-24	5 Payee name Border Press, Inc.
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6 Amount (\$) \$3,232.41	7 Payee address; City; State; Zip Code 620 E. Price Rd. Brownsville TX 78521
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description marketing materials/printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-19-24	Payee name Border Press, Inc.
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Amount (\$) 3,232.41	Payee address; City; State; Zip Code — VOID —
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description marketing materials/printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-9-24	Payee name Border Press, Inc.
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Amount (\$) \$3,362.29	Payee address; City; State; Zip Code 620 E. Price Rd. Brownsville TX 78521
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description marketing materials/printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-8-24</i>	5 Payee name <i>Sonia Rodriguez</i>
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6 Amount (\$) <i>\$352.50</i>	7 Payee address; City; State; Zip Code <i>1737 McKinley St. Brownsville TX 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Wages</i>	(b) Description <i>Block walker</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-8-24</i>	Payee name <i>Maria Griselda Rodriguez</i>
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Amount (\$) <i>\$435.00</i>	Payee address; City; State; Zip Code <i>1737 McKinley St. Brownsville, TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Wages</i>	Description <i>Block walker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-8-24</i>	Payee name <i>Deyanira Aranda Pacheco</i>
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Amount (\$) <i>\$450.00</i>	Payee address; City; State; Zip Code <i>1144 E. Washington St. Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Wages</i>	Description <i>Block walker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-8-24</i>	5 Payee name <i>Sheila Guerrero</i>
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6 Amount (\$) <i>\$525.00</i>	7 Payee address; City; State; Zip Code <i>1837 E. Taylor St. Apt A, Brownsville TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Wages</i>	(b) Description <i>Block walker</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-8-24</i>	Payee name <i>Elisa Arevalo</i>
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Amount (\$) <i>\$465.00</i>	Payee address; City; State; Zip Code <i>1837 E. Taylor St. Apt A. Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Wages</i>	Description <i>Block walker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-8-24</i>	Payee name <i>Ernesto Hernandez</i>
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Amount (\$) <i>\$367.50</i>	Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Brownsville, TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Wages</i>	Description <i>Block walker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | 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 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-8-24</i>	5 Payee name <i>Bernice Peralta</i>
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6 Amount (\$) <i>\$450.00</i>	7 Payee address; City; State; Zip Code <i>1045 McNair Family Dr. Brownsville, TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walker</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-8-24</i>	Payee name <i>Guadalupe Peralta</i>
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Amount (\$) <i>\$450.00</i>	Payee address; City; State; Zip Code <i>1045 McNair Family Dr. Brownsville TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-8-24</i>	Payee name <i>Maria Araceli Sanchez</i>
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Amount (\$) <i>\$15.00</i>	Payee address; City; State; Zip Code <i>1837 E. Taylor St. Apt A, Brownsville TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | 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 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-25-24</i>	5 Payee name <i>Sonia Rodriguez</i>
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6 Amount (\$) <i>\$465.00</i>	7 Payee address; City; State; Zip Code <i>1737 McKinley St. Brownsville TX 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walker</i>
	(c) <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
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Date <i>4-1-24</i>	Payee name <i>Sonia Rodriguez</i>
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Amount (\$) <i>\$495.00</i>	Payee address; City; State; Zip Code <i>1737 McKinley St. Brownsville, TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<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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Date <i>4-1-24</i>	Payee name <i>Sheila Guerrero</i>
-----------------------	--------------------------------------

Amount (\$) <i>\$532.50</i>	Payee address; City; State; Zip Code <i>1837 E. Taylor St. Apt A, Brownsville TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Wages</i>	Description <i>Block walker</i>
	<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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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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-1-24</i>	5 Payee name <i>Deyanira Aranda Pacheco</i>	
6 Amount (\$) <i>\$ 375.00</i>	7 Payee address; City; State; Zip Code <i>1144 E. Washington St. Braunsville TX 78520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walker</i>
	(c) <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 <i>4-1-24</i>	Payee name <i>Ernesto Hernandez</i>	
Amount (\$) <i>\$367.50</i>	Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Braunsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<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 <i>4-1-24</i>	Payee name <i>Ricardo Hernandez</i>	
Amount (\$) <i>\$367.50</i>	Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Braunsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<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

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 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-1-24</i>	5 Payee name <i>Mania Griselda Rodriguez</i>
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6 Amount (\$) <i>\$540.00</i>	7 Payee address; <i>1737 McKinley St. Brownsville TX 78521</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walker</i>
	(c) <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
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Date <i>4-1-24</i>	Payee name <i>Berenice Peratta</i>
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Amount (\$) <i>\$502.50</i>	Payee address; <i>1045 McNavir Family Dr. Brownsville TX 78520</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<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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Date <i>4-22-24</i>	Payee name <i>Sheila Guerrero</i>
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Amount (\$) <i>\$495.00</i>	Payee address; <i>1837 E. Taylor St. Apt A, Brownsville TX 78520</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<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

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 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-25-24</i>	5 Payee name <i>Irma Pena Hinojosa</i>
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6 Amount (\$) <i>\$420.00</i>	7 Payee address; City; State; Zip Code <i>2778 Pompeii St. Brownsville TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walker</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-25-24</i>	Payee name <i>Brenda Durado</i>
------------------------	------------------------------------

Amount (\$) <i>\$300.00</i>	Payee address; City; State; Zip Code <i>602 Old Port Isabel Rd, Apt #35 Brownsville, TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-25-24</i>	Payee name <i>Amazon</i>
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Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>440 Terry Av. Seattle WA 98109</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Award</i>	Description <i>promotion for volunteers to promote candidate</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY 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

