


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 2 pages (29 page report)		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Held or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #	Amount \$
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	5/6/24	
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Month	Day	Year
	<input type="checkbox"/> 8th day before election		01	25	2024 THROUGH 03 / 25 / 2024

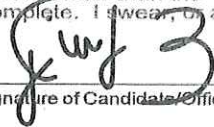
6 EXPLANATION OF CORRECTION

Please see Attachment

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.


Signature of Candidate/Officeholder

Please complete either option below:

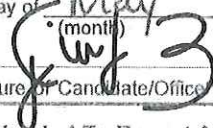
(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is Ernesto Gutierrez, and my date of birth is 11/10/1987
 My address is 1223 Costa Brava Brownsville TX 78520 USA
(street) (city) (state) (zip code) (country)
 Executed in Cameron County, State of Texas, on the 6 day of May, 2024
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

ATTACHMENT TO AFFIDAVIT

I unintentionally and in good faith accepted three contributions from incorporated companies as payment to participate in a golf tournament fundraiser for my campaign. The contributions were from the following entities for the following amounts:

1. Dana Properties, Inc., in the amount of \$450.00
2. Kennedy Bag Impressions, Inc., in the amount of \$450.00
3. Dipisa USA, Inc., in the amount of \$450.00

These contributions were originally identified on Schedule A1 sheets, which were pages 8 and 9 of the original report. I have returned the contributions from my campaign funds to the entities, and now amend the report to reflect same. The contributions listed above have been removed from the amended report being filed along with this Affidavit, thereby reducing the total amount of political contributions by a total of \$1,350.00.

Additionally, the amount of Total Political Expenditures reflected on page 2 of the original report (line 4) was miscalculated by a total of \$175.00. This was only a miscalculation error, and the reporting has not changed. Therefore, the report is amended to reflect the correct total of F1 expenses, which is \$17,962.77.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 29	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed: _____ Date Injured: _____				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	1223 Costa Brava, Brownsville, TX 78520			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(956)	455-7064		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed: _____ Date Injured: _____				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	304 Nickolas St., Rancho Viejo, TX 78575			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(956)	459-6607		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year		Month Day Year	
	01 / 25 / 2024		THROUGH 03 / 25 / 2024	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Brownsville Navigation District, Port Commissioner, Place		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	<input type="checkbox"/> Additional Pages <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS
			Haff Associates - State PAC	1201 N. Bowser Road, Richardson, TX 75081
			COMMITTEE CAMPAIGN TREASURER NAME	R.C. Plugge Jr.
			COMMITTEE CAMPAIGN TREASURER ADDRESS	1201 N. Bowser Road, Richardson, TX 75081

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5,362. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 66,104
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,962.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 31,120. ³⁴
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is Ernesto Gutierrez and my date of birth is 11/10/1987
 My address is 1223 Costa Brava Brownsville TX 78520 USA
(street) (city) (state) (zip code) (country)
 Executed in Cameron County, State of Texas, on the 6 day of May, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Ernesto "Ernie" Gutierrez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>43,055</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>17,687</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>17,962.77</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: <i>12</i>
2 FILER NAME <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/1/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Lee Ostas</i>	7 Amount of contribution (\$) <i>\$ 1,000.00</i>
	6 Contributor address; City; State; Zip Code [Redacted], <i>Brownsville, TX 79526</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/2/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert A. Ostas</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 79521</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/20/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cesar De Leon</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; City; State; Zip Code [Redacted], <i>Brownsville TX 79520</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/6/24</i>	Full name of contributor, <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Rodriguez</i> <i>AMFLO Brokerage Services LLC</i>	Amount of contribution (\$) <i>\$ 2,500.00</i>
	Contributor address; City; State; Zip Code [Redacted], <i>Brownsville TX 79521</i>	
Principal occupation / Job title (See Instructions) <i>Broker / President</i>		Employer (See Instructions) <i>AMFLO Brokerage Services LLC</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME *Ernesto Gutierrez* 3 Filer ID (Ethics Commission Filers)

