CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Ernesto NAME Date Received 4 CANDIDATE/ ADDRESS / PO BOX; STATE: ZIP CODE **OFFICEHOLDER** 1223 Costa Brava MAILING **ADDRESS** Brownsville, TX 78520 Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked 455-7064 **OFFICEHOLDER** (957.)PHONE Receipt # Amount \$ MS / MRS / MR МІ 6 CAMPAIGN **TREASURER** Bryant Date Processed NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE 7 CAMPAIGN 304 Nickolas St. TREASURER Runcho Viejo, TX 78575 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** 459-6607 (956) PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Day Month COVERED 07/15/2024 127 /2024 THROUGH ELECTION TYPE 11 ELECTION ELECTION DATE Primary Runoff Other Day General Special 05/04/2024 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Brownsylle Navigation District THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	\$ -D-		
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		\$ 2,300		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE,	\$ -0-		
	4. TOTAL POLITICAL EXPENDIT	URES	\$ /9,867.97		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	ST DAY \$ 33.92		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A		S -O-		
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below:					
	RACHEL SANCHEZ Notary Public, State of Texas Comm. Expires 04-04-2028 Notary ID 126453014 before me by	this the	15 ¹ day of July		
to certify	which, witness my hand and seal of office.	Sanchez	Notary.		
Signature of officer administration		r administering oath	Title of officer administering oath		
(2) Unsworn Declarati					
My name is		, and my date of birth i	s		
My address is					
,	(street)		(state) (zip code) (country)		
Executed in	County, State of	* **	, 20		
		Signature of Cand	idate/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

-	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,300
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>O</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 19, 967.9
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$ <i>O</i>	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	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	NTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

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	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
05-01-24	Russell Young Consulting UC 6 Contributor address; City; State; Zip Code 2940 Hackbern Lone Brunsulle of 70521	\$ 500.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
05-01-24	Contributor address; City; State; Zip Code Po Box 842 (US Fresnus TX 7556)	\$ 500.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)		
Date	Full name of contributor	(1)		
04-30-24	John Sherquid Contributor address; City; State; Zip Code N9 Murclus Ave Rancho Viejo 70 72575			
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
05-23-24	Contributor address; City; State; Zip Code 1223 Coska Brana Brunsuke TX 78520	\$ 200.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED		
,	AT INDITIONAL OUT IEU OF THIS OUTLINE			

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	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 (ID#:) Ernush Gutterrez 6 Contributor address; City; State; Zip Code 1223 CoskuBrava Brownsule TV 78520				
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 5-7-24	Full name of contributor out-of-state PAC (I Carlos Nonez Contributor address; City; 2763 Deer Trail Brownsule		Amount of contribution (\$) \$ 450.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date		D#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	D#:) 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.					

Revised 1/1/2024

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

,	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ernesto Gutierre	2	3 Filer ID (Ethics Commission Filers)
4 Date 04-29-24	5 Payee name Pady's Country Store 7 Payee address:	City;	State 7's Code
\$ 44.03	2780 Frontage Rd #77/93	Brunsville	State; Zip Code 2 TX 73526
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food /Beverage	(b) Description Lunch to Strategy	discuss with volunteers
,	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04-29-24	H-E-B		
Amount (\$) \$71.37	Payee address; 2155 Paredes Lne12d Br	city;	State; Zip Code 78521
	Category (See Categories listed at the top of this schedule)	Description	alord beverages for
PURPOSE OF EXPENDITURE	Food /Beverage	volunteers "	dand beverages fr hile canpaigning
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04-30-24	Irma Pena Hinojosa		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 120.00	277 & Pompeii St. Browns	sulle Ty	7550
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	hages	Block	uallee
	Check if travel outside of Texas. Complete Schedule 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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Enesto Gutierre	.2	3 Filer ID (Ethio	cs Commission Filers)
4 Date 04-30-24	Maria Elisa Arevalo			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$450.00	1837 E. Taylor St. Apt A	Brunsu	nc 1x	19580
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	wages	Block	nalker	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04-30-24	Joan Abraham Lodna	ver		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 450.00	1837 E. Taylor St. Apt A.	Boursul	le Ty	19520
1	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Wages	Black	nalker	
EXPENDITURE		0000		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04-30-24	Joan Abraham Rodrigue	2		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,100.00	1837 E. Tuylor St. Apt A	4, Bruns	wile 19	78520
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Wages	Blocku	alker	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OI	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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		g Expense Travel Out Of District Other (enter a categoric complete this form.	
1 Total pages Schedule F1:	2 FILER NAME trnesto Gutier	3 Filer ID (Ethic	s Commission Filers)
4 Date 05-06-24	5 Payee name Town Rodrigue	2	
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
\$1,500.00	7 Payee address; 1837 E. Taylor St. Ap	+ A Bruensulle TX	75520
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE		Blocknalker	
OF EXPENDITURE	vages	13 18 010 00 00 1000	,
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	,	
05-07-24	Covadalupe Perulto Payee address; /045 McNair Tamily &	u e	
Amount (\$)	Payee address;	City; State;	Zip Code
\$465.00	1045 Mchair Tunily &	r. Brunsulle TX 785	20
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	11 60 60 1	Blockwalker	
OF EXPENDITURE	vages	131000000000000000000000000000000000000	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05-07-24	Berenice Peralta		
Amount (\$)	Payee address;	City; State;	Zip Code
\$465.00	1045 mcNair Furnity	Dr. Brunsville TX	78520
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	hages	Blockwalkn	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh	1		
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED	-

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains	s now to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Ernesto Cour	tierrez	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
05-01-24	Brenda Dorado				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$300.00	602 old Port Isabel	+35	Le TX 78521		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE OF EXPENDITURE	hages	Block	Blockwalker		
i a	(c) Check if travel outside of Texas. Complete Sc	hedule 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 05-01-24	International Ban	K of Comme	rce		
Amount (\$)	Payee address;	City;	State; Zip Code		
\$54.82	1600 Roben M Tor	res Brusin	le NO 79521		
	Category (See Categories listed at the top of this so	chedule) Description			
PURPOSE OF EXPENDITURE	Banking	procha	se checks		
	Check if travel outside of Texas. Complete Sc	hedule 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				
05-01-24	Sonia Rodrique	-2			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$275.00	1737 McKin Ley St . P.	nounsville ;	18 78521		

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Check if travel outside of Texas. Complete Schedule T.

uages

Candidate / Officeholder name

Description

Office sought

Block waller

Check if Austin, TX, officeholder living expense

Office held

PURPOSE

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	/ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ement & Related Expense
1 Total pages Schedule F1:	2 FILER N	IAME Enesto Gu	tien	ez	3 Filer ID (Ethic	s Commission Filers)
4 Date 05-01-24	5 Payee na	ame. Una Gnselda ddress;	Lluo	lriguez		
\$ 375.00	7 Payee at /737	McKinley St. 1	3nu	nsulle TX	State; 7852	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description	- valk	5
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Austi	n, TX, officeholder living	j expense
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee na					·
05-01-24	Pris	m Solutions a	roup			
Amount (\$) \$4,122.43	Payee as	ddress; Tes Mauldin P	r.Br	city;	TX 785	Zip Code
PURPOSE OF EXPENDITURE	4	y (See Categories listed at the top of this s dvatising Exper		Description Advertise form of	digital,	in the texting
		Check if travel outside of Texas. Complete So	chedule T.		n, TX. officeholder living	
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date 05-03-24	Payee n	ame wings i Rinco	75			
Amount (\$) \$ 56 . 62	Payee at 3340	ddress; Pablo Kitel	Blvd	City; Bours UI	State;	Zip Code
PURPOSE OF EXPENDITURE	_	/ (See Categories listed at the top of this so	chedule)	Description Junch wis discuss	th volunt Strutege	eus b
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Ernesto Gutierrez Deyanira Aranda Pacheco 7 Payee address; City; 1144 Enashington st. Brownille TX (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Rlockwalker nages EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee address; City; 602 Old Port Isabel Road, Apt 35 Brushle W 79821 Category (See Categories listed at the top of this schedule) Description 05-06-24 State; Zip Code Amount (\$) Block wellcer PURPOSE vases OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Flying Pig Grill Date 05-06-24 Payee address; 7197 Burnias St. Olmito Texas Amount (\$) \$1,614.63 Category (See Categories listed at the top of this schedule) tolonteers/ can paige PURPOSE Food / Beverage OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Enesto atierez 3 Filer ID (Ethics Commission Filers)				
4 Date 05-04-24	5 Payee name 5 Dan Rodriguez 7 Payee address; 1937 E. Taylor St. Apt A Brunsulle TX 78521				
\$ 450.00	7 Payee address; 1937 E. Taylor St. Apt 1	A Bruns	State; Zip Code wille Ty. 793-21		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	wages	Block	nalker		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
05-06-24	mana Elisa Arev	alo			
Amount (\$)	Payee address; City; State; Zip Code 1837 E. Paylor St. Apt A Brownsulle TX 7050				
\$ 495.00	1837 E. Taylar St. 191 A	13 rounsville	2 1X 7\$520		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	nages	Block	nalker		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
05-06-24	Sheila Guernero				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$555.00	1937 E. Taylor St. A, BN	consulte 1	78520		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	uages	Block	knalkr		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 NEI	EDED		

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Ernesto Gutierner 3 Filer ID (Ethics Commission Filers)				
4 Date 05-07-24	5 Payee name Deyanira Aranda Pacheco 7 Payee address; City; State; Zip Code				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$ 450.00	1/44 E. nashigton St. Br	runsylle	N 785	20	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	uages	Block	unles		
,	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g 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 Perulta	_			
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$547.50	1045 morair Remily pr. Brunsulle TX 18520				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	nages	Block	ralka	,	
1	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX. officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
05-07-24	Guadalupe Pevalt	ta		,	
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 547.50	1045 Menair Femily Di	r. Brunsi	alle 1X	73520	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	wages	Block	cualke	_	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

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

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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Ernesto Gutiernez 5 Payee name 5 Payee name

Deyania Arada Pachew

7 Payee address; City; State; Zip C

1/44 C. washington St. Brunsulle TX 78528 05-08-24 6 Amount (\$) \$450.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Blockwalker Mages OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Deyanira Aranda Pacheco

Payee address; City; State; Zip C

1/44 E. washington St. Brunsulle TX 78520 05-09-24 Amount (\$) Category (See Categories listed at the top of this schedule) Blockwaller **PURPOSE** 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 030-200-204 Amount (\$) Payee address; City; State; Zip Code 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By **Printing Expense** Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Ernesto Gutierrez Mana anselda Rodriguer 7 Payee address; City; 1737 mckinley St. Bruensulle TK 05-09-24 Zip Code \$525.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Blocknocker **PURPOSE** wages OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State: Zip Code Amount (\$) Pavee address Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **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 Date Sonia Rodnquer Payee address; 1737 mckinley St. Brownsulle TX 05-17-24 Amount (\$) \$525.00 Description Category (See Categories listed at the top of this schedule) Blockwalker **PURPOSE** wages **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Office sought

Office held

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

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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Einesto Gutierrez 5heila Grerrero
7 Payee address; 05-23-24 Zip Code 6 Amount (\$) 1837 E. Taylor St. Apt A, Brownsville TX 70520 \$570.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Blocknalker **PURPOSE** wages OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name mano Saenz 05-23-24 Payee address; State: Zip Code Payee address; City; State; 57 Calgary CT, Brunsville TX 78526 Amount (\$) Category (See Categories listed at the top of this schedule) Description place, install, and Advertising expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Prism Solutions Group LLC

Payee address:

2045 Ces Mauddin Dr. Brunsulle TX 05-23-24 Zip Code Amount (\$) \$1,190.75 Category (See Categories listed at the top of this schedule) Digital Advertising/texts **PURPOSE** Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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

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

Candidate/Officeholder/Politica Credit Card Payment		Ages/Contract Labor Other (enter a category not listed above)
	T .	-
1 Total pages Schedule F1:	2 FILER NAME Ernest Guttern	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
05-31-24	International Bank of Con	nmerce
6 Amount (\$)	7 Pavee address:	City, State, 7th Code
\$26:82	1600 Ruben Porres Sr. R. Brunsulle De 70	31/d 526
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Fees	Bank charge / Bank Fee
OF EXPENDITURE	1.663	·
EXPENDITORE		
	(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	
06-30-24	Intenational Book of	Commerce
Amount (\$)	Payee address;	City; State; Zip Code
t 10 -00	1000 Roben Tomes Sr.	Bluel
\$19.50	1600 ROBERT TY 78	526
	10.000	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Bank chage / Bank Fee
OF	i-ees	Sou 1/2 0/ 20 g = 1
EXPENDITURE		
	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	
4-29-24	Belinda Vasquez	
Amount (\$)	Payee address;	City; State; Zip Code
t m 00	2309 NIKI Lane Browns	ulle to 10500
\$ 50.00	250 1	γ
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Frod for Volunteers
OF	Fred	
EXPENDITURE	•	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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