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 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-24-24</i>	5 Payee name <i>maria Griselda Rodriguez</i>	
6 Amount (\$) <i>\$ 525.00</i>	7 Payee address; City; State; Zip Code <i>1737 McKinley St. Brownsville TX 78521</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walker</i>
	(c) <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 <i>4-24-24</i>	Payee name <i>Elisa Anevalo</i>	
Amount (\$) <i>\$ 525.00</i>	Payee address; City; State; Zip Code <i>1837 E. Taylor St Apt A, Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<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 <i>4-24-24</i>	Payee name <i>Sonia Rodriguez</i>	
Amount (\$) <i>\$ 450.00</i>	Payee address; City; State; Zip Code <i>1737 McKinley St. Brownsville TX 78521</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<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

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-24-24</i>	5 Payee name <i>Deyanira Aranda Pacheco</i>
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6 Amount (\$) <i>\$ 375.00</i>	7 Payee address; City; State; Zip Code <i>1144 E. Washington St. Brownsville TX 78520</i>
-----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walker</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-24-24</i>	Payee name <i>Norma Hernandez</i>
------------------------	--------------------------------------

Amount (\$) <i>\$ 142.50</i>	Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Brownsville TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-24-24</i>	Payee name <i>Bernice Peralta</i>
------------------------	--------------------------------------

Amount (\$) <i>\$ 450.00</i>	Payee address; City; State; Zip Code <i>1045 McNair Family Dr. Brownsville TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | 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 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-24-24</i>	5 Payee name <i>Guadalupe Peralta</i>
--------------------------	--

6 Amount (\$) <i>\$450.00</i>	7 Payee address; City; State; Zip Code <i>1045 McNair Family Dr. Brownsville TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walker</i>
	(c) <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
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Date <i>4-24-24</i>	Payee name <i>Roadhouse</i>
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Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>3400 North Expy 77/83 Brownsville TX 78526</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Award</i>	Description <i>promotion to volunteers to promote candidate</i>
	(c) <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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Date <i>4-24-24</i>	Payee name <i>Ernesto Hernandez</i>
------------------------	--

Amount (\$) <i>\$75.00</i>	Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Brownsville TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	(c) <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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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	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 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-23-24</i>	5 Payee name <i>Laser Derm Med Spa</i>
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6 Amount (\$) <i>\$1,274.00</i>	7 Payee address; <i>2155 N. Epy 77/83, Unit K Brunnsville TX 78520</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Issued promotional / advertising material to promote candidate</i>
	(c) <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
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Date <i>4-22-24</i>	Payee name <i>Mario Saenz</i>
------------------------	----------------------------------

Amount (\$) <i>\$ 585.00</i>	Payee address; <i>51 Calgary CT, Brunnsville TX 78526</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense / WAGES</i>	Description <i>Signs - put up signs</i>
	(c) <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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Date <i>4-19-24</i>	Payee name <i>Bernice Peralta</i>
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Amount (\$) <i>\$ 375.00</i>	Payee address; <i>1045 McNair Family Dr. Brunnsville TX 78520</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	(c) <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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4-15-24</i>	5 Payee name <i>Ernesto Hernandez</i>	
6 Amount (\$) <i>\$375.00</i>	7 Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walker</i>
	(c) <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 <i>4-17-24</i>	Payee name <i>Elisa Arrevalo</i>	
Amount (\$) <i>495.00</i>	Payee address; City; State; Zip Code <i>1837 E. Taylor St. Apt A, Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<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 <i>4-17-24</i>	Payee name <i>Sheila Guerrero</i>	
Amount (\$) <i>\$480.00</i>	Payee address; City; State; Zip Code <i>1837 E. Taylor St. Apt A, Brownsville TX 78520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<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

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 | 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 FILER NAME <i>Ernest Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-17-24</i>	5 Payee name <i>Ricardo Hernandez</i>
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6 Amount (\$) <i>\$367.50</i>	7 Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Brownsville TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Wages</i>	(b) Description <i>Block walker</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-16-24</i>	Payee name <i>Roberto Castillo</i>
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Amount (\$) <i>\$1,200.00</i>	Payee address; City; State; Zip Code <i>800 I-69 E. Frontage Rd, Unit 40 Brownsville TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>Caterer - provided meal for event</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-15-24</i>	Payee name <i>Sonia Rodriguez</i>
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Amount (\$) <i>\$375.00</i>	Payee address; City; State; Zip Code <i>1737 McKinley St. Brownsville TX 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Wages</i>	Description <i>Block walker</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY 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

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 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-15-24</i>	5 Payee name <i>María Criselda Rodríguez</i>
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6 Amount (\$) <i>\$375.00</i>	7 Payee address; City; State; Zip Code <i>1737 McKinley St. Brownsville, TX 79521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walker</i>
	(c) <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
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Date <i>4-15-24</i>	Payee name <i>Norma Hernandez</i>
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Amount (\$) <i>\$75.00</i>	Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Brownsville, TX 79520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walker</i>
	<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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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	

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

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 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-10-24</i>	5 Payee name <i>Bigos Bar & Grill</i>
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6 Amount (\$) <i>\$152.07</i>	7 Payee address; City; State; Zip Code <i>464 Paredes Line Rd. Brownsville TX 78521</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <i>lunch to discuss strategy w/ volunteers.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-9-24</i>	Payee name <i>Roberto Castillo</i>
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Amount (\$) <i>\$100.00</i>	Payee address; City; State; Zip Code <i>800 I-69 E. Frontage Rd, Unit 40 Brownsville TX 78520 78521</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>	Description <i>Caterer - provide food</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	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

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