# 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) 00062485  2 Total pages filed: 63					
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	
NAME	The Honorable	Rolando			Date Received	
					ELECTRONICALLY FILED	
	NICKNAME	LAST		SUFFIX	· 01/17/2024	
	Roland	Gutierrez		331111		
4 CANDIDATE /		A CUITE #: CIT	V.	710 0005	Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT P.O. Box 15232	/ 5011E #, CIT	Υ,	ZIP CODE	Date Hand-delivered of Date Fostinaried	
MAILING ADDRESS	P.O. BOX 13232				Receipt # Amount	
Change of Address	San Antonio, TX 78212				Data Danasand	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	David D.				
I W WILL						
	NICKNAME	LAST		SUFFIX		
		Christian				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	/ SUITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	1800 McCullough Ave					
(Residence or Business)						
(residence of business)	San Antonio, TX 78212					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER	(210) 710-8919	NE NOWBER E	EXTENSION			
PHONE	(210) /10-6919					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer	
					appointment (officeholder only)	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	T⊢	IROUGH	12/31/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		 	eneral	Special	_	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Senator District 19 B	Bexar		State Senator Di		
				•		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 63

13 C / OH NAME	Gutierrez, Rolando (1	he Honorable)	14 Filer ID 00062485	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political e These expenditures may have been made officeholders are required to report this in	without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES O	F LOANS)	\$ 11,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 2,703.68
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 88,931.71
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS O RIOD	F THE LAST DAY OF THE	\$ 66,813.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	•			<u> </u>
			er penalty of perjury, that the ac- cludes all information required t n Code.	
		Th	o Hanarahla Dalanda Cution	wo.
			e Honorable Rolando Gutier nature of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL ABO	_	nation of cardination of criticals	
Sworn to and subs	cribed before me, by the s	aid	this the	day
		ertify which, witness my hand and seal of o		uay
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

			C	JVER	3 of 63
18 FILER NAME19 Filer IDGutierrez, Rolando (The Honorable)00062485					Commission Filers)
I	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SUF	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	11,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	88,931.71
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	TARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/63
2	FILER NAME Gutierrez, R	: Rolando (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062485
4			7 Amount of Contribution (\$) \$10,000.0	
		San Antonio, TX 78209		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ns)
	Date 07/07/2023	Full name of contributor out-of-state PAC (ID Roland Gutierrez for US Senate  Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$1,000.0
	Principal occu	San Antonio, TX 78212  upation / Job title (See Instructions)	Employer (See Instruction	ns)

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 1/58 Rpt: 5/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/28/2023	1Password
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.21	4711 Yonge St
		Toronto Ontario M2N6K8 Canada
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
Ļ	Operation ONLY if dispert	Open Fields (Office health and an annual state of the seconds)
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/28/2023	1Password
	Amount (\$)	Payee address; City; State; Zip Code
	\$613.25	4711 Yonge St
		Toronto Ontario M2N6K8 Canada
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Subscription
		Subscription
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
-		
	Date	Payee name
	07/14/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.22	1063 SE Military Dr
		San Antonio, TX 78214
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Fuel
		Fuci
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
$\vdash$	•	
1		
L		

#### 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 Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Takal manna Calarabata 54		_
1	Total pages Schedule F1: Sch: 2/58 Rpt: 6/63	2 FILER NAME Gutierrez, Rolando (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062485	
4	Date	5 Payee name	_
	07/25/2023	7-Eleven	
			_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.14	1063 SE Military Dr	
		San Antonio, TX 78214	
_	DUDDOCE		_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Transportation Equipment & Related  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TV officeholder living expanse.	
		Expense Check if Austin, TX, officeholder living expense Fuel & Food	
		Fuel & Food	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
F	Date	Payee name	=
	08/10/2023	7-Eleven	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.00	1063 SE Military Dr	
		San Antonio, TX 78214	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Transportation Equipment & Related	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Fuel Fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\neg$
	expenditure to benefit C/OI	Н	
H	Date	Payes name	=
	Date 07/21/2022	Payee name	
	07/21/2023	Adobe Systems Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.11	345 Park Avenue	
		San Jose, CA 95110	
L	DUDDOOF		4
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Software subscription	
		Software subscription	
			_
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI		_

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 3/58 Rpt: 7/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	08/21/2023	Adobe Systems Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.11	345 Park Avenue
		San Jose, CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	09/21/2023	Adobe Systems Inc.
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$54.11	345 Park Avenue
	Ψ01.121	o to t any words
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Subscription
		Subscription
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/12/2023	Adobe Systems Inc.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$59.53	345 Park Avenue
	Ψ00.00	545 Falk/Wellac
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Software subscription
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/58 Rpt: 8/63	Gutierrez, Rolando (The Honorable) 00062485
4 Date	5 Payee name
10/22/2023	Adobe Systems Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$54.11	345 Park Avenue
	San Jose, CA 95110
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Subscription
	Cubsonpuon
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
5 .	
Date	Payee name
10/24/2023	Adobe Systems Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$649.37	345 Park Avenue
	San Jose, CA 95110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Software
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>U</b>
Date	Payee name
11/12/2023	Adobe Systems Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$59.53	345 Park Avenue
	San Jose, CA 95110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Software subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit ever	·

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 T	otal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/58 Rpt: 9/63	Gutierrez, Rolando (The Honorable) 00062485
<b>4</b> D	ate	5 Payee name
1	1/21/2023	Adobe Systems Inc.
<b>6</b> A	mount (\$) \$54.11	7 Payee address; City; State; Zip Code 345 Park Avenue
		San Jose, CA 95110
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Software subscription
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
D	ate	Payee name
1	2/12/2023	Adobe Systems Inc.
А	mount (\$) \$59.53	Payee address; City; State; Zip Code  345 Park Avenue
		San Jose, CA 95110
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Subscription
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
D	ate	Payee name
1	2/21/2023	Adobe Systems Inc.
Α	mount (\$) \$54.11	Payee address; City; State; Zip Code 345 Park Avenue
		San Jose, CA 95110
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Software subscription
	complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/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/Politica Credit Card Payment	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 (Ethics Commission Filers)	
	Sch: 6/58 Rpt: 10/63	Gutierrez, Rolando (The Honorable) 00062485	
4	Date	5 Payee name	
	12/21/2023	Alamo Mailing Company	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,551.75	13114 Lookout Run	
		San Antonio, TX 78233	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Printing Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Printing of Christmas cards	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/12/2023	American Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,316.89	4333 Amon Carter Blvd	
		Fort Worth, TX 76155	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Gun violence panel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/03/2023	Asana	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.90	633 Folsom St	
		San Francisco, CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Software	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/58 Rpt: 11/63	Gutierrez, Rolando (The Honorable)	00062485
4	Date	Payee name	
	09/03/2023	Asana	
6	Amount (\$) \$71.90	Payee address; City; State; Zip Code 633 Folsom St  San Francisco, CA 94107	
Ļ			
8	PURPOSE OF EXPENDITURE	Office Overhead/Northal Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/03/2023	Asana	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$143.80	633 Folsom St	
		San Francisco, CA 94107	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/03/2023	Asana	
	Amount (\$) \$143.80	Payee address; City; State; Zip Code 633 Folsom St	
		San Francisco, CA 94107	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waacs/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L	·	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
L	Sch: 8/58 Rpt: 12/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	12/03/2023	Asana
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$143.80	633 Folsom St
	Ψ1-10.00	000 1 0100111 01
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	09/17/2023	Austin Marriott
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$516.11	304 E Cesar Chavez
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	08/02/2023	Avis Rent-A-Car
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,163.58	25500 E 78th Ave
		Denver, CO 80249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Car rental for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
一		
1		
L		

### 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 9/58 Rpt: 13/63	2 FILER NAME Gutierrez, Rolando (The Honorable) 3 Filer ID (Ethics Commission File 00062485	ers)
4	Date 07/30/2023	5 Payee name Brick Vault Brewery and Barbecue	
6	Amount (\$) \$120.42	7 Payee address; City; State; Zip Code 102 Northwest 1st Street #90W	
		Marathon, TX 79842	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meeting to discuss officeholder issues	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 10/02/2023	Payee name Carlos Lopez Campaign	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 941 Timberwood Ln	
		Uvalde, TX 78801	
	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  Contribution	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 10/06/2023	Payee name Cavender Buick GMC West	
	Amount (\$) \$281.11	Payee address; City; State; Zip Code 7400 TX-1604 Loop	
		San Antonio, TX 78254	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment & Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign car maintenance	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/V	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
			The Instruction Guid	le explains how to co	mpl	ete this form.			
1	Total pages Schedule F1:	2 FILER NAMI	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 10/58 Rpt: 14/63	Gutierrez, F	Rolando (The Hon	orable)				00062485	
4	Date	5 Payee name							
	11/14/2023		Buick GMC West						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode				
	\$209.18	7400 TX-16	604 Loop						
		San Antoni	o, TX 78254						
8	PURPOSE	(a) Category (S	iee Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE		tion Equipment & I			_			plete Schedule T.
	LAFENDITORE	Expense				_		officeholder living	
						Campaign ve	hic	le maintena	nce
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld
	experialiture to beliefit C/OI	1							
	Date	Payee name	!						
	07/16/2023	Chavana, 1	Tomas .						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$500.00	2202 Caste	ello Way						
		San Antoni	o, TX 78259						
	PURPOSE	(a) Category (s	see Categories listed at the	top of this cohodule)	(b)	Description			
	OF		rhead/Rental Expe		l`		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	000 010.	Troda Nortal Expo			Check if Austin	, TX,	officeholder living	g expense
						Photographe	r		
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name	!						
	08/06/2023	Circle K							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$100.00	4340 lh 35	South						
		New Braun	fels, TX 78130						
	PURPOSE	(a) Category (s	see Categories listed at the	top of this schedule)	(b)	Description			
	OF		tion Equipment & I				outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Expense				_	, TX,	officeholder living	g expense
						Fuel			
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld
L	experiorare to benefit C/Of	1							

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 11/58 Rpt: 15/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/11/2023	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Software subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	the state of the s
_	D :	
	Date	Payee name
	07/20/2023	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.30	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Software subscription
		Contware Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davisa nama
	08/11/2023	Payee name  Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Rd
		NA 11 AAA 00 454
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software subscription
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 12/58 Rpt: 16/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
L	08/20/2023	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.30	1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Software subscription
		Software subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/23/2023	Constant Contact
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$24.08	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/11/2023	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Software subscription
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction G	•		/ages	/Contract Labor		OTHER (enter	a category not listed	above)
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1	, -	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
L	Sch: 13/58 Rpt: 17/63		Gutierrez, i	Rolando (The Ho	onorabie)					00062485		
4	Date	5	Payee name									
	09/20/2023		Constant C	ontact								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de					
	\$79.95		1601 Trape	elo Rd								
			•									
			Waltham, N	<b>Δ</b> Δ Ω2 <b>Δ</b> 51								
Ļ		ļ.,										
8	PURPOSE OF	(a)		ee Categories listed at t		dule)	(b)	Description	otoi	de of Toyloo Co	malata Cabadula T	
	EXPENDITURE		Office Over	head/Rental Ex	pense			<b>=</b>		officeholder livir	mplete Schedule T.	
								Software sub			.9P	
9	Complete ONLY if direct	<u> </u>		iceholder name	Of	ffice sou	aht			Office h	neld	
ľ	expenditure to benefit C/OI		Carididate/On	icenolaei name	Oi	ilice sou	giit			Office i	ieiu	
┡		_										
	Date		Payee name									
L	10/11/2023		Constant C	ontact								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
	\$117.26		1601 Trape	elo Rd								
			Waltham, N	ИА 02451								
⊢	PURPOSE	(a)	Category	ee Categories listed at t			(h)	Description				
	OF	(")		head/Rental Ex		aule)	(~)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Omoc Over	nead/Nemai Ex	perioe			Check if Austin,	, TX,	officeholder livir	ng expense	
								Software sub	scr	iption		
Г	Complete ONLY if direct		Candidate/Off	iceholder name	Of	ffice sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
F	Date		Payee name	ı								
	10/20/2023		Constant C									
H	Amount (\$)	$\vdash$	Payee addre		State:	Zip Co	do					
	\$79.95		1601 Trape	•	Siale,	Zip Co	ue					
	Ψ13.33		1001 Hape	lo Ita								
			Waltham, N	//A 02451								
	PURPOSE OF	(a)		ee Categories listed at t		dule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental Ex	pense			므			mplete Schedule T.	
								Subscription	, IX,	officeholder livir	ig expense	
								Cabacilption				
$\vdash$	Complete ONLY if direct	Ц,	Candidata/Off	iooboldor name		ffice seri	abt			Office	old	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		oai iuiuale/OII	iceholder name	Oi	ffice sou	yııı			Office h	iciu	
L												

#### SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ent Solicitation/Fundraising Expense
See Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 14/58 Rpt: 18/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	11/12/2023	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	11/20/2023	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software subscription
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Davisa nama
	12/11/2023	Payee name  Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Software subscription
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	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 (Ethics Commission Filers)
	Sch: 15/58 Rpt: 19/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	12/20/2023	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
⊨	Date	
	08/05/2023	Payee name Curio Hotels
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$340.19	125 2nd St NW
		Albuquerque, NM 87102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging
┡	Operation ONE V if dispert	Our file to 10 ff as hald a grown of the state of the sta
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	11/07/2023	Eva's Heroes
	Amount (\$)	Payee address; City; State; Zip Code
	\$550.00	11120 Wurzbach Rd
		San Antonio, TX 78230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Contribution
dash	Operation ONE V. C.	Our file to 10 ff and a later a second to 10 ff and a later a
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash	,	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/58 Rpt: 20/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/05/2023	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.00	1 Hacker Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertisement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/10/2023	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.72	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Power name
	07/10/2023	Payee name Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$179.17	1 Hacker Way
	ΨΞ. Ο.Ξ.	
		Menlo Park, CA 94025
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Advertising
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/58 Rpt: 21/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
l	08/08/2023	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$464.80	1 Hacker Way
l		
l		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Solicitation/Fundraising Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Advertising
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	'	
l	Date	Payee name
L	09/08/2023	Facebook
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$88.83	1 Hacker Way
l		
l		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Advertising
		, avoidaling
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
l	10/08/2023	Facebook
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$35.17	1 Hacker Way
l		Menlo Park, CA 94025
⊢	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Advertising
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientale to beliefft G/OI	·

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/58 Rpt: 22/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	10/08/2023	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.00	1 Hacker Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising
		Nevertabling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/08/2023	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.01	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Advertising
		, avoidanty
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/08/2023	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$642.36	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense  Advertising
		Auvertibility
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

### 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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/58 Rpt: 23/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	12/08/2023	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$151.60	1 Hacker Way
		Menlo Park, CA 94025
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/23/2023	Fairmont Chicago
		-
	Amount (\$)	Payee address; City; State; Zip Code  200 N Columbus Dr
	\$3,671.29	200 N Columbus Di
		Chicago, IL 60601
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payes name
	08/01/2023	Payee name Farias, Joey
		· ·
	Amount (\$)	Payee address; City; State; Zip Code 211 Shrine Ave
	\$211.18	211 Shille Ave
		San Antonio, TX 78221
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	lete this	form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
	Sch: 20/58 Rpt: 24/63	Gutierrez, Rolando (The Honorable)		00062485	
4	Date	5 Payee name			
	07/03/2023	GM Financial			
6	Amount (\$)	7 Payee address; City; State; Zip Cod			
	\$1,489.50	P.O. Box 78143			
		Phoenix, AZ 85062			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>)</b> Descri	ption	
	OF EXPENDITURE	Transportation Equipment & Related		ck if travel outside of Texas. Complete Schedule T.	
		Expense	_	ck if Austin, TX, officeholder living expense aign vehicle payment	
			Camp	aight vehicle payment	
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	·	Office held	
	expenditure to benefit C/O			Office field	
H	Data	Davida varia			
	Date 08/02/2023	Payee name GM Financial			
	Amount (\$)	Payee address; City; State; Zip Cod			
	\$1,489.50	P.O. Box 78143			
		Phoenix, AZ 85062			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>D</b> escri		
	PURPOSE OF EXPENDITURE	Transportation Equipment & Related	Che	ck if travel outside of Texas. Complete Schedule T.	
	OF	5 7 (***********************************	Che	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense	
	OF	Transportation Equipment & Related	Che	ck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Transportation Equipment & Related Expense	Che	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment	
	OF	Transportation Equipment & Related Expense  Candidate/Officeholder name  Office soug	Che	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Transportation Equipment & Related Expense  Candidate/Officeholder name  Office soug	Che	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF	Transportation Equipment & Related Expense  Candidate/Officeholder name Office soug  Payee name	Che	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 09/01/2023	Transportation Equipment & Related Expense  Candidate/Officeholder name Office soug  Payee name GM Financial	Che Che Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 09/01/2023  Amount (\$)	Transportation Equipment & Related Expense  Candidate/Officeholder name Office soug  Payee name GM Financial Payee address; City; State; Zip Cod	Che Che Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment	
_	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 09/01/2023	Transportation Equipment & Related Expense  Candidate/Officeholder name Office soug  Payee name GM Financial	Che Che Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment	
_	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 09/01/2023  Amount (\$)	Transportation Equipment & Related Expense  Candidate/Officeholder name Office sough  Payee name GM Financial  Payee address; City; State; Zip Code P.O. Box 78143	Che Che Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 09/01/2023  Amount (\$) \$1,489.50	Transportation Equipment & Related Expense  Candidate/Officeholder name Office sough  Payee name GM Financial  Payee address; City; State; Zip Code P.O. Box 78143  Phoenix, AZ 85062	Che Cher	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment  Office held	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 09/01/2023  Amount (\$) \$1,489.50	Transportation Equipment & Related Expense  Candidate/Officeholder name Office sough  Payee name GM Financial  Payee address; City; State; Zip Code P.O. Box 78143  Phoenix, AZ 85062  (a) Category (See Categories listed at the top of this schedule)	Cher Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment  Office held	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 09/01/2023  Amount (\$) \$1,489.50	Transportation Equipment & Related Expense  Candidate/Officeholder name Office soug  Payee name GM Financial  Payee address; City; State; Zip Cod P.O. Box 78143  Phoenix, AZ 85062  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related	Chercher Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment  Office held  ption ck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 09/01/2023  Amount (\$) \$1,489.50  PURPOSE OF	Transportation Equipment & Related Expense  Candidate/Officeholder name Office sough  Payee name GM Financial  Payee address; City; State; Zip Code P.O. Box 78143  Phoenix, AZ 85062  (a) Category (See Categories listed at the top of this schedule)	Chercher Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment  Office held	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 09/01/2023  Amount (\$) \$1,489.50  PURPOSE OF	Transportation Equipment & Related Expense  Candidate/Officeholder name Office soug  Payee name GM Financial  Payee address; City; State; Zip Cod P.O. Box 78143  Phoenix, AZ 85062  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related	Chercher Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment  Office held  ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 09/01/2023  Amount (\$) \$1,489.50  PURPOSE OF EXPENDITURE	Transportation Equipment & Related Expense  Candidate/Officeholder name Office sough  Payee name GM Financial  Payee address; City; State; Zip Code P.O. Box 78143  Phoenix, AZ 85062  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Chercher Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment  Office held  ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 09/01/2023  Amount (\$) \$1,489.50  PURPOSE OF	Transportation Equipment & Related Expense  Candidate/Officeholder name  Office soug  Payee name GM Financial  Payee address; City; State; Zip Cod P.O. Box 78143  Phoenix, AZ 85062  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense  Candidate/Officeholder name  Office soug	Chercher Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment  Office held  ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 09/01/2023  Amount (\$) \$1,489.50  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Transportation Equipment & Related Expense  Candidate/Officeholder name  Office soug  Payee name GM Financial  Payee address; City; State; Zip Cod P.O. Box 78143  Phoenix, AZ 85062  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense  Candidate/Officeholder name  Office soug	Chercher Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment  Office held  ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 09/01/2023  Amount (\$) \$1,489.50  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Transportation Equipment & Related Expense  Candidate/Officeholder name  Office soug  Payee name GM Financial  Payee address; City; State; Zip Cod P.O. Box 78143  Phoenix, AZ 85062  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense  Candidate/Officeholder name  Office soug	Chercher Camp	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment  Office held  ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense aign vehicle payment	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L	·	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 21/58 Rpt: 25/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	10/10/2023	GM Financial
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,489.50	P.O. Box 78143
		Phoenix, AZ 85062
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Campaign car payment
		Campaign our paymont
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/13/2023	GM Financial
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,489.50	P.O. Box 78143
		Phoenix, AZ 85062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Campaign vehicle payment
		Campaign venicle payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/08/2023	GM Financial
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,489.50	P.O. Box 78143
		Phoenix, AZ 85062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Campaign vehicle payment
		Campaign venicle payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 Files ID (Shine Commission Files)
1	Total pages Schedule F1: Sch: 22/58 Rpt: 26/63	2 FILER NAME Gutierrez, Rolando (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062485
4	Date	5 Payee name
	07/07/2023	Garcia, Christopher
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 5814 Sugarberry  San Antonio, TX 78253
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Campaign contract labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2023	Garcia, Christopher
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5814 Sugarberry
		San Antonio, TX 78253
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign contract labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/15/2023	Garcia, Christopher
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5814 Sugarberry
		San Antonio, TX 78253
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign contract labor
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/58 Rpt: 27/63	Gutierrez, Rolando (The Honorable)	00062485
4	Date	5 Payee name	
	10/04/2023	Garcia, Christopher	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	5814 Sugarberry	
		San Antonio, TX 78253	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	tin, TX, officeholder living expense
		Campaign o	contract labor
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	<u>'</u>		
	Date	Payee name	
	11/01/2023	Garcia, Christopher	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	5814 Sugarberry	
		San Antonio, TX 78253	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	J Salaries/ Wages/Cortifact Eabor	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		,	contract labor
		- Company	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	12/05/2023	Garcia, Christopher	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	5814 Sugarberry	
	•		
		San Antonio, TX 78253	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	tin, TX, officeholder living expense
		Campaign o	contract labor
	0 1, 2, 2, 2, 2, 2		011111111111111111111111111111111111111
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
L			

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/58 Rpt: 28/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/10/2023	GoDaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.49	14455 N. Hayden Rd
		Scottsdale , AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/16/2023	GoDaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.31	14455 N. Hayden Rd
		Scottsdale , AZ 85260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/17/2023	GoDaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.31	14455 N. Hayden Rd
		Scottsdale , AZ 85260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Website hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 25/58 Rpt: 29/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	10/16/2023	GoDaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.31	14455 N. Hayden Rd
		Scottsdale , AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Cubscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	10/19/2023	GoDaddy.com
_	Amount (\$)	Payee address; City; State; Zip Code
	\$22.17	14455 N. Hayden Rd
	ΨΖΖ.11	14455 N. Haydell Nu
		Scottsdale , AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Dayso name
	11/16/2023	Payee name GoDaddy.com
	Amount (\$)	-
	\$21.31	Payee address; City; State; Zip Code 14455 N. Hayden Rd
	Φ21.31	14455 N. Haydeli Ku
		Scottsdale , AZ 85260
	DUDDOCE	In.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

The Instruction Guide explains how to compl	ete this form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Gutierrez, Rolando (The Honorable)	00062485
5 Payee name	
GoDaddy.com	
7 Payee address; City; State; Zip Code	
14455 N. Hayden Rd	
Scottsdale , AZ 85260	
(a) Category (See Categories listed at the top of this schedule) (b)	Description
Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Subscription
	Casconput
Candidate/Officeholder name Office sought	Office held
H	Office field
T	
-	
Golando, Martin	
Payee address; City; State; Zip Code	
2326 West Magnolia	
San Antonio, TX 78201	
(consistence and the constant)	Description
Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign contract labor
	oumpaign contract labor
Candidate/Officeholder name Office sought	Office held
H	Office Hold
I -	
Golando, Martin	
Payee address; City; State; Zip Code	
2326 West Magnolia	
San Antonio, TX 78201	
(a) Category (See Categories listed at the top of this schedule) (b)	Description
Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Campaign contract labor
	Office held
	The Instruction Guide explains how to complete Gutierrez, Rolando (The Honorable)  5  Payee name GoDaddy.com  7  Payee address; City; State; Zip Code 14455 N. Hayden Rd Scottsdale , AZ 85260  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate/Officeholder name Office sought Payee name Golando, Martin  Payee address; City; State; Zip Code 2326 West Magnolia San Antonio, TX 78201  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate/Officeholder name Office sought Payee name Golando, Martin  Payee name Golando, Martin  Payee address; City; State; Zip Code 2326 West Magnolia  San Antonio, TX 78201  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Categories Issted at the top of this schedule)  San Antonio, TX 78201  (b) Category (see Categories listed at the top of this schedule) San Antonio, TX 78201

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 27/58 Rpt: 31/63	2 FILER NAME Gutierrez, Rolando (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062485
4	Date	5. Davisa nama
*		5 Payee name
	07/07/2023	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	1600 Amphitheatre Pkwy
		Mountain View, CA 04042
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	08/02/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.38	1600 Amphitheatre Pkwy
	402.00	2000 / Wilpinkiloddio i Kwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	08/02/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.20	1600 Amphitheatre Pkwy
		Manustain Vienn OA 04040
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 28/58 Rpt: 32/63	2 FILER NAME Gutierrez, Rolando (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062485
╙		
4	Date	5 Payee name
	09/03/2023	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.56	1600 Amphitheatre Pkwy
	Ψ000.00	1000 / Amphilate at Kwy
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	09/03/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.56	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
L		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Software
		Sollware
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/61	'
	Date	Payee name
	10/02/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.35	1600 Amphitheatre Pkwy
	Ψ11.55	2000 / milpinational of they
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Software
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ĺ	expenditure to benefit C/OI	1
Г		
1		
L		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll 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 (Ethics Commission Filers)
	Sch: 29/58 Rpt: 33/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	10/02/2023	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$368.41	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	11/02/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.58	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/02/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$385.48	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 30/58 Rpt: 34/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	12/03/2023	Google LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.55	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Software subscription
		Software Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	12/03/2023	Google LLC
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$391.44	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Software
		Continuio
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	07/29/2023	Hotel Saint George
	Amount (\$) \$944.00	Payee address; City; State; Zip Code
	Φ944.00	105 S Highland Ave
		Marfa, TX 79843
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Lodging for event
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
1		
l		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 31/58 Rpt: 35/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/29/2023	Hotel Saint George
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.12	105 S Highland Ave
		Marfa, TX 79843
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Snacks
		Shaoks
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	07/29/2023	Hotel Saint George
	Amount (\$)	Payee address; City; State; Zip Code
	\$680.00	105 S Highland Ave
		Marfa, TX 79843
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event dinner meeting
		Event difficility
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/29/2023	Hotel Saint George
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.00	105 S Highland Ave
		Marfa, TX 79843
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Breakfast meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 32/58 Rpt: 36/63	2 FILER NAME Gutierrez, Rolando (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062485
4	Date 11/10/2023	5 Payee name Josephine Street
6	Amount (\$) \$106.05	7 Payee address; City; State; Zip Code 400 E Josephine St
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78215  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Meeting to discuss officeholder issues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/03/2023 Amount (\$)	Payee name Kellum Cares Foundation Payee address; City; State; Zip Code
	\$1,000.00	3701 Roy Richard Dr  Schertz, TX 78154
	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  Golf tournament charitable event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/09/2023	Payee name Kim Rubio for Mayor
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2177
		Uvalde, TX 78802
	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 Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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 (Ethics Commission Filers)
	Sch: 33/58 Rpt: 37/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/02/2023	Ladino
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$392.00	200 E Grayson St
		#100
		San Antonio, TX 78215
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder issues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitare to beliefit C/Oi	'
	Date	Payee name
	07/28/2023	Lajitas Golf Resort
	Amount (\$)	Payee address; City; State; Zip Code
	\$831.36	HC 70
		Lajitas, TX 79852
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/11/2023	Maverick Texas Brasserie
	Amount (\$)	Payee address; City; State; Zip Code
	\$420.00	710 S St Mary's St
	Ψ+20.00	120 O Ot Mary 3 Ot
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

#### 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 Expe Legal Services The Instruction Guide	Office Polling ense Printin Salarie	Overhea Expens g Expens s/Wage	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
_	Total pages Schedule F1:	2 FILED NAM					3	Filer ID	(Ethics Commission Filers)
_	Sch: 34/58 Rpt: 38/63		Rolando (The Hono	rable)				Filer ID 00062485	(Luiics Commission Filers)
4	Date	5 Payee name	e						
	07/21/2023		Obsservatoy						
6	Amount (\$) \$330.00	<ul><li>7 Payee addr</li><li>3640 Dark</li><li>Fort Davis</li></ul>	•	State; Zip	Code				
8	PURPOSE OF EXPENDITURE	(a) Category ( Event Exp	See Categories listed at the to	p of this schedule)	(b)	=		de of Texas. Comp officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	ought			Office he	ld
	Date	Payee name	e						
	07/03/2023	NGPVAN,	Inc.						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$906.10		York Ave. NW						
		Washingto	n, DC 20005						
	PURPOSE OF EXPENDITURE	(a) Category ( Advertisin	See Categories listed at the to	p of this schedule)	(b)			de of Texas. Comp	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	ought			Office he	ld
	Date 07/10/2023	Payee name NGPVAN,							
	Amount (\$) \$4,050.80		ess; City; York Ave. NW n, DC 20005	State; Zip	Code				
	PURPOSE	(a) Category	See Categories listed at the to	n of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising		- s. a.io soriedule)		Check if travel		de of Texas. Comp	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	ought			Office he	ld

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/58 Rpt: 39/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/05/2023	Office Max
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.41	255 E Basse Rd
		San Antonio, TX 78209
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	i de la companya de
	Date	Payee name
	08/02/2023	Office Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$335.56	255 E Basse Rd
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	i de la companya de
	Date	Payee name
	07/13/2023	Perlas Seafood
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.00	1400 S Congress
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder issues
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/58 Rpt: 40/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	09/07/2023	Perry's Steakhouse & Grille
6	Amount (\$) \$245.68	7 Payee address; City; State; Zip Code 15900 La Cantera Pkwy
Ļ		San Antonio, TX 78256
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meeting to discuss officeholder issues
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/18/2023	Progressive Auto
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,091.25	15000 W Interstate 10 San Antonio, TX 78249
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign vehicle insurance payment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	10/12/2023	Qi Austin
	Amount (\$) \$158.99	Payee address; City; State; Zip Code 835 W 6th St
		Austin, TX 78703
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder issues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 37/58 Rpt: 41/63	2 FILER NAME Gutierrez, Rolando (The Honorable)  3 Filer ID (Ethics Commission Filers) 00062485
4	Date	5 Payee name
	09/05/2023	Regional Mobility Authority
6	Amount (\$) \$104.26	7 Payee address; City; State; Zip Code PO Box 734182  Dallas, TX 75373
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment & Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense  Toll road fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/09/2023	Ruth's Chris Steak House
	Amount (\$)	Payee address; City; State; Zip Code
	\$761.00	107 W. 6th Street
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event meeting with constituents
		<b>3</b>
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/26/2023	SAT Airport Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.00	9800 Airport Blvd
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Parking fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Commit	tee Legal Services	on Guide explains		ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
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1	Total pages Schedule F1:	l						3	Filer ID	(Ethics Commission Filers)	
_	Sch: 38/58 Rpt: 42/63		utierrez, Rolando (Th	e Honorable)					00062485		
4	Date	1	yee name								
L	07/21/2023	Sa	alamander Washingt	on							
6	Amount (\$)	<b>7</b> Pa	yee address; City;	State	; Zip Coo	de					
	\$689.65	13	30 Maryland Ave SV	V							
		w	ashington, DC 2002	1							
8	PURPOSE	(a) Ca	ategory (See Categories lis	ted at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		avel Out of District				Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	LAI LIIDII VILL						<b>—</b>	, TX,	officeholder living	g expense	
							Lodging				
9	Complete ONLY if direct expenditure to benefit C/OI		didate/Officeholder na	ne C	Office souç	ght			Office he	eld	
L	experiulture to beriefft C/OI										
	Date	Pa	yee name								
	07/13/2023	Se	eeker Strategies								
	Amount (\$)	Pa	yee address; City;	State;	; Zip Cod	de					
	\$5,000.00	50	00 S Congress Ave								
		Αι	ıstin, TX 78704								
	PURPOSE OF		ategory (See Categories lis		nedule)	(b)	Description				
	EXPENDITURE	Sa	alaries/Wages/Contra	act Labor			<b></b>			plete Schedule T.	
							Campaign co		officeholder living	j expelise	
							Campaign 60	1111	aoi iabui		
-	Complete ONLY if direct	Can	didate/Officeholder na	ne (	Office souç	thr			Office he	7l4	_
	expenditure to benefit C/OI		andato, Omocholider Hai		omoc sout	9111			Cilico III	J. G.	
H	Date	Da	yee name								
	09/07/2023	l	neraton Austin Hotel								
				<b>2</b>	. 7: 0	-1 -					
	Amount (\$)	l	yee address; City;	State;	; Zip Coo	de					
	\$263.64	70	1 E. 11th Street								
		Αι	ıstin, TX 78701								
	PURPOSE OF		ategory (See Categories lis	ted at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE	Tr	avel Out of District				브			plete Schedule T.	
							Lodging	, 1X,	officeholder living	j expense	
							Loughly				
	Complete ONLY if direct	Can	didate/Officeholder na	no C	Office soug	tdr			Office he	əld	
	expenditure to benefit C/OI		muate/Onicendidei Hal	iio C	onice sou(	JIIL			Onice H	Jiu	
_											

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il 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 (Ethics Commission Filers)
	Sch: 39/58 Rpt: 43/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	12/03/2023	Solomon Ortiz Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 286
		Corpus Christi, TX 78403
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution
		Continuation
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/10/2023	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.81	3151 SE Military Dr
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Internet service
		internet service
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
	08/08/2023	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.81	3151 SE Military Dr
		San Antonio, TX 78223
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Internet service
		internet service
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
L		
1		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 40/58 Rpt: 44/63	Gutierrez, Rolando (The Honorable)	00062485
4	Date	Payee name	
	09/08/2023	Spectrum	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$158.81	3151 SE Military Dr San Antonio, TX 78223	
8	PURPOSE		
•	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense CC
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/08/2023	Spectrum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$158.81	3151 SE Military Dr	
	PURPOSE	San Antonio, TX 78223  (a) Category (See Categories listed at the top of this schedule)  (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/08/2023	Spectrum	
	Amount (\$) \$158.81	Payee address; City; State; Zip Code 3151 SE Military Dr	
		San Antonio, TX 78223	
	PURPOSE OF EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense CC
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Ec	rms provided by Tayas F	nice Commission www.athics state ty us	Varsion V2.5.1.0hfcfh67

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 41/58 Rpt: 45/63	Gutierrez, Rolando (The Honorable) 00062485
4 Date	5 Payee name
12/08/2023	Spectrum
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$158.81	3151 SE Military Dr
	San Antonio, TX 78223
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Internet service
	Internet service
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
07/06/2023	Sprout Social
Amount (\$)	Payee address; City; State; Zip Code
\$180.16	Dept. CH 17275
	Palatine, IL 60055
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Software subscription
	Contrare Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	1
Date	Payee name
08/06/2023	Sprout Social
Amount (\$)	Payee address; City; State; Zip Code
\$180.15	Dept. CH 17275
	Palatine, IL 60055
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Subscription software
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to belief of e	··

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/58 Rpt: 46/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/30/2023	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.90	459 Broadway
		New York , NY 10013
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/10/2023	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	459 Broadway
		New York , NY 10013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/29/2023	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.52	459 Broadway
		New York, NY 10013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Software
		Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/58 Rpt: 47/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	09/10/2023	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.18	459 Broadway
		New York , NY 10013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/29/2023	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.52	459 Broadway
		New York , NY 10013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Software
		Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/11/2023	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	459 Broadway
		New York , NY 10013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Software subscription
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/58 Rpt: 48/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	10/29/2023	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.52	459 Broadway
		New York , NY 10013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software subscription
_	0 1: 0:11:4"	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/10/2023	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	459 Broadway
		New York , NY 10013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/29/2023	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.52	459 Broadway
		New York , NY 10013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Software subscription
	Complete ONU V if allow	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 45/58 Rpt: 49/63	Gutierrez, Rolando (The Honorable) 00062485					
4	Date	5 Payee name					
	12/10/2023	Squarespace					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$35.18	459 Broadway					
		New York , NY 10013					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Software subscription					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
		·					
	Date	Payee name					
	12/29/2023	Squarespace					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$24.52	459 Broadway					
		New York , NY 10013					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Software subscription					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Data						
	Date	Payee name					
	11/11/2023	Sushi Zushi					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$175.38	1611 W 5th St					
		Austin, TX 78703					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Meeting to discuss officeholder issues					
		iniodang to discuss emberiolaer issues					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·					

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

ense Trave pense Trave ages/Contract Labor OTH

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/58 Rpt: 50/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	12/12/2023	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,245.00	PO Box 12068
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Calendars
		Culcitatis
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	07/10/2023	Texas State University
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	601 University Dr
		San Marcos, TX 78666
	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
		Candidate/Officeholder/Political Committee
		Scholarship in notion of ress water
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	07/23/2023	The Franklin Room
	Amount (\$)	Payee address; City; State; Zip Code
	\$293.81	675 N Franklin St
		Chicago, IL 60654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Dinner Meeting
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Siddle Said Laymone	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 47/58 Rpt: 51/63	Gutierrez, Rolando (The Honorable)		00062485	
4 Date	5 Payee name		•	
07/30/2023	The Gage Hotel			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$5,000.00	102 NW 1st Street			
	Marathon, TX 79842			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel Out of District		el outside of Texas. Com	plete Schedule T.
EXPENDITORE		. —	tin, TX, officeholder living	g expense
		Lodging sta	π event	
		<u> </u>		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sor	ught	Office he	eld
<u>'</u>				
Date	Payee name			
08/02/2023	The Gage Hotel			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$3,022.73	102 NW 1st Street			
	Marathon, TX 79842			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel Out of District		el outside of Texas. Com tin, TX, officeholder livinç	
		Lodging sta		y expense
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office he	eld
expenditure to benefit C/O				
Date	Payee name			
10/15/2023	The Raul Jimenez Thanksgiving Dinner			
Amount (\$)	Payee address; City; State; Zip C	nde		
\$1,250.00	8700 Crownhill Blvd			
41,200.00	or ou ordinami bird			
	San Antonio, TX 78209			
DUDDOCE		(h) Description		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By	(b) Description  Check if trave	el outside of Texas. Com	plete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee		tin, TX, officeholder living	
		Contribution	า	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld
expenditure to benefit C/O	Н			

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/58 Rpt: 52/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	08/30/2023	The Wash Tub
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$199.00	3307 SE Military Dr
	1	
		San Antonio , TX 78223
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	!	Expense
	!	Gai Mach Gol Moco
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name  Ticketubelegaler com
	07/01/2023	Ticketwholesaler.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,300.00	6322 Sovereign Dr
	!	
	!	San Antonio, TX 78229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	<b>2</b> /1. <b>2</b> /1. <b>2</b> /1.	Check if Austin, TX, officeholder living expense
	!	Airline travel
_	Camplete ONLV if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	10/28/2023	Tower of the Americas Chart House
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,117.43	739 E. Cesar Chavez Blvd
	!	
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	E/II EIIEII E	Check if Austin, TX, officeholder living expense
	1	Event meeting with constituents
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 49/58 Rpt: 53/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/02/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$22.50	1455 Market St. #1400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Travel fee
		maverice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Data	Para and a second
	Date	Payee name
	07/19/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1455 Market St. #1400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Travel fee
		Traversee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Para compa
	Date 07/19/2023	Payee name Uber
		***
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.02	1455 Market St. #1400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Traveriee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al 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 (Ethics Commission Filers)				
Sch: 50/58 Rpt: 54/63	Gutierrez, Rolando (The Honorable) 00062485				
4 Date	5 Payee name				
07/19/2023	Uber				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$12.90	1455 Market St. #1400				
	San Francisco, CA 94103				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Transportation Equipment & Related				
	Expense Check if Austin, TX, officeholder living expense Travel fee				
	Traveriee				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
experience to serious eye					
Date	Payee name				
07/19/2023	Uber				
Amount (\$)	Payee address; City; State; Zip Code				
\$17.54	1455 Market St. #1400				
	San Francisco, CA 94103				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.				
	Expense Check if Austin, TX, officeholder living expense  Travel fee				
	Traveriee				
Operation ONLY if discont	Out til det (Office helden name				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
·					
Date	Payee name				
07/19/2023	Uber				
Amount (\$)	Payee address; City; State; Zip Code				
\$20.18	1455 Market St. #1400				
	San Francisco, CA 94103				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Transportation Equipment & Related				
EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense				
	Travel fee				
Operation Children	Out tile to 10 ff and hald a market				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
. <sub>р</sub>					

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)				
	Sch: 51/58 Rpt: 55/63	Gutierrez, Rolando (The Honorable) 00062485				
4	Date	5 Payee name				
	07/19/2023	Uber				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$28.32	1455 Market St. #1400				
		San Francisco, CA 94103				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.				
		Expense				
		Haverice				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
	Date	Payee name				
	07/20/2023	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5.66	1455 Market St. #1400				
		San Francisco, CA 94103				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Transportation Equipment & Related  Fxpense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Expense				
		That of 100				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Data					
	Date	Payee name				
	07/20/2023	Uber				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$98.12	1455 Market St. #1400				
		San Francisco, CA 94103				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment & Related				
	ZA ZHOHORZ	Expense Check if Austin, TX, officeholder living expense				
		Travel fee				
_	Operation ONE VIII II	On didn't 10 ff a balden name				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	onpondition to ponding or only					

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/58 Rpt: 56/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/21/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.59	1455 Market St. #1400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Travel fee
		Haveriee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	07/21/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.15	1455 Market St. #1400
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Haveries
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	07/21/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.38	1455 Market St. #1400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Travel fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 53/58 Rpt: 57/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/21/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.99	1455 Market St. #1400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Travel fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit C/Oi	'
	Date	Payee name
	07/22/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.97	1455 Market St. #1400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment & Related  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Expense Check if Austin, TX, officeholder living expense
		Travel fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/22/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.35	1455 Market St. #1400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Travel fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1 

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment		
Great Gara Layment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 54/58 Rpt: 58/63	Gutierrez, Rolando (The Honorable) 00062485	
4 Date	5 Payee name	
07/22/2023	Uber	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$26.42	1455 Market St. #1400	
	San Francisco, CA 94103	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
	Expense Check if Austin, TX, officeholder living expense  Travel fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	
07/21/2023	Uber	
Amount (\$)	Payee address; City; State; Zip Code	_
\$28.73	1455 Market St. #1400	
	San Francisco, CA 94103	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense	
	Expense Check if Austin, TX, officeholder living expense  Travel fee	
	That of the	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Dayso name	_
07/23/2023	Payee name Uber	
		_
Amount (\$) \$30.60	Payee address; City; State; Zip Code 1455 Market St. #1400	
\$30.00	1455 Market St. #1400	
	0 5 04.04400	
	San Francisco, CA 94103	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense	
	Expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_
Forms provided by Tayas F	thics Commission Washing state by us Version V2.5.1.0bfcff	<u> </u>

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
					uide explains ho	ow to cor	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 55/58 Rpt: 59/63		Gutierrez, R	olando (The Ho	onorable)					00062485		
4	Date	5	Payee name									
	07/23/2023		Uber									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$32.91		1455 Marke	t St. #1400								
			San Francis	co, CA 94103								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	lule)	(b)	Description				
	OF EXPENDITURE			on Equipment a				브			plete Schedule T.	
			Expense					_	, TX,	officeholder living	g expense	
								Travel fee				
_		L										
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Off	fice souç	gnt			Office h	ela	
		_										
	Date		Payee name									
	07/23/2023		Uber									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Coo	de					
	\$45.27		1455 Marke	t St. #1400								
			San Francis	co, CA 94103								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Transportati	on Equipment a				<b>-</b>			plete Schedule T.	
	ZA ZADITORZ		Expense					ш	, TX,	officeholder living	g expense	
								Travel fee				
	Complete ONLY if direct	<u> </u>	Condidate/Offi	nobolder neme	Off	fine equi	nh+			Office he	ald	
	Complete ONLY if direct expenditure to benefit C/OI		zanuluale/Onii	ceholder name	Oli	fice souç	JIII			Office file	eiu	
		_										
	Date		Payee name									
	07/24/2023		Uber									
	Amount (\$)		Payee addres		State;	Zip Coo	de					
	\$29.84		1455 Marke	t St. #1400								
			San Francis	co, CA 94103		_						
	PURPOSE OF	(a)		e Categories listed at t		lule)	(b)	Description				
	EXPENDITURE			on Equipment a	& Related			므		de of Texas. Com officeholder living	plete Schedule T.	
			Expense					Travel fee	, ΙΧ,	onicendider living	j expense	
								.14401100				
-	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Off	fice soug	aht			Office he	eld	
	expenditure to benefit C/OI			zz.io.ao. mamo	On		c			200 11	<del></del>	
1												

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I 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 (Ethics Commission Filers)
	Sch: 56/58 Rpt: 60/63	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/24/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.79	1455 Market St. #1400
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Travel fee
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/24/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.26	1455 Market St. #1400
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE		Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Travel fee
		Traveriee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	Development
	Date 07/01/2023	Payee name United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$762.40	609 Main St
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel for Unidos Annual Conference
		Traver for Officos Affilia Conference
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel in Distri Travel Out of E ontract Labor OTHER (enter

	Candidate/Officeholder/Politica Credit Card Payment	Il 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 (Ethics Commission Filers)						
	Sch: 57/58 Rpt: 61/63	Gutierrez, Rolando (The Honorable) 00062485						
4	Date	5 Payee name						
	07/05/2023	Vasquez, Jorge						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$600.00	7602 Maxwell St						
		San Antonio, TX 78214						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Salaries/Wages/Contract Labor						
		Campaign contract labor						
		Campaign contract laso.						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
F	Date	Payee name						
	08/01/2023	Vasquez, Jorge						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,100.00	7602 Maxwell St						
		San Antonio, TX 78214						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Campaign contract labor						
		Campaign contract laso.						
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							
F	Date	Payee name						
	12/12/2023	Wallace, Margaret						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	1910 W 37th St						
		Austin, TX 78731						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
		Check if Austin, TX, officeholder living expense						
		Campaign contract labor						
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·						
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Legal Services	Salaries	/Wage	s/Contract Labor		OTHER (enter	a category not listed above)	
				The Instruction Gu	ide explains how to d	ompi	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					ı	Filer ID	(Ethics Commission Filers)	
	Sch: 58/58 Rpt: 62/63		Gutierrez, R	olando (The Ho	norable)				00062485		
4	Date	5	Payee name								
	10/09/2023			in Downtown							
6	Amount (\$)	7	Payee addres	s; City;	State; Zip C	ode.					
ľ	\$177.72	ľ	310 E. 5th	s, City,	State, Zip C	ouc					
	Ψ111.12		310 L. 301								
			Austin, TX 7	8701							
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	OF Travel Out of District				Check if travel of	Check if travel outside of Texas. Complete Schedule T.				
	LAFENDITORE						ш	, TX,	officeholder livir	ng expense	
							Lodging				
9	Complete ONLY if direct		Candidate/Offic	eholder name	Office so	ught			Office h	neld	
	expenditure to benefit C/O	7									
	Date		Payee name								
	10/09/2023		Westin Austi	in Downtown							
	Amount (\$)	$\vdash$	Payee addres	s; City;	State; Zip C	ode					
	\$63.87		310 E. 5th	-,,,							
	Ψ00.07		010 L. 501								
				0704							
			Austin, TX 7	8701		_					
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
OF EXPENDITURE			Food/Beverage Expense				Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
							Meeting to dis				
							weeting to dis	Ju	33 Officerio	1001 133003	
	Complete ONLY if direct	<u></u>	Candidate/Offic	ocholder name	Office so	ught			Office h	aold	
	expenditure to benefit C/O		Januluale/Onic	enoluei name	Office So	ugni			Office i	ieiu	

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	uction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 63/63						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
Gutierrez, Rolan	do (The Honorable)	00062485						
4 Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee							
American Airlines								
5 Contribution / Expe	5 Contribution / Expenditure reported on:							
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1						
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC						
6 Dates of Travel	7 Name of person(s) traveling							
Suiss of Hure.	Gutierrez, Roland							
	8 Departure city or name of departure location							
07/18/2023	San Antonio							
	Destination city or name of destination location							
07/19/2023	Washington DC							
<b>10</b> Means of transport	ation 11 Purpose of travel (including name of conference, seminar, or	other event)						
Commercial Airp		,						
Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee							
United Airlines	of 7 Comportation of Easter Organization 7 1 Cogol 71 dyec							
	enditure reported on:							
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1						
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC						
		Scriedule Corr-oc						
Dates of Travel	Name of person(s) traveling							
	Gutierrez, Roland							
07/20/2022	Departure city or name of departure location							
07/20/2023	San Antonio							
07/04/0000	Destination city or name of destination location							
07/24/2023	Chicago							
Means of transport	, , ,	other event)						
Commercial Airp	lane Unidos Annual Conference - Speaking on panel							