4 Date <i>2/3/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Romulo Mejia</i>	7 Amount of contribution (\$) <i>\$ 1,000.00</i>
	6 Contributor address; City; State; Zip Code [Redacted] <i>Brownsville, TX 78521</i>	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>1/31/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben Angel Gutierrez</i>	Amount of contribution (\$) <i>\$ 5,000.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78521</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>3/14/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas Francis Charvat III</i>	Amount of contribution (\$) <i>\$ 250.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78521</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>2/20/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>M.G. Auto Sales LLC</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78521</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ernest Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/11/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nick Tipton; Kelly Tipton</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78526</i>	7 Amount of contribution (\$) <i>\$ 1,000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/13/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Silvia L. Gutierrez</i> Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78520</i>	Amount of contribution (\$) <i>\$ 5,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/13/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ramuel Mendez</i> Contributor address; City; State; Zip Code [Redacted] <i>Los Fresnos, TX 78566</i>	Amount of contribution (\$) <i>\$ 2,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert M. Walsdorf</i> Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78566 Los Fresnos</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ernest Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/13/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Janine Andres Diez</i>	7 Amount of contribution (\$) <i>\$125.00</i>
6 Contributor address; City; State; Zip Code [REDACTED], <i>Brownsville TX 78821</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frank Parker</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code [REDACTED], <i>Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/13/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Coastal Insurance Agency, LLC</i>	Amount of contribution (\$) <i>\$900.00</i>
Contributor address; City; State; Zip Code [REDACTED], <i>Laguna Vista, TX 78573</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/11/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mc2 McCumber Productions LLC</i>	Amount of contribution (\$) <i>\$450.00</i>
Contributor address; City; State; Zip Code [REDACTED], <i>Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ernesto "Ernie" Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-23-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Navco Logistics LLC</i>	7 Amount of contribution (\$) <i>\$ 450.00</i>
6 Contributor address; City; State; Zip Code [REDACTED], <i>Brownsville, TX 78521</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rafael Carrazola LLC</i>	Amount of contribution (\$) <i>\$ 450.00</i>
Contributor address; City; State; Zip Code [REDACTED], <i>Brownsville, TX 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ernesto "Ernie" Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-23-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Triple E Coating & Service LLC aka Industrial Performance</i>	7 Amount of contribution (\$) <i>\$1,350.00</i>
6 Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78521</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gustavo D. Elizondo III</i>	Amount of contribution (\$) <i>\$450.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>San Benito, TX 78586</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-22-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bernus Commercial Properties LLC</i>	Amount of contribution (\$) <i>\$450.00</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville, TX 78526</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/22/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shane Wealth Management LLC</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 77820</i>	7 Amount of contribution (\$) <i>\$ 450.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/20/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruben M. Torres</i> Contributor address; City; State; Zip Code [Redacted] <i>Rancho Viejo TX 78575</i>	Amount of contribution (\$) <i>\$ 450.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/24/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher E. Olson</i> Contributor address; City; State; Zip Code [Redacted] <i>Brownsville, TX 77826</i>	Amount of contribution (\$) <i>\$ 450.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/23/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carlos A. Barbera</i> Contributor address; City; State; Zip Code [Redacted] <i>Rancho Viejo TX 78575</i>	Amount of contribution (\$) <i>\$ 450.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/23/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John G. Champion</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>Brunsville TX 79520</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/23/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rusty Buechert Jr.</i> Contributor address; City; State; Zip Code [Redacted] <i>Rancho Viejo TX 79575</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/23/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Russell P. Adams</i> Contributor address; City; State; Zip Code [Redacted] <i>Brunsville TX 79526</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SDSW Enterprises LLC</i> Contributor address; City; State; Zip Code [Redacted] <i>Brunsville TX 79520</i>	Amount of contribution (\$) <i>\$ 450.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/23/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert E. Gualindo</i>	7 Amount of contribution (\$) <i>\$450.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78521</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/24/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jonathan P. Gullley</i>	Amount of contribution (\$) <i>\$450.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arturo A. Farias</i>	Amount of contribution (\$) <i>\$450.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Rancho Viejo, TX 78575</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>2/13/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James T. Griffin</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78521</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/17/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alvaro De La Garza</i> 6 Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78520</i>	7 Amount of contribution (\$) <i>\$ 500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/23/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Klaus Meyer</i> Contributor address; City; State; Zip Code [REDACTED] <i>Laguna Vista TX 79578</i>	Amount of contribution (\$) <i>\$ 300.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/23/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pedro Cardenas</i> Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78526</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Devin Van Holsbeke</i> Contributor address; City; State; Zip Code [REDACTED] <i>Houston TX 77095</i>	Amount of contribution (\$) <i>\$ 250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/23/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maximo H. Escobedo</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78520</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/23/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Silvano Cristiano</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/23/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andres Shane</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78526</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/23/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jose A. Purnon Gonzalez</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78526</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/28/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Link</i>	7 Amount of contribution (\$) <i>\$80.00</i>
6 Contributor address; City; State; Zip Code [Redacted], <i>Condo 4012</i> <i>Brownsville TX 75520</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/13/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Liliana Trevino</i>	Amount of contribution (\$) <i>\$4,000.00</i>
Contributor address; City; State; Zip Code [Redacted], <i>Brownsville TX 75520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/7/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Luis Emiliano Trevino Flores</i>	Amount of contribution (\$) <i>\$4,000.00</i>
Contributor address; City; State; Zip Code [Redacted], <i>Brownsville TX 75520</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3-14-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Half Associates - State PAC</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code [Redacted], <i>Richardson TX 75081</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3/23/24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Aaron Rendon</i>	8 Amount of Contribution \$ <i>\$700.00</i>	9 In-kind contribution description <i>Beverages</i>
7 Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Attorney</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Rendon Law Office</i>	
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 <i>3/23/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arturo Trevino</i>	Amount of Contribution \$ <i>\$437.00</i>	In-kind contribution description <i>Beverages</i>
Contributor address; City; State; Zip Code [REDACTED] <i>Brownsville TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Entrepreneur Owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Los Trevis</i>	
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)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2-13-24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Juan Enrique Quintanilla</i>	8 Amount of Contribution \$ <i>\$3,000.00</i>	9 In-kind contribution description <i>Campaign merchandise</i>
7 Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Self employed</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self employed</i>	
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 <i>2-13-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Carlos Marin</i>	Amount of Contribution \$ <i>\$2,500.00</i>	In-kind contribution description <i>Campaign Signs</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78520</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Ernesto Gutierrez</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2-13-24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Julio Guerra</i>	8 Amount of Contribution \$ <i>\$10,000.00</i>	9 In-kind contribution description <i>Online Advertising; merchandise</i>
7 Contributor address: _____ City: <i>Brownsville TX</i> State: _____ Zip Code: <i>78526</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>President</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>CRJ Hospitality</i>	
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 <i>2-13-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ernesto Andrade</i>	Amount of Contribution \$ <i>\$1,000</i>	In-kind contribution description <i>Campaign merchandise</i>
Contributor address: _____ City: <i>Brownsville TX</i> State: _____ Zip Code: <i>78521</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Self employed</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>Cazha Design Studio</i>	
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)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>	2 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/23/24</i>	5 Payee name <i>Riverbend Golf Club</i>
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6 Amount (\$) <i>\$5,612.96</i>	7 Payee address; City; State; Zip Code <i>4541 W-281, Brownsville, TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fundraiser - Event Expense</i>	(b) Description <i>Golf Tournament Venue</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/23/24</i>	Payee name <i>Roberto Castillo</i>
------------------------	---------------------------------------

Amount (\$) <i>\$1,450.00</i>	Payee address; City; State; Zip Code <i>800 I-69E Frontage Rd, Unit 40 Brownsville TX 78521</i>
----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>Caterer at Golf Tournament Fundraiser</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-2-24</i>	Payee name <i>Mario Saenz</i>
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Amount (\$) <i>\$1,945.00</i>	Payee address; City; State; Zip Code <i>51 Calgary CT, Brownsville, TX 78526</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Signs - Installed signs for Candidate</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-25-24</i>	5 Payee name <i>Sheila Guerrero</i>
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6 Amount (\$) <i>\$315.00</i>	7 Payee address; <i>1837 E. Taylor St., APT A Brownsville TX 78520</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Wages</i>	(b) Description <i>Block walk to promote candidate "Block walk"</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-18-24</i>	Payee name <i>Sheila Guerrero</i>
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Amount (\$) <i>\$270.00</i>	Payee address; <i>1837 E. Taylor St. Apt A, Brownsville TX 78520</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Wages</i>	Description <i>Block walk</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-25-24</i>	Payee name <i>Deyanira Aranda Pacheco</i>
------------------------	--

Amount (\$) <i>\$517.50</i>	Payee address; <i>1144 E. Washington St. Brownsville TX 78520</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Wages</i>	Description <i>Block walk</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-25-24</i>	5 Payee name <i>Ernesto Hernandez</i>
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6 Amount (\$) <i>\$375.00</i>	7 Payee address; City; State; Zip Code <i>2342 El Arbol Dr., Brownsville TX 78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walk</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-18-24</i>	Payee name <i>Ernesto Hernandez</i>
------------------------	--

Amount (\$) <i>\$300.00</i>	Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Brownsville TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walk</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-25-24</i>	Payee name <i>Ricardo Hernandez</i>
------------------------	--

Amount (\$) <i>\$360.00</i>	Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Brownsville TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walk</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernst Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-25-24</i>	5 Payee name <i>Lourdes Hernandez</i>
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6 Amount (\$) <i>\$60.00</i>	7 Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Brownsville TX 75520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walk</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-18-24</i>	Payee name <i>Lourdes Hernandez</i>
------------------------	--

Amount (\$) <i>\$75.00</i>	Payee address; City; State; Zip Code <i>2342 El Arbol Dr. Brownsville TX 75520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walk</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-25-24</i>	Payee name <i>Maria Gnselda Rodriguez</i>
------------------------	--

Amount (\$) <i>\$465.00</i>	Payee address; City; State; Zip Code <i>1737 McKinley St. Brownsville TX 75521</i>
--------------------------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-25-24</i>	5 Payee name <i>Berenice Peralta</i>
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6 Amount (\$) <i>\$450.00</i>	7 Payee address; <i>1045 McNavir Family Drive</i>	City; <i>Brownsville TX</i>	State; <i>TX</i>	Zip Code <i>78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block week</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-25-24</i>	Payee name <i>Elisa Anevalo</i>
------------------------	------------------------------------

Amount (\$) <i>\$225.00</i>	Payee address; <i>1837 E. Taylor St. Apt. A</i>	City; <i>Brownsville TX</i>	State; <i>TX</i>	Zip Code <i>78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block week</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-25-24</i>	Payee name <i>Maria Araceli Sanchez</i>
------------------------	--

Amount (\$) <i>\$90.00</i>	Payee address; <i>1837 E. Taylor St Apt A.</i>	City; <i>Brownsville TX</i>	State; <i>TX</i>	Zip Code <i>78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block week</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ereesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-26-24</i>	5 Payee name <i>Guadalupe Peralta</i>
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6 Amount (\$) <i>\$450.00</i>	7 Payee address; <i>1045 McNair Family Dr. Brownsville TX 78520</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walker</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-11-24</i>	Payee name <i>Sonia Rodriguez</i>
------------------------	--------------------------------------

Amount (\$) <i>\$67.50</i>	Payee address; <i>1737 McKinley St. Brownsville TX 78521</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walk</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-18-24</i>	Payee name <i>Sonia Rodriguez</i>
------------------------	--------------------------------------

Amount (\$) <i>\$427.50</i>	Payee address; <i>1737 McKinley St. Brownsville TX 78521</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walk</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-11-24</i>	5 Payee name <i>Maria Sanchez</i>
--------------------------	--------------------------------------

6 Amount (\$) <i>\$ 30.00</i>	7 Payee address; <i>1937 E. Taylor ST. Apt A</i>	City; <i>Brownsville TX</i>	State; <i>TX</i>	Zip Code <i>78520</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walk</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-11-24</i>	Payee name <i>Deyanira Aranda Pacheco</i>
------------------------	--

Amount (\$) <i>\$37.50</i>	Payee address; <i>1144 E. WASHINGTON ST.</i>	City; <i>Brownsville TX</i>	State; <i>TX</i>	Zip Code <i>78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walk</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-13-24</i>	Payee name <i>Deyanira Aranda Pacheco</i>
------------------------	--

Amount (\$) <i>\$ 487.50</i>	Payee address; <i>1144 E. WASHINGTON ST.</i>	City; <i>Brownsville TX</i>	State; <i>TX</i>	Zip Code <i>78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block walk</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Poling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-11-24</i>	5 Payee name <i>Rodriguez Flores</i>
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6 Amount (\$) <i>\$1000.00</i>	7 Payee address; <i>VOID</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contributions</i>	(b) Description <i>Contributions</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-11-24</i>	Payee name <i>Juan Montoya</i>
------------------------	-----------------------------------

Amount (\$) <i>\$500.00</i>	Payee address; <i>Brownville</i>	City; <i>TX</i>	State;	Zip Code <i>78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Advertising/marketing</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-18-24</i>	Payee name <i>Vanessa Lopez Molina</i>
------------------------	---

Amount (\$) <i>\$157.50</i>	Payee address; <i>105 Vista Del Golf, Brownville TX</i>	City;	State;	Zip Code <i>78526</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>wages</i>	Description <i>Block work</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/16/24</i>	5 Payee name <i>Sams Club</i>
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6 Amount (\$) <i>\$109.41</i>	7 Payee address; City; State; Zip Code <i>3570 W. Alton Gilber Blvd Brownsville TX 78526</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>purchase additional raffle items for Golf Tournament Fundraiser</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/19/24</i>	Payee name <i>Sams Club</i>
------------------------	--------------------------------

Amount (\$) <i>\$313.90</i>	Payee address; City; State; Zip Code <i>3570 W. Alton Gilber Blvd Brownsville TX 78526</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>purchase additional raffle items for Fundraiser</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-18-24</i>	Payee name <i>Spec's Wines, Spirits & Finer Foods</i>
------------------------	--

Amount (\$) <i>\$591.01</i>	Payee address; City; State; Zip Code <i>4350 US N Expressway 93 Brownsville TX 78526</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Beverages for the Golf Tournament Fundraiser</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX. officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-18-24</i>	5 Payee name <i>Joseph Molina</i>
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6 Amount (\$) <i>\$52.50</i>	7 Payee address; City; State; Zip Code <i>204 Las Villas Ave. Brownsville TX 78526</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>wages</i>	(b) Description <i>Block walk</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/19/24</i>	Payee name <i>Loues</i>
------------------------	----------------------------

Amount (\$) <i>\$76.90</i>	Payee address; City; State; Zip Code <i>525 E. Ruben Torres Brownsville TX 78520</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Pit Boss Pellets as raffle items.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/16/24</i>	Payee name <i>Sams Club</i>
------------------------	--------------------------------

Amount (\$) <i>\$1,241.43</i>	Payee address; City; State; Zip Code <i>3570 W Athan Kilour Blvd, Brownsville TX 78526</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Purchase raffle items for Golf Tournament Fundraiser</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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.

1 Total pages Schedule F1:	2 FILER NAME <i>Ernesto Gutierrez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-22-24</i>	5 Payee name <i>H-E-B</i>	
6 Amount (\$) <i>\$114.50</i>	7 Payee address; <i>6135 Expressway 33</i>	City; State; Zip Code <i>Harlingen TX 78550</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Purchase Food & beverage for Golf Tournament Fundraiser</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3-22-24</i>	Payee name <i>Feldmuns</i>	
Amount (\$) <i>\$ 88.51</i>	Payee address; <i>116 W. Van Buren Ave.</i>	City; State; Zip Code <i>Harlingen TX 78550</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Purchase Food & beverage for Golf Tournament Fundraiser</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3-17-24</i>	Payee name <i>Sams Club</i>	
Amount (\$) <i>\$706.65</i>	Payee address; <i>3570 W. Alton Glauz Blvd</i>	City; State; Zip Code <i>Brownsville TX 78526</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>purchase raffle items for Golf Tournament Fundraiser</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED