CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1	
The C/OH Instruction C	Guide explains how to complete this	form. 1 Filer ID		2 Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRS Robe	ert	MI SUFFIX	OFFICE USE ONLY Date Received	
	NICKNAME LAST Gutie			S. A. Mary	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITI	E#; CITY;	ZIP CODE	Date Imaged	
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST		MI		
NAME		son	SUFFIX		
		enski	301111		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX P	PLEASE); APT	e#108 Coll Stac	state; zip code ege Texas 77990 hon	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM 979 219	ABER EXTENSION - 5555		=	
8 REPORT TYPE		h day before election day before election	Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)	
9 PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day 12/31/2023	Year 3	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024	Primary X General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) MAYOR District BRYAN Brazos		12 OFFICE SOUGHT None	(if known)	
GO TO PAGE 2					
Forms provided by Te	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Gutierrez, Robert		14 Filer ID		
15 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.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
	Si con lo				
		COMMITTEE CAMPAIGN TREASURER NAME		- A	
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	N PLEDGES, LOANS, CTRONICALLY)	\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 2,000	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 4,630	0.82
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 2,07	4.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
	TARY STAMPINE AL AB	I swear, or affirm, under penalty true and correct and includes at under Title 15, Election Code.	Il information required to	be reported by me	•
AFFIX NO	AFFIX NOTARY STAMPINSEAL ABOVE				
l	cribed before me, by the s	2.1.1	, this thel(g)	<u>day</u>	
Signature of officer administering Printed name of officer administering Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 13

18 FIL	18 FILER NAME 19 Filer ID						
Gu	Gutierrez, Robert						
20 SC	HEDULE	SUBTOTALS		CLID	TOTAL AMOUNT		
NAME OF SCHEDULE							
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,000.00		
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4.	4. X SCHEDULE E: LOANS		\$	0.00			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	4,630.82		
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00		
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00		
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$			

The Instruction Guide explains how to complete this form. 2 FILER NAME Guiterrez, Robert 4 Date 9 Full name of contributor one-of-state PAC (IDP: 7 Amount of Contribution (8) 5 SEYMOUR, JASON 6 Contributor address; City; State; Zip Code PO BOX 5:11 8 Principal occupation / Job title (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) SELF Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfc/b6/		MONETARY POLITICAL CONTRIBUTIONS SCHEDULE				
Gutierrez, Robert 4 Date 5 Full name of contributor		The Instru	ction Guide explains how to complete this f	orm.	The state of the s	
09/05/2023 SEYMOUR, JASON \$2,000.00 6 Contributor address; City, State; Zip Code PO BOX 511 BRYAN, TX 77806 8 Principal occupation / Job title (See Instructions) BUSINESS OWNER 9 Employer (See Instructions) SELF	2		obert		3 Filer ID	
PO BOX 511 BRYAN, TX 77806 8 Principal occupation / Job title (See Instructions) BUSINESS OWNER 9 Employer (See Instructions) SELF	4		SEYMOUR, JASON		7 Amount of Contribution (\$)	\$2,000.00
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER 9 Employer (See Instructions) SELF			PO BOX 511			
BUSINESS OWNER SELF	_	District con		Employer /See Instructions		
	8				9)	
Forms provided by Texas Ethics Commission www.ethics.state.bx.us Version V3.5.1.0blctb6	_	DO3INE33	OWINE!			
Vacation VIVE 4 ANALOGO						
Manual VIVE A MARKET						
Vestion VVF A AMARIE						
Venter VO F 4 Oktober						
Venter VO F 4 Oktober						
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Version VO.E.4 Obtatho						
Vorsion VO.5.4 Obtates						
	L		bu Tours Ethico Commission	c ctate ty us	Varcian VS	5 1 Obfofbe

PLEDGED CONTRIBUTION	ONS			SCHEDUL	ΕВ
	The Instruction Guide explains how to complete this form.				
2 FILER NAME	FILER NAME			pt: 5/13	
Gutierrez, Robert			gtrg40@he	ournail.com	0.00
TOTAL OF UNITEMIZED PLEDGES			\$		
5 Date 6 Full name of pledgor	out-of-state PAC (ID#:_		8 Amount of pledge (\$)	9 In-kind description (If applicable)	on
7 Pledgor Address;	City; State; Zip Code				Cabadula T
10 Principal occupation / Job title (See Instruction	ns)	11 Employer (See Ins		vel outside of Texas. Complete	Schedule 1.
Forms provided by Texas Ethics Commission	MANU OF	nics.state.tx.us		Version V3.5.1	Ohfefhe?

2	FILER NAME					3 Filer ID		
	Gutierrez, Robe	rt		Secure VI				
4	TOTAL OF UN	ITEMIZED LOANS					\$	0.00
5	Date of loan	7 Name of lender		out-of-state PA	C (ID#:		9 Loan Amount (\$)	
	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code		10 Interest Rate	
							11 Maturity Date	
12	Principal occupation	on / Job title (See Instructi	ons)		13 Employer (See Instructions	5)		
14	Description of Coll None	lateral			15 Check if personal funds we	ere deposited	into political account (See Instructions)	
	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guarante	ed (\$)
	not applicable	18 Guarantor address;	City;	State;	Zip Code			
20	Principal occupation	on	A		21 Employer (See Instructions	5)		

