CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 24
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Ernesto	MI	OFFICE USE ONLY
NAME	NICKNAME Ernie	G. tierrez	SUFFIX	PECEIVEN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	5 5	: APT/SUITE#: C Costa Brava ville, TX 785		APR 2 6 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	455 - 7064	EXTENSION	Date Hand-delivered or Date Postmarked U 3
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MC NICKNAME	Byant	C. SUFFIX	Date Processed
		Touchy		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	304 NIC	(NO PO BOX PLEASE); APTISI Kolas St. LO Vieyo TX		STATE; ZIP CODE
(Residence or Business)	/cor w	w viego 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>
8 CAMPAIGN TREASURER PHONE	(956)	459-6607	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	03	125/2024	THROUGH 04	/26/2024
11 ELECTION	Month Day	Year Primary	Runoff Description Special	E
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know Pistnet, Port Co	m) Brownsville Navigation commissioner, Place 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	SASURER ADDRESS	
		GO TO I	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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -O-
	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 LA OF REPORTING PERIOD	\$ 24,006.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	\$ -0-
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
l	ulred to be reported by me under Title 15, Election Code.	()
		un 3
	Signature of Ca	andidate of Officeholder
9-0	Please complete either option below	v:
1/2	NIDIA MAGALI OVALLE Notary ID #126087722	Ÿ
1 (v	My Commission Expires March 23, 2027	
(1) Affidavit	n a marine and a m	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by What Cuelling this the	210 day of april
	which, witness my hand and seal of office.	
Midro	ur Misy Oxalle	Notre
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	建筑等是是是是是
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of , on the day of (month	n), 20 (year)
		A CONTRACTOR OF THE STATE OF TH
	Signature of Candid	date/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,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,200
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,800
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$-0-
4.	SCHEDULE E: LOANS	\$ - 0 -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	\$ 24,535.77
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ - 0 -
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	contributions \$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	s -0-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$ - 0 -
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS \$ - O -
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IONS RETURNED \$ - O -

SCHEDULE A1

*			
The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:
2 FILER NAME	Ernesto Gutierrez	5	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor aut-of-state PAC (ID#	#:	7 Amount of contribution (\$)
4-2-24	Commence of the second	State; Zip Code	\$ 1,000.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID) Royston Rayzor Vickery Will	Hams LLP	Amount of contribution (\$)
3-26-24		State; Zip Code 78521	\$ 500.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state_PAC (IDF	#)	Amount of contribution (\$)
4-3-24	Brow	State; Zip Code	\$1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of contribution (\$)
4-2-24	Monica Cardenas Contributor address; City; S Brunshle TX 7815	State; Zip Code	\$1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
v.			ue.
	ATTACH ADDITIONAL COPIES OF I		

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 4-9-24 3-23-24 Date of Contributor Out-of-state PAC (ID#:) Gustaw Elizando III 6 Contributor address; City; State; Zip Code Check Rancho Viejo TX 73575	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)			
Date Full name of contributor	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)			
Date Full name of contributor Out-of-state PAC (ID#:) Mark Johnson Contributor address; City: State: Zip Code Brunsulle TX 79523	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)			
Date Full name of contributor out-of-state PAC (ID#:) Ruben M. Torres Contributor address; City; State; Zip Code Runcho Vigo 78575	Amount of contribution (\$) \$\frac{1}{2}\$ \frac{1}{2} \frac{1}{2} \cdot 0.00			
Principal occupation / Job title (See Instructions) Employer (See Instruc	ttions)			
	5)			
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

(2		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ernesto Gutiernez	3 Filer ID (Ethics Commission Filers)
4 Date 4-8-24	5 Full name of contributor out-of-state PAC (ID#:) LUIS GON ZaleZ 6 Contributor address; City; State; Zip Code Brownsully TX 78521	5 2, 700.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date 4-13-24	Full name of contributor out-of-state PAC (IDIE) 4 GV Oil and Lubriants LU Contributor address; City; State; Zip Code McMlen, TX 78501	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4-22-24	Full name of contributor	Amount of contribution (\$) \$ 1,000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 4-10-24	Full name of contributor out-of-state PAC (ID#:) Fernando Marknez Tirado Contributor address; City; State; Zip Code Rancho Viejo TX 78575	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Ernesto Gutiernez		3 Filer ID (Ethics Commission Filers)	
4 Date 3-29-24	Alfonso Morales 6 Contributor address; City;	State; Zip Code On TX 79572	7 Amount of contribution (\$) \$5,000.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor ☐ out-of-state PAC Contributor address; City;	State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	If contributor is out-of-state PAC, please see Instru			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME Ernesto Gutierrez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	JTIONS \$
Brownsville, TX 75	8 Amount of Contribution \$ 9 In-kind contribution description 10 In-kind contribution description 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 Full name of contributor out-of-state PAC (IDIF:	Amount of Contribution \$ In-kind contribution description Zip Code \$2,500 Signs - Advantsing Check if travel outside of Texas. Complete Schedule T. 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)	
ê	
ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see Instruction	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense 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 Layment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ernesto Gutier	VEZ 3 Filer	ID (Ethics Commission Filers)
4 Date 4-19-24	Border Press, Inc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$3,232.41	620 E. Price Rd. Brow	nsulle TY 789	521
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	161
PURPOSE OF EXPENDITURE	Advertising Expense	manceting ma	stenils/ printing
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	holder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
COCOCOCO	COORD COORD COORD	36	
Amount (\$)	Payee address;	City;	State; Zip Code
	- VO 11	> —	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	03003000	and ob	
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX, office	holder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-3-24	Border Press, Inc.		
Amount (\$)	Payee address;		State; Zip Code
\$3,362.29	620 E. Price Rd, Brown	sulle TX 785	21
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	manating mad	erials/printing
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officel	holder 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			

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 6(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense F y Gift/Awards/Memorials Expense F	oan 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 Ernesto Gu	tierrez	3 Filer ID (Ethics Commission Filers)
4 Date 4-8 - 24	E Daves name		
6 Amount (\$)	7 Payee address;	City:	State; Zip Code
\$ 352.50	Sonia Rodriques, 7 Payee address; 1737 McKinley St. Br	oursville TX	73521
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE OF EXPENDITURE	Wages	Blocku	alkee
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	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		A
4-3-24	Maria Griselda	Rodriquez	
Amount (\$)	Payee address;	City;	State; Zip Code
\$435.00	1737 mckinley St. B	rounsville, TX	78521
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Wages	Block u	nalicer
	Check if travel outside of Texas. Complete Scher	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
Date	Payee name		
4-8-24	Deyanira Aranda	Pachero	
Amount (\$)	Payee address;	City;	State; Zip Code
\$450.00	1144 E. Washington St	f. Brownsville,	18 79520
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Nages	Block	nalker
	Check if travel outside of Texas. Complete Scheo	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	F THIS SCHEDULE AS NEE	DED

SCHEDULE F1

		EXPENDITURE CATE	GORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Travel In District Travel Out Of Dis	quipment & Related Expense
1 Total pages Schedule F1:	2 FILER NA	AME Emesto G	utien	ez	3 Filer ID (Et	hics Commission Filers)
4 Date 4-8-24	5 Payee na				.,	
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
\$525.00	1837	E. Taylor St. 1	APTA	Bruns	ille TX	18520
8	(a) Categor	y (See Calegories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	V	lages		Block	nal ke	<u>a</u>
	(c)	Check if travel outside of Texas, Complete S	chedule T.	Check if Aus	tin, TX, officeholder li	ving expense
9 Complete ONLY if direct expenditure to benefit C/OF	Designation of the sections	ate / Officeholder name		Office sought	10	Office held
Date	Payee na	me				
4-8-24	EI	lisa Areval	0			
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
\$465.00	1837	E. Taylor St. 170	+ A. T	brounsull	e, IX T	9520
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	N	ages		Block	nell	er
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aus	tin, TX, officeholder li	ving expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na					
4-8-24	En	nesto Herna	ndez	_		И
Amount (\$)	Payee ad			City;	State;	Zip Code
\$367.50	2342	El Arbol Dr. B	rownsu	iller 1X	3320	
	Category	(See Categories listed at the top of this s	chedule)	Description	· · · · · · · · · · · · · · · · · · ·	
PURPOSE OF EXPENDITURE	N	ages		Block	uall	cie
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Aust	tin, TX, officeholder liv	ving expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees COMBEVERAGE EXPENSE P Gift/Awards/Memorials Expense P Legal Services S	oan Repayment/Reimbursement Office Overhead/Rental Expense rolling Expense rinting 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 h	low to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Erresto G	therez	3 Filer ID (Ethics Commission Filers)
4 Date 4-8-24	5 Payee name Bernice Pera		
6 Amount (\$)	7 Pavee address:	City:	State; Zip Code
\$450.00	1045 McNair Family	y Dr. Brownsul	Le, TX 78520
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE OF EXPENDITURE	nages	Block	walker
	(c) Check if travel outside of Texas, Complete Sched	dule T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-8-24	Guadalepe Per Payee address; 1045 McNair Family	alta	
Amount (\$)	Payee address;	City;	State; Zip Code
\$450.00	1045 McNair Family	Dr. Brownsell	12 TX 78520
O DE LOS DE LOS DE LOS DELLOS DE LOS DELLOS DE LOS DELLOS DE LOS DELLOS DELLOS DELLOS DELLOS DELLOS DELLOS DEL	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	wages	Block	ualker
	Check if travel outside of Texas. Complete Scheo	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
Date	Payee name		
4-8-24	maria Araceli	Sanchez	
Amount (\$)	Payee address;	City;	State; Zip Code
\$15.00	1837 E. Taylor St. Apr	A, Brunsull	u TX 78520
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	hages	Block	nallcer
	Check if travel outside of Texas, Complete Scheo	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	F THIS SCHEDULE AS NEE	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (extension not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F1:	2 FILER NAME Ernesto Gutherrez	FILER NAME Ernesto Guherrez 3 Filer ID (Ethics Commission Filers)							
4 Date 3-25-24	Payee name Sonia Rodriguez								
6 Amount (\$) \$465.00	Payee address; City; State; Zip Code 1737 McKinley St. Brownsulle TX 78521								
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description							
PURPOSE OF EXPENDITURE	hages	Block nalker							
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX, officeholder living expense							
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held							
Date	Payee name								
4-1-24	Sonia Rudriquez								
Amount (\$)	Payee address;	City; State; Zip Code							
\$495.00	1737 McKinley St. Brownsi	116, 1x 18521							
	Category (See Categories listed at the top of this schedule)	Description							
PURPOSE OF EXPENDITURE	hages	Block walker							
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expe								
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held							
Date	Payee name								
4-1-24	Sheila Guerrero								
Amount (\$)	Payee address;	City; State; Zip Code							
\$ 5 32 .50	1837 E. Taylor St. Apt &	t, Drownsville 18 78820							
	Category (See Categories listed at the top of this schedule)	Description							
PURPOSE OF EXPENDITURE	Wages	Block Walker							
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees COMBENER COMBENT COMBENER COMBENER COMBENER COMBENER COMBENER COMBENER COMBENER	oan Repayment/Reimbursement office Overhead/Rental Expense volling 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 i	now to complete this form.							
1 Total pages Schedule F1:	F1: 2 FILER NAME Emesto Gutierer 3 Filer ID (Ethics Commission Filers)								
4 Date 4 -1-24	Deyanira Aranda Pacheco								
6 Amount (\$) \$ 375.00	7 Payee address; 1144 E. Washington St	Brownsville	TX State; Zip Code 785ZO						
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description							
PURPOSE OF EXPENDITURE	nages	131001	c ualles						
K	(c) Check if travel outside of Texas. Complete Scher	dule 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								
4-1-24	Ernesto Hernand	dez							
Amount (\$) \$ 367.5	Payee address; City; State; Zip Code 2342 El Arbol Dr. Brunsville TX 78520								
	Category (See Categories listed at the top of this sche	dule) Description							
PURPOSE OF EXPENDITURE	wages	Block	e u eller						
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	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name								
4-1-24	Ricardo Hema	rde2	,						
Amount (\$)	Payee address;	City;	State; Zip Code						
\$367.50	2342 El Arbol Dr. Br	rusulle T	0 78520						
	Category (See Categories listed at the top of this scheduler	dule) Description							
PURPOSE OF EXPENDITURE	wages	Block	nallo						
	Check if travel outside of Texas. Complete Sched	fule 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						
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED						

SCHEDULE F1

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

ii the requested iiii	officiality is not applicable, be not mor	ade tine page in the rep.	2161					
	EXPENDITURE CATEGOI	RIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	fice Overhead/Rental Expense IIIIng Expense Inting Expense Interest IIIIng Expense Interest IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	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 Gherrez 3 Filer ID (Ethics Commission File							
4 Date 4-/-24	Payee name Mana Griselda bodriquez							
\$ 540.00	7 Payee address; 1737 McKinley St. 7	City:	State; Zip Code 7852 (
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this sche	(b) Description Block w	allcer					
	(c) Check if travel outside of Texas. Complete Schedu	lle T. Check if Austin, 1	X, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date 4-1-24	Berense Pera	Ita						
Amount (\$) \$50 2.50	Payee address; 1045 McNair Fumil	y Dr. Braunsu	State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description Block u	alko					
	Check if travel outside of Texas. Complete Schedu	lle T. Check if Austin, T	TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
7-22-24	Sheila Guerreno	-						
Amount (\$)	Payee address;	City;	State; Zip Code					
\$495.00	1837 E. Taylor St. Apt	A, Brownsville	1% 78520					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched		velker.					
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, T	X, 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			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)							
Cleditoaldrayment	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F1:	2 FILER NAME Ernesto Gutierez 3 Filer ID (Ethics Commission Filers)									
4 Date 4-25-24	5 Payee name Irma Pena H	Payee name Irma Pena Hinojosa								
6 Amount (\$)	7 Poves address:	City	State; Zip Code							
\$420.00	2778 Pompeii St. Bro	unsville TX	78520							
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description								
PURPOSE OF EXPENDITURE	wages	Block	nalker							
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin,	TX, officeholder living expense							
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held							
Date	Payee name									
4-25-24	Brenda Durado									
Amount (\$)	Payee address;	City;	State; Zip Code							
\$300.00 (ev2 Old Port Isabel Rd, Apt #35										
Brownsville, TX 79521										
	Category (See Categories listed at the top of this sche	W W W W								
PURPOSE OF EXPENDITURE	vages	Block	nalker							
	Check if travel outside of Texas. Complete Scheo	dule 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									
4-25-24	Amazon									
Amount (\$)	Payee address;	City;	State; Zip Code							
\$100.00	440 Terry Av. Seastly	WA 98109								
	Category (See Categories listed at the top of this sche									
PURPOSE	Avard	promotion	for Volunteers te Condidate							
OF EXPENDITURE	pocaric	to prom	te Landidate							
	Check if travel outside of Texas, Complete Scheo		TX, officeholder living expense							
Complete ONLY if dies i	Candidate / Officeholder name	Office sought	Office held							
Complete ONLY if direct expenditure to benefit C/OH		Office sought	Οπίζε πεία							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

SCHEDULE F1

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

		EXPENDITURE CATEG	ORIES F	OR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ly (Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Transport Travel In I Travel Ou	n/Fundraising Expense ation Equipment & Related Expense District it Of District ter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAI	hem	ez	3 Filer I	ID (Ethics Commission Filers)			
4 Date 4-24-24	5 Payee nam	5 Payee name Mana Griselda Rodrquez 7 Payee address; City; State; Z						
6 Amount (\$)	7 Payee add	ress;	0	City	~ _ 8	State; Zip Code		
\$525.00	68 173	7 mckinleyst.	Bn	unsville I	1 7	8521		
8	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description				
PURPOSE OF EXPENDITURE	of hages				Block walker			
	(c) c	heck if travel outside of Texas. Complete Sci	nedule T.	Check if Austi	n, TX, officeh	nolder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name		Office sought		Office held		
Date	Payee nam	e						
4-24-24	EI	sa Areva	10					
Amount (\$) \$ 525.00	/837 E	ess: Taylor St Apt	A,B	city; neuns ville	Do 5	State; Zip Code 78520		
	Category (See Categories listed at the top of this sci	nedule)	Description				
PURPOSE OF EXPENDITURE Wages				Block	va	1100		
	Check if travel outside of Texas. Complete Schedule T.		Check if Auslin, TX, officeholder living expense		older living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held		
Date	Payee nam	е						
4-24-24	Son	ia Rodrig	vez					
Amount (\$)	Payee addr			City;	S	itate; Zip Code		
\$400.00	1737	mckinley St.	Bru	insville T	< 785	721		

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)

Description

nages

Block walker

	Check if travel outside of Texas, Complete Schedule T.
100	7 7 500 7 77

Check if Austin, TX, officeholder living expense

Complete ONLY if direct candidate / Officeholder name expenditure to benefit C/OH

Office sought

Office held

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	Fees Office Ove Food/Beverage Expense Polling Expense Printing Expense Printing Expense	pense /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 Ernesto Gutierrer 3 Filer ID (Ethics Commission Filers)							
4 Date 4-24-24	5 Payee name Deyanira Arand	a Pachea	0					
6 Amount (\$) \$ 375.00	7 Payee address; 1144 E. Washington St. Br	ounsull Ty	Kate; Zip Code 79520					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE OF EXPENDITURE	wages	Block	nalko					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name		X					
4-24-24	Norma Hernandez		N. Carlotte					
Amount (\$) \$ 142.50	Payee address; 2342 ET Arbol Dr. Parown	city; sulle TX -	State; Zip Code					
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	wages	Block	walker					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
4-24-24	Bernice Peralta							
Amount (\$)	Payee address;	City;	State; Zip Code					
\$ 450.00	Payee address; 1045 McNair Family DA	2. Brunsu	14 1x 78520					
	Category (See Categories listed at the top of this schedule)	Description	774 881					
PURPOSE OF EXPENDITURE	wages	Block	k weelkee					
	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	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics		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 ex	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	Kinesto	Gutierrez	3 Filer ID (Ethics Commission Filers)						
4 Date 4-24-24	5 Payee name Gradalup	Payee name Gradalype Perasta							
6 Amount (\$) \$ 450.00	7 Payee address; 1045 McNair Fan		ille TX 78520						
8	(a) Category (See Calegories listed at the top of								
PURPOSE OF EXPENDITURE	nages	Bloc	k walker						
	(c) Check if travel outside of Texas. Comp	elete Schedule T. Check if Aus	tin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name								
4-24-24	Roadhous	se							
Amount (\$)	Payee address;	City;	State; Zip Code						
\$100.00	Brunsylle of 78526								
	Category (See Categories listed at the top of	CONTRACTOR OF THE PROPERTY OF							
PURPOSE OF EXPENDITURE	Award	promotion pro	n to Volunteers						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held						
Date	Payee name	+170-114							
4-24-24	Ernesto Her	nadez							
Amount (\$)	Payee address;	City;	State; Zip Code						
\$ 75.00	2342 El AMOOID	r. Brownsulle TX	78520						
	Category (See Categories listed at the top of t	this schedule) Description							
PURPOSE OF EXPENDITURE	wages	B100	ck haller						
	Check if travel outside of Texas. Comple	ete Schedule T. Check if Aust	in, 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									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pri Legal Services Sai	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor			
	The Instruction Guide explains ho	w to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Ernesto Guti	errez	3 Filer ID (Ethics Commission Filers)		
4 Date 4-23-24	5 Payee name Laser Deri	n Med Spa	8		
\$1,274.00	7 Payee address; 2155 N. Expy 77/83, C Brunsulu TX 785	City;	State; Zip Code		
8	(a) Category (See Categories listed at the top of this sched	(b) Description	0/1/1/1		
PURPOSE OF EXPENDITURE	Advertising Expense	15sued po	enotional / advetisi		
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin,	TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4-22-24	Mario Saenz				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$ 585.00	51 Calgary CT, Bru	unsulle TX 7	8526		
3	Category (See Categories listed at the top of this schedu	54 C 42 C 42 C 44 C 42 C 44 C 44 C 44 C			
PURPOSE OF EXPENDITURE	Advertising Expense/	Signs -	- put up signs		
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	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4-19-24	Bernice Peralt	a			
Amount (\$) \$ 375-00	Bernice Peralt Payee address; 1045 Minair Family	Dr. Brunsull	State; Zip Code TX 78520		
	Category (See Categories listed at the top of this schedu				
PURPOSE OF EXPENDITURE	wages	Bloc	k walker		
	Check if travel outside of Texas, Complete Schedule	eT. Check if Austin,	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		head/Rental Expense ense pense	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense			
Credit Card Payment		The Instruction Guide explain	s how to co	omplete this form.					
1 Total pages Schedule F1:		Ernesto hu		22	3 Filer ID (Ethics	s Commission Filers)			
4 Date 4-15-24	5 Payee na	Payee name Ernesto Hernander							
\$ 375.00	7 Payee at 2342	LEI AMOSI Dr.	Bro	City; wasuitle	State;	Zip Code			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description					
PURPOSE OF EXPENDITURE	l	rages		Bloc	k walk	- Ru			
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Austi	in, TX, officeholder living	expense			
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held			
Date	Payee na	me .							
4-17-24	EI	isa Arevalo							
Amount (\$)	Payee ad		11001	City;	State;	Zip Code			
495.00	1837	E. Taylor St. A	pt A	Bour	-Suille T	x 78520			
	Category	(See Categories listed at the top of this se	chedule)	Description		пан - 155 п-155 - шилдест Епреминина			
PURPOSE OF EXPENDITURE	L	rages		Block	walke				
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held			
Date	Payee na	ame							
4-17-24	Sh	reila Grener	~						
Amount (\$) \$ 480 -00	Payee ad / 837	dress; E. Taylor St.	Apti	A, Brun	State;	Zip Code 73520			
	Category	(See Categories listed at the top of this so	:hedule)	Description		8			
PURPOSE OF EXPENDITURE		huges		Block	malkie				
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held			
т.	АТТ	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Award Committee Legal Serv	rage Expense s/Memorials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense t			
1 Total pages Schedule F1:	2 FILER NAME	nest- Gut	ene	2	3 Filer ID (Ethics	Commission Filers)			
4 Date 4-17-24	5 Payee name 2	Payee name Ricardo Hernander							
\$347.50	7 Payee address; 2342 EI A	1001 Pr. 13	nun	. City;	State;	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Category	gories listed at the top of this s	chedule)	(b) Description Block	k walk	ilic			
	(c) Check if trave	outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living	expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office	eholder name		Office sought		Office held			
Date 4-14-24	Payee name Rober	to Casti	110						
4mount (\$) \$ 1,200.00	Payee address; 800 I-lea Brow	TE. Fronta	ge R. 78	city; 1, Unit40 521	State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Category Food / Be	ories listed at the top of this so everage Pens-E	hedule)	Description Caterer for	- provided	I meal			
	Check if trave	l outside of Texas. Complete Sci	hedule T.	Check if Austin	n, TX. officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name		Office sought		Office held			
Date 4-15-24	Payee name	Rodrigi	sez.						
Amount (\$) \$375-00	Payee address; /737 Mc/	cinhay St.	Bnu	rsulle T	X 7 852	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Catego	ories listed at the top of this sci	hedule)	Block	walle				
	Check if trave	outside of Texas. Complete Sch	nedule T.	Check if Austin	n, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offic	eholder name		Office sought		Office held			

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SCHEDULE F1

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex		Travel In District Travel Out Of Distri	pment & Related Expense	
Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	Total pages Schedule F1: 2 FILER NAME FILES Commission Filers) 3 Filer ID (Ethics Commission Filers)						
4 Date 4-15-24	5 Payee name Mana Crriselda Rodnique						
6 Amount (\$) \$375.00	Mana Crriselda Rodriguer 7 Payee address; 1737 Mckinley St. Brownsulle, TX 79521 Zip Code						
8	(a) Categor	y (See Calegories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	hages			Block walter			
	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH				Office sought		Office held	
Date	Payee na	ime					
4-15-24	Nor	ma Hemono	lez				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
\$75.00	2342	LEI Arbul Dr.	Brown	nsull 17X	79520		
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	hages Block valker						
	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		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	achedule)	Description			
	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		ate / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Ernest Gutierrer

5 Payee name

Bigos Bar & Gnil

7 Payee address;

464 Paredles Line Rd. Brunsville 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 6 Amount (\$) \$152.07 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 lunch to discuss PURPOSE Streetery of volunteers OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Roberto Castillo 4-9-24 Payee address; State; Zip Code BW I-69 E. Frontage Rd, Unit 40 \$100.00 Brunsulle TX 1880 78521
Category (See Categories listed at the top of this schedule)

Description Cateren - provide fact PURPOSE Food Beverage OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED