CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME Ernie	Ernesto LAST Cautierre 2		MI SUFFIX	OFFICE USE ONLY Date Received RECEIVER
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Brownsv	ille, TX 785		6 C	JUL 1 5 2024 BY:
5 CANDIDATE/ OFFICEHOLDER PHONE	(95%)	9755 - 7064	EXT	ENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M. NICKNAME	Bryant LAST Touchy		C.	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	204 Auck	no po box please;; apt/si colas St. o Viejo, TX		CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 459-6607	EXT	ENSION	
9 REPORT TYPE	January 15 July 15	30th day before e		Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	OY Month	Day Year /27 /2024	THROUGH	Month	Day Year / 15 / 2024
11 ELECTION	Month Day	Year Primary	Runoff Special	Other Description	
12 OFFICE	OFFICE HELD (if any)	•	13 OFF	TICE SOUGHT (if known	gation District loner, Place 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLIT	TICAL EXPENDITURES I	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	EASURER NAME	8	
۲.,		COMMITTEE CAMPAIGN TR	EASURER ADDRES	ss	
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 F	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONT PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR		\$ 2,300
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	NDITURE,	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES		\$ 19,867.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS M OF REPORTING PERIOD	AINTAINED AS OF THE LAST DA	\$ 33.92
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OF LAST DAY OF THE REPORTING PERIOD	[[[[]]] [[[[]] [[]] [[] [[]] [[]] [[] [[]] [[] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]] [[]	\$ -0-
	wear, or affirm, under penalty of perjury, that the a quired to be reported by me under Title 15, Election (2
	Please complete e	ither option below:	
(1) Affidavit	RACHEL SANCHEZ Notary Public, State of Texas Comm. Expires 04-04-2028 Notary ID 126453014		
Sworn to and subscribed	before me by Ernesto Gutie	this the	day of July,
Var(M)	which, witness my hand and seal of office.	nchez	Notary.
Sidnature of officer administration	Printed name of officer admi	nistering oath	Title of officer administering oath
(2) Unsworn Declarati	on		
My name is		, and my date of birth is	
My address is		,	
	(street)	(city) (state)	(zip code) (country)
Executed in	County, State of , on t	he day of (month)	, 20 (year)
		Signature of Candidate/C	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		COVER	SHE	ET PG 3
19	FILER NAME	20 Filer ID (Ethics Co	mmissi	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	e ograni i ta e mora e oma e oski i augžano esi	\$	2,300
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ /	19, 967.97
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	O
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	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 CO	ONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	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:
2 FILER NAME	Ernesto Gutierrez	3 Filer ID (Ethics Commission Filers)
4 Date 05-01-24	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 5 500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employe	er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	\$ 500.00
05-01-24	Contributor address; City; State; Z	ip Code
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions)
Date 04-30-24	Full name of contributor out-of-state PAC (ID#:	\$ 150.00
Principal occup		er (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
05-23-24	Contributor address; City; State; Zi	0000
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)
	N. Control of the con	
į.	ATTACH ADDITIONAL COPIES OF THIS SCH	HEDULE 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	Ernesto Gutierrez		3 Filer ID (Ethics Commission Filers)		
4 Date 05-23-24	5 Full name of contributor □ out-of-state PAC Ernuh Greez 6 Contributor address; City; Brownsule	State; Zip Code TV 78520	7 Amount of contribution (\$)		
8 Principal occu	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	9 Employer (See Instruct	tions)		
Date 5-7-24	Caulos Mines	State; Zip Code TX 78521	Amount of contribution (S) \$ 450.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACHARDITIONAL COSTO	SE TUIO GOLUEDAN E A CON			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE F1

400400000000000000000000000000000000000		EXPENDITURE	AIEGORIES	OR BOX o(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fe Fo y Gif	ent Expense es od/Beverage Expense t/Awards/Memorials Expen gal Services	Office Over Polling Exp se Printing Ex		Travel In District Travel Out Of Distri	pment & Related Expense
	1	he Instruction Guide e	explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAM	Ernesto (Sutierre	2	3 Filer ID (Ethio	cs Commission Filers)
4 Date 04-29-24	5 Payee name	is lountry	Store.			
6 Amount (\$)	7 Payee addre	ss;	0,00	City;	State;	Zip Code
\$44.03	2780 F	rontage Rd	#77/93	Brunsville	73	526
8	(a) Category (S	ee Categories listed at the top	p of this schedule)	(b) Description		
PURPOSE	Found	12		lunch to	discuss	Labore
OF EXPENDITURE	1000	Beverage		strategy	with vol	unters
	(c) Che	ck if travel outside of Texas. Cor	mplete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name	=	Office sought		Office held
Date	Payee name					
04-29-24	H-E-1	3				
Amount (\$)	Payee addre	ss;	2 1 -	City;	State;	Zip Code
\$71.37	2155 P	Paredes Line	ILd Br	unsulle	TX	78521
	Category (Se	e Categories listed at the top	of this schedule)	Description	1 1 600	and age CC
PURPOSE	- 1	1000		purchase for	dand ben	sign is
OF EXPENDITURE	roa	1 Beverage	-	volunteers "	nice canp	The state of the s
	Cho	als if terms a sustaida of Tayon Con	malata Sabadula T	Charle if Austi	TV (assembled that	
		ck if travel outside of Texas. Cor	ripiete Scriedule 1.		n, TX, officeholder livir	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name		Office sought		Office held
Date	Payee name					
04-30-24	Irma	- Pena H	hnojusa	_		
Amount (\$)	Payee addre	ess;		City;	State;	Zip Code
\$ 120.00	2775	Pompeii St.	Browns	sulle Ty	79580	
	Category (Se	e Categories listed at the top	of this schedule)	Description		
PURPOSE OF EXPENDITURE	h	ages		Block	ualce	e
	Che	ck if travel outside of Texas. Cor	mplete Schedule T.	Check if Austin	n, TX, officeholder livir	ig expense
Complete ONLY if direct	Candidate	/ Officeholder name		Office sought		Office held
expenditure to benefit C/OF	1			etromystom (C. 10040000 € 10050).		
	ATTAC	CH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

ii the requested ini	ormation is not applicable, DO NOT Inci	ude 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 Of Food/Beverage Expense Pood/Beverage Expense Pri	fice Overhead/Rental Expense Transportat Illing Expense Travel In Di nting Expense Iaries/Wages/Contract Labor Other (enter					
1 Total pages Schedule F1:	2 FILER NAME Enesto Gictie	errez 3 Filer ID	(Ethics Commission Filers)				
4 Date 04-30-24	Maria Elisa Areva	lo					
\$ 450 .00	7 Payee address; 1837 E. Taylor St. Ap	+ A Brunsulle T	ate; Zip Code 79580				
8	(a) Category (See Categories listed at the top of this schedule	dule) (b) Description					
PURPOSE OF EXPENDITURE	wages	Block walk	er				
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, TX, officeho	lder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
04-30-24	Joan Abraham Roc	Inquez					
Amount (\$)	Payee address;	City; St	ate; Zip Code				
\$ 450.00	1837 E. Taylor St. Apt	A, Brunsulle Ty	78520				
ļ.	Category (See Categories listed at the top of this sched	ule) Description					
PURPOSE OF EXPENDITURE	wages	Blockwall	Cer				
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, TX, officehol	lder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
04-30-24	Joan Abraham Rodre	. وسدى					
Amount (\$)	Payee address;		ate; Zip Code				
\$1,100.00	1837 E. Tuylor St. Ap	et A, Brunsville 1	¥ 78520				
	Category (See Categories listed at the top of this schedu	ule) Description					
PURPOSE OF EXPENDITURE	Wages	Block walker	• (
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, TX, officehol	der living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME trnesto Gutie	errez	3 Filer ID (Ethics Commission Filers)		
4 Date 05-06-24	5 Payee name Toon Ruding	ur			
\$ 1, 500.00	7 Payee address; 1837 E. Taylor St.	City:	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Block	nulce		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held		
Date	Payee name				
05-07-24	Cruadalupe Peru	Ita			
Amount (\$) \$465.00	Payee address;	oity; or. Brunsulle	State; Zip Code 75 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	1900-1907-1907 (1900-1907-1907-1907-1907-1907-1907-1907-	ruller		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, 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				
05-07-24	Berenice Peralt	a			
Amount (\$) \$465.00	Payee address; 1045 McNair Fumili	y Dr. Bruns	State: Zip Code 11/12 TX 78520		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch		ial Kn		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
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 CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

	The instruction duide explains now to co	implete this form.		
1 Total pages Schedule F1:	2 FILER NAME Ernesto Gutieme	2	3 Filer ID (Ethics Commission Filers)	
4 Date 05-01-24	5 Payee name Brenda Dorado			
6 Amount (\$) \$ 300.™	17 Payee address; 602 Old Port Isabel 16d Apt 35	Brownsul	State; Zip Code 78521	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	hages	Block	ualker	
*	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
05-01-24	Intenational Bank of	Comme	rce	
Amount (\$)	Payee address;	City;	State; Zip Code	
\$54.82	1600 Roben m Torres	Brusin	le 70 78521	
	Category (See Categories listed at the top of this schedule)	Description	· · · · · ·	
PURPOSE OF EXPENDITURE	Banking	proha	se checks	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		10	
05-01-24	Sonia Rodriquez			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$375.00	1737 McKinley St. Brown	rsville j	X 78521	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	uages	13 lock	ualler	
	Check if travel outside of Texas. Complete Schedule 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 NEEDED				

SCHEDULE F1

ii the requested iiii	officialion is not applicable, DO NOT Inclu	de tills page ill tile re	port.
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollii y Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement te Overhead/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Enesto Gutie	ivez	3 Filer ID (Ethics Commission Filers)
4 Date 05-01-24	5 Payee name . Mana Gnselda k 7 Payee address;	lodriquez	
6 Amount (\$) \$ 375.00	7 Payee address; /737 Mckinley St. Bn	runsulle TX	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedu	(b) Description	
PURPOSE OF EXPENDITURE	hages	Blode	. nalker
	(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
05-01-24	Prism Solutions Gro	49	
Amount (\$) \$4,122.43	Payee address; 2045 (es Mauldin Dr. 1	City; Browns ville-	State; Zip Code TX 7852
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Advansing Expense	Advertisin	o expense in the digital/texting
	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 05-03-24	Buffalo Wings: Rings		
Amount (\$) \$ 56.62	Payee address; 3340 Publo Kitel Blu	city;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Tood / Beverage	lunch wit	h voluntees to Strutegy.
	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

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	head/Rental Expense rase rase ravel In Distr travel In Distr travel Out Of ages/Contract Labor Other (enter a				
1 Total pages Schedule F1:	2 FILER NAME Ernesto Gutier	rez 3 Filer ID	Ethics Commission Filers)			
4 Date 05-03-24	5 Payee name Deyanira Aranda Par 7 Payee address; 1144 Ei washington st. Bro	checo				
6 Amount (\$)	7 Payee address;	City; Stat	e; Zip Code			
\$150.00	1144 En washington st. Bro	univille TX 75	520			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	wages	Blockwarker	RI .			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholds	r living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
05-06-24	Brenda Dorado					
Amount (\$)	Payee address;	City; Stat	e; Zip Code			
\$450.00	602 Old Port Isabel Roa Brungulle TX 79	d, Apt 35 321				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	hases	Block weel	Icer			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholds	r living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
0.5-06-24	Flying Pig Grill					
Amount (\$)	Payee address;	City; Stat				
\$1,614.63	7197 Burnias St. Olmit	o T-exas 78:	575			
	Category (See Categories listed at the top of this schedule)	Description	, H			
PURPOSE OF EXPENDITURE	Food / Beverage	Election Day ever Volunteers	an paign event			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholde	r living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL CODIES OF THIS SCHEDUL E AS NEEDED						

SCHEDULE F1

ii tile requested iiii	onnation is it	ot applicable, DO NOT II	iciuue iiiis	page III tile re	port.	
		EXPENDITURE CATE	ORIES FOR	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	F F y C	Event Expense fees food/Beverage Expense sift/Awards/Memorials Expense legal Services The Instruction Guide explain	Office Overheat Polling Expensions Printing Expensions Salaries/Wages	se s/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
4 Table Commence	0 ====			1	9 Ell ID /Ell-	Oindia Ellass
1 Total pages Schedule F1:	2 FILER NAM	Enesto Cut	ierrez		3 Filer ID (Ethics	s Commission Filers)
4 Date 05-06-24	5 Payee nam	e an Rodrige ress;	22			
6 Amount (\$) \$ 450.₩	7 Payee addi /937	E. Taylor St.	APT A	Bruns	state;	Zip Code
8	(a) Category	(See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	6	ages	-	Block	nalker	-
	(c) C	neck if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name		Office sought		Office held
Date	Payee nam					
05-06-24	ma	na Elisa P	freva	lo		
Amount (\$) \$ 495.00	Payee add	ress: Taylor St. Ap	4 A B	city; rounsville	State;	Zip Code
	Category (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	, V	lages		Block	nalker	_
	c	heck if travel outside of Texas. Complete Se	chedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date	Payee nan	ne	×			
05-06-24	She	ila Guerre	50			
Amount (\$)	Payee add		No.	City;	State;	Zip Code
\$555.00	1837 8	E. Taylor St. A	BNU	insulle 17	7852	
AND THE SALLENDARY MAINE SE	Category (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	L	ages		Block	cnalk	<u>د</u>
	c	heck if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder name		Office sought	2	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees (Food/Beverage Expense Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Ernesto Gutier	iner	3 Filer ID (Ethics Commission Filers)		
4 Date 05-07-24	5 Payee name DCyanira Aranda 7 Payee address;	Pacheco			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$ 450.00	1144 E. nashington St	. Brunsille	N 78520		
8	(a) Category (See Categories listed at the top of this sch	The second secon			
PURPOSE OF EXPENDITURE	wages	Block	nullee		
% - 0	(c) Check if travel outside of Texas. Complete Sche	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				
05-07-24	Berenice Pera	lta			
Amount (\$)	, ayee address,		State; Zip Code		
\$547.50	1045 marair Rumily P.	r. Brunsulle	TX 18520		
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	nages	Block	ralkor		
.é	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, 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				
05-07-24	Guadalipe Per Payee address; 1045 Minair Rimilio	alta	<i>(</i> 6)		
Amount (\$)	Payee address;	City;	State; Zip Code		
\$ 547.50	1045 Merair Rimile	7 Pr. Brunsi	Alle TX 73520		
	Category (See Categories listed at the top of this school	A			
PURPOSE OF EXPENDITURE	wages	Block	cualker		
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		

SCHEDULE F1

		EXPENDITU	IRE CATEG	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expen- Gift/Awards/Memorials Legal Services The Instruction G	s Expense	Office Overling Experinting Experinting Experinting Experimental Salaries/Water		Travel In District Travel Out Of Dist	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME Ernesto	Crutie	vrez		3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payee na	ime					
05-08-24			Aran	da	Pachew City;	S	
6 Amount (\$)	7 Payee ac	dress;			City;	State;	Zip Code
\$450.00	1144	E. washn	gton s	+. B	men sulla	= TX 77	520
8	(a) Categor	y (See Categories listed a	at the top of this so	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	u	ages			Block	nalkur	
	(c)	Check if travel outside of Te	exas. Complete Sch	nedule T.	Check if Aust	tin, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder na	ame		Office sought		Office held
Date	Payee na	ıme					
05-09-24	De	yanira	Ara	nda	Pache	w	
Amount (\$) \$525.00	Payee at 1/44 a	ddress; t. washn	yhn s	st. B	city;	State;	Zip Code
	Category	(See Categories listed at	t the top of this sch	hedule)	Description		
PURPOSE OF EXPENDITURE	V	rages		=	Block	cuall	cer
		Check if travel outside of Te	exas. Complete Sch	nedule T.	Check if Aus	tin, TX. officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder na	ame		Office sought		Office held
Date	Payee na	ame					
036-20-004							
Amount (\$)	Payee ac	idress;			City;	State;	Zip Code
#09872000			\mathcal{O}				
PURPOSE OF EXPENDITURE	Category	(See Categories isted at	the top of this sch	nedule)	Description		
		Check if travel outside of Te	xas. Complete Sch	nedule T.	Check if Aust	tin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	0.000.000	ate / Officeholder n	iame		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 Food y Gift/	nt Expense //Beverage Expense Awards/Memorials Expense Il Services	Office Over Polling Exp Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	Th	e Instruction Guide explain	ns how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Ernests Gutierrez 3 Filer ID (Ethics Commission Filers)					
4 Date 05-09-24	5 Payee name Mana anselda Rodrigues					
6 Amount (\$) \$ 5 2 5 . 00	5 Payee name Mana anselda Rodrigue 7 Payee address; 1737 mcknley St. Bruensylle TK 78521					
8	(a) Category (See	Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ha	ges		Block	nosker	
. ts	(c) Check	if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name		Office sought	Office held	
Date	Payee name					
000 100 Pg	0	/ _				
Amount (\$)	Payee addres			City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top of this:	schedule)	Description		
	Check	if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought	Office held	
Date	Payee name					
05-17-24	Sonia	Rodnque	2			
Amount (\$)	Payee addres	ckinley St.	2 -	City;	State; Zip Code	
\$525.00	173 m	ekinley st.	1370	was a ju	190 19521	
	Category (See	Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	h	ages		Block	ualle	
	Check	if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
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 By Candidate/Officeholder/Political Credit Card Payment	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Frinting 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	now to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Einesto Gut	remez	3 Filer ID (Ethics Commission Filers)	
4 Date 05-23-24	5 Payee name Sheila Guerr	eno	0	
\$ 5 70.00	7 Payee address; 1837 E. Twylor St. A	ot A, Browns	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch		ckualker	
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05-23-24	mano Saenz			
Amount (\$) \$ 775.00	Payee address; 57 Calgary CT, Brun	nsulle TX	State; Zip Code 79526	
PURPOSE OF EXPENDITURE	Adventising Expense	Place, Ins	itell, and re signs	
	Check if travel outside of Texas. Complete Sche	dule T, Check if Austi	in, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 05-23-24	Prism Solutions	Group LLC		
Amount (\$) \$1,190-75	Payee address; 2045 (e.s Mawldin I	or. Brunsville	State; Zip Code 7X 78521	
PURPOSE OF EXPENDITURE	Advensing Expense	SVENDOM NO DECEMBER OF SECRETARIA	Advertising/texts	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct				
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 CreditCard Payment	Fees Office Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printir Legal Services Salari	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains how	to complete this form.	·		
1 Total pages Schedule F1:	2 FILER NAME Ernest Gutien	rez	3 Filer ID (Ethics Commission Filers)		
4 Date 05-31-24	1 Nterrutiend Bank of Commerce				
6 Amount (\$) \$ 26:82	7 Payee address; City; State; Zip Code 1600 Ruben Porres Sr. Blud Brunsulle TV 78526				
8	(a) Category (See Categories listed at the top of this schedule		6		
PURPOSE OF EXPENDITURE	Fees	Bank cha	ge/Bank Fee		
	(c) Check if travel outside of Texas. Complete Schedule T	. Check if Aust	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				
06-30-24	International Book a	Commerce			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$19.50	1600 Roben Porres S Brunsville TX 7	r.Blud 8526			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE Fels Bank charge / Bank F					
	Check if travel outside of Texas. Complete Schedule T	Check if Ausl	tin, TX. officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4-29-24	Belinda Vasquez				
Amount (\$) \$ 50.00	Payee address; 2309 Miki Lane Brown	rsulle TX	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Fred for	Volunteers		
	Check if travel outside of Texas. Complete 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					