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

Sch: 1/1 Rpt: 6/13

SCHEDULE F1

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

Candidate/Officeholder/Polit Credit Card Payment	cal Committee 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 3 Filer ID
Sch: 1/7 Rpt: 7/13	Gutierrez, Robert
4 Date	5 Payee name
07/03/2023	BENTLEY NETTLES CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO BOX 313
7.	WELLBORN, TX 77881
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	POLITICAL DONATION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/	NETTLES, BENTLEY (General) COUNTY COMMISSIONER PCT
Date	Payee name
07/03/2023	BOYS AND GIRLS CLUB
Amount (\$)	Payee address; City; State; Zip Code
\$465.75	1910 BECK ST
	BRYAN, TX 77803
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	FUNDRAISING EVENT
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/	ОН
Date	Payee name
07/12/2023	BRAZOS COUNTY YOUTH LIVESTOCK ASSOC
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO BOX 5725
	BRYAN, TX 77805
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	FUNDRAISING EVENT
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit Ca	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense 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: Sch: 2/7 Rpt: 8/13	2 FILER NAME Gutierrez, Robert 3 Filer ID
4	Date 08/22/2023	5 Payee name BRYAN ISD EDUCATION FOUNDATION
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 801 S ENNIS ST
8	PURPOSE OF EXPENDITURE	BRYAN, TX 77803 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNDRAISING EVENT
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/29/2023	Payee name BUBBA MOORE FOUNDATION
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 4103 S TEXAS AVE #101 BRYAN, TX 77801
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNDRAISING EVENT
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/03/2023	Payee name GOOGLE G SUITE
	Amount (\$) \$19.19	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BROWSER
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Fo	orms provided by Texas E	thics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

SCHEDULE F1

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 3 Filer ID
	Sch: 3/7 Rpt: 9/13	Gutierrez, Robert
4	Date	5 Payee name
	08/02/2023	GOOGLE G SUITE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.19	1600 AMPHITHEATRE PKWY
		MOUNTAIN VIEW, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense BROWSER
		BROWSER
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	•
-	Date	Payao namo
	10/02/2023	Payee name GOOGLE G SUITE
H	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 AMPHITHEATRE PKWY
	Ψ13.13	1000 AMI TITTLEATTE LIVET
		MOUNTAIN VIEW, CA 94043
L		1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check it travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		BROWSER
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experioliture to benefit C/O	
	Date	Payee name
	11/02/2023	GOOGLE G SUITE
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 AMPHITHEATRE PKWY
		MOUNTAIN VIEW, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		BROWSER
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
		Varian V2 E 1 Obfotho

SCHEDULE F1

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 complete this form.				
1	Total pages Schedule F1:	ANY AND A SECOND OF THE SECOND			
	Sch: 4/7 Rpt: 10/13	Gutierrez, Robert			
4	Date 12/04/2023	5 Payee name GOOGLE G SUITE			
6	Amount (\$) \$19.19	7 Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BROWSER			
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held			
	Date 09/05/2023	Payee name GOOGLE G SUITE			
	Amount (\$) \$19.19	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BROWSER			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date 12/11/2023	Payee name JUNIOR LEAGUE OF BRYAN			
	Amount (\$) \$103.63	Payee address; City; State; Zip Code 3232 BRIARCREST BRYAN, TX 77802			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNDRAISING EVENT			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1	Total pages Schedule F1:	was any areas I have been a
	Sch: 5/7 Rpt: 11/13	Gutierrez, Robert
4	Date 07/31/2023	5 Payee name PROSPERITY BANK
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 3710 E 29TH ST BRYAN, TX 77802
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SERVICE CHARGE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/31/2023	PROSPERITY BANK
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 3710 E 29TH ST
		BRYAN, TX 77802
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SERVICE CHARGE
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2023	PROSPERITY BANK
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 3710 E 29TH ST
		BRYAN, TX 77802
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SERVICE CHARGE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
		thise Commission was othics state by us. Version V3.5.1.0hfcfh6

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gitt/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 comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 6/7 Rpt: 12/13	Gutierrez, Robert	
4 Date	5 Payee name	
11/30/2023	PROSPERITY BANK	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.00	3710 E 29TH ST	
		w
	BRYAN, TX 77802	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	No.	Check if Austin, TX, officeholder living expense SERVICE CHARGE
		SERVICE CHARGE
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OF		
Date	Payee name	
09/30/2023	PROSPERITY BANK	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.00	3710 E 29TH ST	
410,00	2	
	BRYAN, TX 77802	
PURPOSE	- In) Description
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, 1000 01111111111111111111111111111111	Check if Austin, TX, officeholder living expense
		SERVICE CHARGE
		. Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	t Office held
Date	Payee name	
10/31/2023	PROSPERITY BANK	
Amount (\$)	Payee address; City; State; Zip Code	•
\$10.00	3710 E 29TH ST	
	BRYAN, TX 77802	
PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking	Check if days doubt desired in Texas. Complete Schedule 1.
		SERVICE CHARGE
Complete ONLY if direct	Candidate/Officeholder name Office sough	ot Office held
expenditure to benefit C/OI	Н	

SCHEDULE F1

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1: Sch: 7/7 Rpt: 13/13	ges Schedule F1: 2 FILER NAM 77 Rpt: 13/13 Gutierrez,			A LONG TO THE STATE OF THE STAT					Filer ID			
4	Date 08/28/2023	5	Payee name										
6	Amount (\$) \$1,036.30	7	Payee address 3829 OLD	COLLEGE RD	State;	Zip Co	de						
8	PURPOSE OF EXPENDITURE	(a	Contributio	See Categories listed at the constitution of t	ade By			avel outside o ustin, TX, offic					
9	Complete ONLY if direct expenditure to benefit C/O	Н	Candidate/Of	ficeholder name	C	Office sou	ght		Office held				
										•			