CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Comm 00062485 | | 2 Total pages filed: 38 |
|------------------------------------|--------------------------------------|-------------------|--|-------------------|---|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE USE ONLY |
| OFFICEHOLDER NAME | The Honorable | Rolando | | | Date Received |
| | | | | | ELECTRONICALLY FILED |
| | NICKNAME Roland | LAST Gutierrez | | SUFFIX | 07/15/2025 |
| | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING | ADDRESS / PO BOX; APT P.O. Box 15232 | / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or Date Postmarked Receipt # Amount |
| ADDRESS | TV 70040 | | | | |
| Change of Address | San Antonio, TX 78212 | | | | Date Processed |
| | | | | | Date Imaged |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | |
| TREASURER NAME | Mr. | David D. | | | |
| | NICKNAME | LAST | | SUFFIX | |
| | | Christian | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX PLEASE); | AP | T / SUITE #; CITY | ; STATE; ZIP CODE |
| TREASURER ADDRESS | 1800 McCullough Ave | | | | |
| (Residence or Business) | San Antonio, TX 78212 | | | | |
| 7 CAMPAIGN | | IE NUMBER E | EXTENSION | | |
| TREASURER PHONE | (210) 710-8919 | | | | |
| 8 REPORT TYPE | January 15 | 30th day before | election | Runoff | X 15th day after campaign treasurer appointment (officeholder only) |
| | X July 15 | 8th day before 6 | election \square | Exceeded modified | Final Report (Attach C/OH-FR) |
| | | | Ш | reporting limit | |
| 9 PERIOD | Month Day Year | | | Month Day | Year |
| COVERED | 01/01/2025 | TH | HROUGH | 06/30/202 | 25 |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | |
| | Month Day Year | | rimary | Runoff | Other |
| | | G | General | Special | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGH | T (if known) |
| | State Senator District 19 E | 3exar | | State Senator D | District 19 |
| | | | | | |
| | | 007 | TO BACE 2 | | |
| | | GO I | O PAGE 2 | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 38

| 13 C / OH NAME | Gutierrez, Rolando (1 | he Honorable) | 14 Filer ID (| Ethics Commis | sion Filers) |
|--|----------------------------------|---|---------------------------|-----------------|--------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expendit These expenditures may have been made without It officeholders are required to report this information | the candidate's or office | holder's knowle | edge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | | | | |
| | | COMMITTEE ADDRESS | | | |
| | SPECIFIC | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRE | SS | | |
| | | | | | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ | 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN | S) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ | 22,553.13 |
| | 4. TOTAL POLITIC | AL EXPENDITURES | | \$ | 45,106.26 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE LIRIOD | AST DAY OF THE | \$ | 37,188.09 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ | 0.00 |
| 17 AFFIDAVIT | | | | | |
| | | I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code. | | | |
| | | The Hono | rable Rolando Gutierr | ·e7 | |
| | | | f Candidate or Officehol | | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | |
| Sworn to and subs | cribed before me, by the s | aid | , this the | d | lay |
| | | ertify which, witness my hand and seal of office. | | | |
| | | | | | |
| Signature of offi | cer administering | Printed name of officer administering | Title of officer | administering o | oath |
| | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | | JVLN 3 | 3 of 38 | | | | | |
|---------------|---|--|--------------|--------|-----------|--|--|--|--|--|
| | 18 FILER NAME Gutierrez, Rolando (The Honorable) 19 Filer ID (Ethics Commission Filers) 00062485 | | | | | | | | | |
| 20 SCH NAM | HEDULI ME OF | SUB | FOTAL AMOUNT | | | | | | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 0.00 | | | | | |
| 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 | S | \$ | 45,106.26 | | | | | |
| 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 | ONS | \$ | | | | | | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER | RETURNED | \$ | | | | | | |
| | | | | | | | | | | |

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 | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/35 Rpt: 4/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 05/18/2025 | AT&T |
| 6 | Amount (\$) \$48.72 | 7 Payee address; City; State; Zip Code 2310 SW Military Drive, Ste. 317 |
| | | San Antonio, TX 78224 |
| 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 Office supplies |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/23/2025 | Apple Store |
| | Amount (\$) \$1,370.44 | Payee address; City; State; Zip Code 7400 San Pedro Ave |
| | | San Antonio, TX 78216 |
| | 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 Office equipment |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/23/2025 | Apple Store |
| | Amount (\$) \$38.96 | Payee address; City; State; Zip Code 7400 San Pedro Ave |
| | | San Antonio, TX 78216 |
| | 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 Office equipment |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | | |

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Schedule F1: Sch: 2/35 Rpt: 5/38 | 2 FILER NAME Gutierrez, Rolando (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062485 |
| Ļ | · · | |
| 4 | Date 06/08/2025 | 5 Payee name Apple Store |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,187.50 | 7400 San Pedro Ave |
| | · | |
| | | San Antonio, TX 78216 |
| 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 |
| | | Office equipment |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experioration benefit C/Or | |
| | Date | Payee name |
| | 01/15/2025 | Austin Marriott |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$808.52 | 304 E Cesar Chavez |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In 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 | 1 |
| | Date | Payee name |
| L | 01/15/2025 | Austin Marriott |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$293.43 | 304 E Cesar Chavez |
| | | |
| L | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In 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/OI | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Lenal 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: 3/35 Rpt: 6/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 03/09/2025 | Austin Proper Hotel |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$185.00 | 600 W 2nd St |
| | | |
| | | Austin, TX 78701 |
| 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 Meeting to discuss officeholder issues |
| | | Meeting to discuss officeriolider issues |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| - | Date | Payeo namo |
| | 01/15/2025 | Payee name Best Buy |
| | | • |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$108.28 | 3142 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 Office supplies |
| | | Office Supplies |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| _ | Data | Davies same |
| | Date 03/07/2025 | Payee name |
| | | Big's |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$58.00 | 13489 I-35 |
| | | |
| | | Moore, TX 78057 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Fuel expense |
| | | Fuel expense |
| _ | 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

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 The Instruction Guide | Salaries/ | Wages | /Contract Labor | | OTHER (enter a | category not listed above) |
|---|---|--|--|---------------------|-------|-----------------|-------|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 4/35 Rpt: 7/38 | | Rolando (The Hono | rable) | | | | 00062485 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 02/18/2025 | Canopy Au | stin Downtown | | | | | | |
| 6 | Amount (\$) \$595.62 | 7 Payee addre 604 W 6th 9 Austin, TX | St | State; Zip C | ode | | | | |
| 8 | PURPOSE OF | | ee Categories listed at the to | p of this schedule) | (b) | Description | | | |
| | EXPENDITURE | Food/Bever | age Expense | | | | , TX, | de of Texas. Com officeholder living ISS Officeholo | expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ceholder name | Office so | ught | | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 05/20/2025 | Chapulin C | antina | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip C | ode | | | | |
| | \$122.59 | 1610 Congi | ress Ave | | | | | | |
| | | Austin, TX | | | Ta. | | | | |
| | PURPOSE OF EXPENDITURE | | ee Categories listed at the to rage Expense | p of this schedule) | (a) | = | | de of Texas. Com officeholder living | |
| | | | | | | Meeting to dis | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ceholder name | Office so | ught | | | Office he | eld |
| | Date | Payee name | | | | | | | |
| | 06/30/2025 | Charlie's Co | orona | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip C | ode | | | | |
| | \$66.00 | 3902 San E | Sernardo Ave | | | | | | |
| | | Laredo, TX | 78041 | | | | | | |
| | PURPOSE | | ee Categories listed at the to | p of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Food/Bever | age Expense | | | | | de of Texas. Com officeholder living | |
| | | | | | | Meeting to dis | | | |
| | | | | | | g to di | | | |
| | Complete ONLY if direct expenditure to benefit C/Oł | | ceholder name | Office so | ught | | | Office he | eld |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

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

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

| Candidate/Officeholder/Political Committee Credit Card Payment | | | Legal Services Salaries/Wages/Contract Labor | | | | OTHER (enter a category not listed above) | | | |
|--|---|-----------------|--|---------------|------|-----------------|---|-----------------------|-------------------|-----------|
| L | · | | The Instruction Guide explai | ins how to co | mple | ete this form. | _ | | | |
| 1 | Total pages Schedule F1: | 1 | | | | | 3 | Filer ID | (Ethics Commissio | n Filers) |
| L | Sch: 5/35 Rpt: 8/38 | Gutierrez, | Rolando (The Honorable) |) | | | | 00062485 | | |
| 4 | Date | 5 Payee name | 9 | | | | | | | |
| | 03/12/2025 | Chevron | | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; Sta | ate; Zip Co | de | | | | | |
| l | \$84.00 | 601 N Inte | rstate Hwy 35 | | | | | | | |
| | | | | | | | | | | |
| | | Austin, TX | 78702 | | | | | | | |
| 8 | PURPOSE | (a) Category (| See Categories listed at the top of this | schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Travel In D | istrict | | | = | | ide of Texas. Com | | |
| | | | | | | _ | | , officeholder living | expense | |
| | | | | | | Fuel expense | 7 | | | |
| Ļ | 0 1: 0 1: 0 | | r | 0 | | | | 0.00 | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | ficeholder name | Office sou | gnt | | | Office he | ela | |
| ┡ | · | T | | | | | | | | |
| l | Date | Payee name | 2 | | | | | | | |
| L | 03/12/2025 | Chevron | | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; Sta | ate; Zip Co | de | | | | | |
| | \$27.05 | 601 N Inte | rstate Hwy 35 | | | | | | | |
| | | | | | | | | | | |
| | | Austin, TX | 78702 | | | | | | | |
| Г | PURPOSE | (a) Category (s | See Categories listed at the top of this | schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | tion Equipment And Rela | | | Check if travel | outs | ide of Texas. Com | plete Schedule T. | |
| | EXI ENDITORE | Expense | | | | — | | , officeholder living | | |
| | | | | | | Campaign ve | ehic | de maintenai | nce | |
| ┡ | 0 1: 0.11.7.7.1. | 0 111 100 | r | 0.11 | | | | 055 | | |
| l | Complete ONLY if direct expenditure to benefit C/OI | | ficeholder name | Office sou | gnt | | | Office he | ela | |
| L | <u>'</u> | | | | | | | | | |
| l | Date | Payee name | 9 | | | | | | | |
| | 06/29/2025 | Chevron | | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; Sta | ate; Zip Co | de | | | | | |
| | \$74.85 | 601 N Inte | rstate Hwy 35 | | | | | | | |
| | | | | | | | | | | |
| | | Austin, TX | 78702 | | | | | | | |
| Г | PURPOSE | (a) Category (s | See Categories listed at the top of this | schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | tion Equipment And Rela | | | <u></u> | | ide of Texas. Com | | |
| l | LAFENDITORE | Expense | | | | _ | | , officeholder living | expense | |
| | | | | | | Fuel expense | è | | | |
| dash | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | ficeholder name | Office sou | ght | | | Office he | eld | |
| L | S. portantare to borient 0/01 | • | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/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: 6/35 Rpt: 9/38 | Gutierrez, Rolando (The Honorable) 00062485 | |
| 4 | Date | 5 Payee name | |
| | 05/05/2025 | Chick-Fil-A | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | \$63.70 | 3214 SE Military | |
| | | | |
| | | San Antonio, TX 78223 | |
| 8 | 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 | |
| | | iniodality to discuss emberiolael issues | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | _ |
| L | | | |
| | Date | Payee name | |
| | 05/14/2025 | Chick-Fil-A | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$42.00 | 3214 SE Military | |
| | | | |
| | | San Antonio, TX 78223 | |
| | 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 | |
| | | | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | · · | |
| ⊨ | Data | | _ |
| | Date | Payee name | |
| | 05/20/2025 | Chick-fil-A Austin | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$55.71 | 503 W Martin Luther King Jr. Blvd | |
| | | | |
| | | Austin, TX 78701 | |
| | 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 | |
| \vdash | Complete ONLY if alias -t | Condidate/Officeholder name Office sought | _ |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| <u> </u> | | | _ |
| | | | |
| L | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 7/35 Rpt: 10/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 05/29/2025 | Chick-fil-A Austin |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$62.56 | 503 W Martin Luther King Jr. Blvd |
| | | |
| | | Austin, TX 78701 |
| 8 | 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 |
| | | Meeting to discuss officeriolider issues |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| \vdash | Data | David and the second se |
| | Date | Payee name |
| | 05/01/2025 | Chili's Grill & Bar - Austin |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$67.00 | 701 E Stassney |
| | | #A |
| | | Austin, TX 78745 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | ZA ZHOHORZ | Check if Austin, TX, officeholder living expense |
| | | Meeting to discuss officeholder issues |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | |
| _ | _ | |
| | Date | Payee name |
| | 03/31/2025 | Circle K/San Antonio |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$77.66 | 3939 CALLAGHAN RD |
| | | |
| | | San Antonio, TX 78228 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related |
| | | Expense Check if Austin, TX, officeholder living expense |
| | | Fuel expense |
| _ | 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 Commit 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 | | e Legal Services | morials Expense ion Guide explai | | /ages | s/Contract Labor | | Travel Out of Dis OTHER (enter a | strict category not listed a | bove) |
|----------|--|---------------|---------------------------|-----------------------------------|-------------|-------|---------------------------------|-------|---|---------------------------------|--------------|
| Ļ | | | | .on Guide Expidi | | | 101111. | _ | | /= · | |
| 1 | Total pages Schedule F1: | | | | | | | 3 | Filer ID | (Ethics Commis | sion Filers) |
| | Sch: 8/35 Rpt: 11/38 | Guti | errez, Rolando (Tl | ne Honorable) | | | | | 00062485 | | |
| 4 | Date | 5 Paye | ee name | | | | | | | | |
| | 05/25/2025 | Circ | le K | | | | | | | | |
| 6 | Amount (\$) | 7 Paye | ee address; City | Sta | ate; Zip Co | de | | | | | |
| | \$32.34 | | 0 Ih 35 South | | • | | | | | | |
| | | | | | | | | | | | |
| | | Nov | <i>I</i> Braunfels, TX 78 | 130 | | | | | | | |
| Ļ | | | | | | | | | | | |
| 8 | PURPOSE OF | | gory (See Categories lis | | | (b) | Description | | | | |
| | EXPENDITURE | | nsportation Equipn | nent And Rela | ited | | | | de of Texas. Com officeholder living | | |
| | | ⊨xp | ense | | | | Fuel expense | | onicendider living | g expense | |
| | | | | | | | oxponde | | | | |
| _ | Complete ONL V if direct | Candi | date/Officeholder na | mo | Office sou | aht | | | Office | ald. | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | uate/Onicendider na | iiie | Onice sou | gnı | | | Office he | au | |
| | | | | | | | | | | | |
| | Date | Paye | ee name | | | | | | | | |
| | 03/16/2025 | Coc | hineal | | | | | | | | |
| | Amount (\$) | Paye | ee address; City | Sta | ate; Zip Co | de | | | | | |
| | \$431.71 | 107 | W San Antonio St | | | | | | | | |
| | | | | | | | | | | | |
| | | Mar | fa, TX 79843 | | | | | | | | |
| _ | PURPOSE | | | | | (h) | Dogorintian | | | | |
| | OF | | gory (See Categories lis | | schedule) | (n) | Description Check if travel of | outsi | de of Texas. Com | plete Schedule T | |
| | EXPENDITURE | ⊢00 | d/Beverage Exper | 5 C | | | — | | officeholder living | | |
| | | | | | | | Meeting to dis | | | | |
| | | | | | | | - | | | | |
| H | Complete ONLY if direct | Candi | date/Officeholder na | me | Office sou | ght | | | Office he | eld | |
| | expenditure to benefit C/O | | | - | | J | | | 200 110 | | |
| \vdash | Data | | | | | | | | | | |
| | Date | • | ee name | | | | | | | | |
| | 01/16/2025 | Cos | ta Pacifica | | | | | | | | |
| | Amount (\$) | • | ee address; City | | ate; Zip Co | de | | | | | |
| | \$12.03 | 434 | N Loop 1604 W A | cc Rd | | | | | | | |
| | | Ste. | 2101 | | | | | | | | |
| | | San | Antonio, TX 7823 | 2 | | | | | | | |
| | PURPOSE | (a) Cate | gory (See Categories lis | ted at the top of this | schedulo) | (b) | Description | | | | |
| | OF | | d/Beverage Exper | | Joneduic) | , | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | | | | | ш | | officeholder living | | |
| | | | | | | | Meeting to dis | scu | iss officehol | der issues | |
| L | | | | | | | | | | | |
| | Complete ONLY if direct | | date/Officeholder na | me | Office sou | ght | | | Office he | eld | |
| | expenditure to benefit C/OI | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/35 Rpt: 12/38 Gutierrez, Rolando (The Honorable) 00062485 4 Date Payee name 01/16/2025 Costa Pacifica 6 Amount (\$) Payee address; City; State; Zip Code \$46.71 434 N Loop 1604 W Acc Rd Ste. 2101 San Antonio, TX 78232 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to discuss officeholder issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/12/2025 Costco Wholesale Amount (\$) Payee address; City; State; Zip Code \$1,136.69 10401 Research Blvd Austin, TX 78759 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/09/2025 Eddie V's Payee address; Amount (\$) City; State; Zip Code \$270.00 301 E 5th St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to discuss officeholder issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|----------------------------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 10/35 Rpt: 13/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 05/26/2025 | Eddie V's |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$270.00 | 301 E 5th St |
| | | |
| | | Austin, TX 78701 |
| 8 | 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 |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| F | Date | Payee name |
| | 03/17/2025 | Enterprise Rental |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$778.95 | 1418 SE Military Dr |
| | | |
| | | San Antonio, TX 78214 |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Expense Check if Austin, TX, officeholder living expense Campaign rental vehicle |
| | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| F | Date | Payee name |
| | 02/18/2025 | Exxon |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$80.01 | 11031 S IH 35 Frontage Rd |
| | | |
| | | Austin, TX 78747 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Fuel expense |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | | |
| | | |
| | | |

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 Filer | s) |
| l | Sch: 11/35 Rpt: 14/38 | Gutierrez, Rolando (The Honorable) 00062485 | |
| 4 | Date | 5 Payee name | |
| | 03/02/2025 | Exxon | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| l | \$62.29 | 11031 S IH 35 Frontage Rd | |
| l | | | |
| l | | Austin, TX 78747 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. | |
| l | EXPENDITORE | Check if Austin, TX, officeholder living expense | |
| l | | Fuel expense | |
| 9 | Complete ONLY if direct | Condidate/Office helder no rec | |
| l۶ | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| ┡ | · | | |
| l | Date | Payee name | |
| L | 03/08/2025 | Exxon | |
| l | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$50.77 | 11031 S IH 35 Frontage Rd | |
| | | | |
| L | | Austin, TX 78747 | |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| l | | Fuel expense | |
| | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | H | |
| F | Date | Payee name | |
| | 03/27/2025 | Exxon | |
| ┢ | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$63.86 | 11031 S IH 35 Frontage Rd | |
| l | | | |
| | | Austin, TX 78747 | |
| ┝ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. | |
| l | EXPENDITURE | Expense Check if Austin, TX, officeholder living expense | |
| | | Fuel expense | |
| \vdash | Complete ONII V if direct | Condidate/Officeholder name Office cought | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| \vdash | • | | |
| | | | |
| | | | |

SCHEDULE F1

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

Event Expense Loan Repaymer Fees Office Overheat Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expens Legal Services Salaries/Wages

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

| | Candidate/Officeholder/Politica Credit Card Payment | | nmittee | Legal Services | · | | ages | /Contract Labor | | OTHER (enter a | a category not listed above | e) |
|---|--|----------|------------------|---|------------------------|-----------|------|------------------|-------|--------------------|-----------------------------|---------|
| | | | | The Instruction Guide explains how to complete this form. | | | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commission | Filers) |
| | Sch: 12/35 Rpt: 15/38 | | Gutierrez, R | olando (The Ho | onorable) | | | | | 00062485 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 05/21/2025 | | Exxon | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State; | Zip Cod | de | | | | | |
| | \$54.06 | | 11031 S IH | 35 Frontage Ro | t | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8747 | | | | | | | | |
| _ | DUDDOCE | \vdash | | | | | /b\ | 5 | | | | |
| 8 | PURPOSE OF | | | e Categories listed at t | | ule) | (D) | Description | outei | do of Toyas Con | nplete Schedule T. | |
| | EXPENDITURE | | Expense | on Equipment A | And Related | | | 므 | | officeholder livin | | |
| | | | Ехрепас | | | | | Fuel expense | | | | |
| | | | | | | | | • | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offic | eholder name | Offi | ice soug | thr | | | Office h | eld | |
| ľ | expenditure to benefit C/OI | | odiraraato, o me | onolder name | 0 | 100 0046 | jc | | | 01110011 | o i u | |
| _ | Data | | _ | | | | | | | | | |
| | Date | ı | Payee name | 550 | | | | | | | | |
| | 02/27/2025 | | First Chines | e BBQ | | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State; | Zip Coo | de | | | | | |
| | \$160.60 | | 10901 N Lai | mar Blvd | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7 | 8753 | | | | | | | | |
| | PURPOSE | (a) | Category (so | e Categories listed at t | ho ton of this school | ulo) | (b) | Description | | | | |
| | OF | | | age Expense | the top of this schedu | uic) | . , | _ ` | outsi | de of Texas. Con | nplete Schedule T. | |
| | EXPENDITURE | | | ngo mponeo | | | | Check if Austin, | , TX, | officeholder livin | g expense | |
| | | | | | | | | Meeting to dis | scu | ss officeho | der issues | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | eholder name | Offi | ice souç | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 03/17/2025 | ı | Four Season | ns Hotel | | | | | | | | |
| | Amount (\$) | | Payee addres | | State; | Zin Cor | de | | | | | |
| | \$102.00 | ı | 98 San Jacii | - | State, 1 | Zip Cot | uc | | | | | |
| | Ψ102.00 | | 30 San Saci | ito biva. | | | | | | | | |
| | | | >/- | 0704 | | | | | | | | |
| | | | Austin, TX 7 | 8701 | | | | | | | | |
| | PURPOSE OF | (a) | Category (Se | e Categories listed at t | he top of this schedu | ule) | (b) | Description | | | | |
| | EXPENDITURE | | Food/Bevera | age Expense | | | | ш | | | nplete Schedule T. | |
| | | | | | | | | Meeting to dis | | officeholder livin | | |
| | | | | | | | | weening to us | Juu | 33 UIIICEIIU | MGI 133463 | |
| _ | Complete ONLY if direct | Щ | `andidata/O#: | oholder neme | 04 | ico corre | nh+ | | | Office h | old | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ai iuiuale/OITI(| ceholder name | Uπi | ice souç | JIIL | | | Onice n | Ciu | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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: 13/35 Rpt: 16/38 | 2 FILER NAME Gutierrez, Rolando (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062485 | |
| 4 | Date 03/06/2025 | 5 Payee name Fresa's | |
| 6 | Amount (\$) \$86.49 | 7 Payee address; City; State; Zip Code 915 N Lamar Blvd | |
| | | Austin, TX 78703 | |
| 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 02/28/2025 | Payee name H-E-B Fuel | |
| | Amount (\$) \$66.70 | Payee address; City; State; Zip Code 10710 Research Blvd | |
| | | Austin, TX 78759 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel expense | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | Date 03/17/2025 | Payee name H-E-B Fuel | |
| | Amount (\$) \$40.68 | Payee address; City; State; Zip Code 10710 Research Blvd | |
| | | Austin, TX 78759 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel expense | |
| | 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 Credit Card Payment | Fees Food/Bevera Gift/Awards/ Committee Legal Service | Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Firiting Expense Firiting 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 Schodula F1. | | | Eilor ID | (Ethics Commission Filers) | | | | | |
| 1 Total pages Schedule F1: Sch: 14/35 Rpt: 17/38 | Gutierrez, Rolando (| (The Honorable) | | | | Filer ID 00062485 | (Etnics Commission Filers) | | |
| 4 Date | 5 Payee name | | | I | | | | | |
| 05/10/2025 | H-E-B Fuel | | | | | | | | |
| 6 Amount (\$) \$75.13 | • | 10710 Research Blvd | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories Transportation Equip Expense | | (b) | = | , TX, (| e of Texas. Comp | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Off | fice sought | | | Office he | ld | | |
| Date | Payee name | | | | | | | | |
| 06/30/2025 | H-E-B Fuel | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| \$63.61 | 10710 Research Blv Austin, TX 78759 | rd | | | | | | | |
| PURPOSE OF EXPENDITURE | OF Transportation Equipment And Related Transportation Equipment And Related Transportation Figure 1 and Related The check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Off | fice sought | | | Office he | ld | | |
| Date | Payee name | | | | | | | | |
| 02/20/2025 | Honest Mary's | | | | | | | | |
| Amount (\$) \$41.60 | Payee address; Ci 9828 Great Hills Trl | | Zip Code | | | | | | |
| | Austin , TX 78759 | | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories Food/Beverage Expo | | (b) | | , TX, (| e of Texas. Comp officeholder living SS officehold | expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder | name Off | fice sought | | | Office he | ld | | |
| | | | | | | | | | |

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

| | 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: Sch: 15/35 Rpt: 18/38 | 2 FILER NAME Gutierrez, Rolando (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062485 |
| Ļ | <u> </u> | |
| 4 | Date | 5 Payee name |
| | 02/26/2025 | Honest Mary's |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$50.97 | 9828 Great Hills Trl Suite 300 |
| | | |
| | | Auctin TV 70750 |
| | | Austin , TX 78759 |
| 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 |
| | | Meeting to discuss officeholder issues |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 02/26/2025 | Honest Mary's |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$50.22 | 9828 Great Hills Trl Suite 300 |
| | Φ30.22 | 9020 Great mills 111 Suite 300 |
| | | |
| | | Austin , TX 78759 |
| | 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. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Meeting to discuss officeholder issues |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 03/06/2025 | Honest Mary's |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | ` ' | , |
| | \$99.83 | 9828 Great Hills Trl Suite 300 |
| | | |
| | | Austin , TX 78759 |
| | 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. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Meeting to discuss officeholder issues |
| L | | |
| | 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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| Ļ | | <u> </u> |
| 1 | Total pages Schedule F1: Sch: 16/35 Rpt: 19/38 | 2 FILER NAME Gutierrez, Rolando (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062485 |
| 4 | Date | 5 Payee name |
| | 03/06/2025 | Hotel Saint George |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$621.50 | 105 S Highland Ave |
| | | |
| | | Marfa, TX 79843 |
| 8 | DUDDOCE | |
| O | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Lodging |
| | | |
| _ | Commission ONLY if disposit | Condidate/Officeholder name |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 03/06/2025 | Hotel Saint George |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$621.50 | 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 |
| | | Loughly |
| _ | Complete ONLY if direct | Condidate/Officeholder name |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | <u> </u> | |
| | Date | Payee name |
| | 03/06/2025 | Hotel Saint George |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$734.65 | 105 S Highland Ave |
| | | |
| | | Marfa, TX 79843 |
| - | 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 | |
| | | |
| | | |
| | | |

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: 17/35 Rpt: 20/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 01/03/2025 | J. Alexander's Restaurant |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$64.12 | 255 E Basse Rd |
| | | |
| | | San Antonio, TX 78209 |
| 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 |
| | | Meeting to discuss officeholder issues |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | Date | Davisa nama |
| | 03/03/2025 | Payee name J. Alexander's Restaurant |
| | | |
| | Amount (\$) \$65.00 | Payee address; City; State; Zip Code 255 E Basse Rd |
| | Φ05.00 | 255 E Basse Ru |
| | | O A TV 70000 |
| | | San Antonio, TX 78209 |
| | 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 |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OH | 1 |
| | Date | Payee name |
| | 05/06/2025 | J. Alexander's Restaurant |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$53.00 | 255 E Basse Rd |
| | | |
| | | San Antonio, TX 78209 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Meeting to discuss officeholder issues |
| | Computate ONLY if dispet | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | - · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| | | |

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: 18/35 Rpt: 21/38 | 2 FILER NAME Gutierrez, Rolando (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062485 |
| 4 | Date 05/12/2025 | 5 Payee name J. Alexander's Restaurant |
| 6 | Amount (\$) \$72.34 | 7 Payee address; City; State; Zip Code 255 E Basse Rd |
| | | San Antonio, TX 78209 |
| 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 <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 05/15/2025 | Payee name J. Alexander's Restaurant |
| | Amount (\$) \$72.34 | Payee address; City; State; Zip Code 255 E Basse Rd |
| | | San Antonio, TX 78209 |
| | 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/O | Candidate/Officeholder name Office sought Office held |
| | Date 06/26/2025 | Payee name J. Alexander's Restaurant |
| | Amount (\$) \$85.31 | Payee address; City; State; Zip Code 255 E Basse Rd |
| | | San Antonio, TX 78209 |
| | 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/O | 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 -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 19/35 Rpt: 22/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 06/26/2025 | Josephine Street |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$70.00 | 400 E Josephine St |
| | | |
| | | San Antonio, TX 78215 |
| 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 |
| | | Meeting to discuss officeholder issues |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 05/28/2025 | NADC Burger |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$78.28 | 1008 E 6th St |
| | | |
| | | Austin, TX 78202 |
| | 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. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Meeting to discuss officeholder issues |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| | Date | Payee name |
| | 01/04/2025 | Office Depot OfficeMax |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$541.24 | 150 N. Crossroads |
| | , , , , , , | |
| | | San Antonio, TX 78201 |
| | 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 |
| | | Office supplies |
| | 0 1 0 0 0 0 0 | |
| | 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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide | ense Prii Sal | - | nse es/Contract Labor | Travel in Distr Travel Out of OTHER (ente | |
|---|---|----------------|---|--------------------|---------|--------------------------|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | E | | | | 3 Filer ID | (Ethics Commission Filers) |
| | Sch: 20/35 Rpt: 23/38 | Gutierrez, | Rolando (The Honor | able) | | | 00062485 | 5 |
| 4 | Date | 5 Payee name | 9 | | | | • | |
| | 02/18/2025 | Oil Change | | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; | State; Zi | ip Code | ! | | |
| | \$30.00 | 3120 Gua | dalupe St | | | | | |
| | | | | | | | | |
| | | Austin, TX | 78705 | | | | | |
| 8 | PURPOSE | (a) Category | See Categories listed at the top | o of this schedule | e) (b |) Description | | |
| | OF EXPENDITURE | | tion Equipment And | | | | outside of Texas. Co | |
| | EXPENDITORE | Expense | | | | | n, TX, officeholder liv | |
| | | | | | | Campaign ve | ehicle mainten | ance |
| L | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | ficeholder name | Offic | e sough | t | Office | held |
| | Date | Payee name | | | | | | |
| | 05/10/2025 | Palenque (| Grill | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; Zi | ip Code | ! | | |
| | \$146.21 | 4615 San | Bernardo Ave | | | | | |
| | | | | | | | | |
| | | Laredo, T〉 | (78041 | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the top | o of this schedule | e) (b |) Description | | |
| | OF EXPENDITURE | Food/Beve | rage Expense | | | <u> </u> | outside of Texas. Co | |
| | | | | | | ш | n, TX, officeholder liv | |
| | | | | | | weeting to di | Souss officeri | Juci 133uc3 |
| _ | Complete ONLY if direct | Candidate/Of | ficeholder name | Offic | e sough | t | Office | held |
| | expenditure to benefit C/OI | | | 20 | | | 230 | |
| H | Date | Payee name | 2 | | | | | |
| | 04/15/2025 | Progressiv | | | | | | |
| _ | Amount (\$) | Payee addr | | State; Zi | in Code | 1 | | |
| | \$1,053.00 | | nterstate 10 | Ciuio, Zi | .p 0000 | | | |
| | Ψ±,000.00 | ±0000 W | noiolato 10 | | | | | |
| | | San Anton | io, TX 78249 | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the top | o of this schedule | e) (b |) Description | | |
| | OF EXPENDITURE | | ition Equipment And | Related | | | outside of Texas. Co | |
| | | Expense | | | | _ | n, TX, officeholder liv emium for car | npaign vehicle |
| | | | | | | moditance pre | omani ioi cai | npaign verileic |
| _ | Complete ONLY if direct | L Candidate/∩f | ficeholder name | Office | e sough | t | Office | held |
| | expenditure to benefit C/O | | | Cilio | | - | Jilloc | |
| | | | | | | | | |
| | | | | | | | | |
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SCHEDULE F1

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/35 Rpt: 24/38 Gutierrez, Rolando (The Honorable) 00062485 4 Date Payee name 02/16/2025 Qi Austin 6 Amount (\$) Payee address; City; State; Zip Code \$830.00 835 W 6th St Austin, TX 78703 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to discuss officeholder issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/11/2025 Qi Austin Amount (\$) Payee address; City; State; Zip Code \$243.00 835 W 6th St Austin, TX 78703 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to discuss officeholder issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/14/2025 QuikTrip Amount (\$) Payee address: City: State; Zip Code \$72.66 310 San Pedro Ave San Antonio, TX 78212 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Fuel expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|--|--|---|
| - | Total pages Cabadula 54: | | _ |
| 1 | Total pages Schedule F1: | | |
| L | Sch: 22/35 Rpt: 25/38 | Gutierrez, Rolando (The Honorable) 00062485 | |
| 4 | Date | 5 Payee name | |
| | 02/20/2025 | QuikTrip | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | \$74.64 | 310 San Pedro Ave | |
| | Ψ14.04 | old daill card / We | |
| | | | |
| | | San Antonio, TX 78212 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. | |
| | ZA ZADITORZ | Check if Austin, TX, officeholder living expense | |
| | | Fuel expense | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| L | expenditure to benefit C/OI | n | |
| | Date | Payee name | = |
| | 02/20/2025 | QuikTrip | |
| | Amount (\$) | Payee address; City; State; Zip Code | - |
| | \$21.64 | 310 San Pedro Ave | |
| | Ψ21.04 | | |
| | | Com Antonio TV 70010 | |
| | | San Antonio, TX 78212 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. | |
| | - | Expense Compaign vehicle maintenance aguinment | |
| | | Campaign vehicle maintenance equipment | |
| _ | 0 1. 5 | | _ |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| L | | | |
| | Date | Payee name | |
| | 02/23/2025 | QuikTrip | |
| | Amount (\$) | Payee address; City; State; Zip Code | 7 |
| | \$76.93 | 310 San Pedro Ave | |
| | | | |
| | | San Antonio, TX 78212 | |
| _ | DUDD00- | | _ |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayes, Complete Schedule T | |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Fuel expense | |
| | | т ист схропас | |
| _ | Complete ONL V if direct | Candidate/Officeholder name Office sought Office held | _ |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | |
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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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - Il Cor | mmittee | Gift/Awards/Memoria Legal Services | | | ages. | /Contract Labor | | Travel Out of D OTHER (enter a | istrict a category not listed above) |
|----------|--|---------------|-----------------------|---------------------------------------|-----------------------|------------|---------|-----------------|--------------|-----------------------------------|---|
| Ļ | | _ | | The Instruction (| Juiue expiains | HOW TO COL | iihie | te una ioiin. | _ | | (=:1: 0 · · · =:: : |
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | | (Ethics Commission Filers) |
| _ | Sch: 23/35 Rpt: 26/38 | _ | | Rolando (The F | lonorable) | | | | | 00062485 | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 03/05/2025 | | QuikTrip | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State | ; Zip Co | de | | | | |
| | \$69.61 | | 310 San Pe | dro Ave | | | | | | | |
| | | | | | | | | | | | |
| | | | San Antonio | o, TX 78212 | | | | | | | |
| 8 | PURPOSE | (a) | | ee Categories listed a | t the top of this sch | nedule) | (b) | Description | | | |
| | OF | | Travel In Di | | | | | | outsi | de of Texas. Con | mplete Schedule T. |
| | EXPENDITURE | | | | | | | _ | | officeholder livin | ng expense |
| | | | | | | | | Fuel expense | è | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Off | ceholder name | (| Office sou | ght | | | Office h | ield |
| | expenditure to benefit C/O | H | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 05/01/2025 | | QuikTrip | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State | ; Zip Co | de | | | | |
| | \$64.73 | | 310 San Pe | dro Ave | | | | | | | |
| | | | | | | | | | | | |
| | | | San Antonio | o, TX 78212 | | | | | | | |
| | PURPOSE OF | (a) | Category (S | ee Categories listed a | t the top of this sch | nedule) | (b) | Description | | | |
| | EXPENDITURE | | | ion Equipment | And Related | d | | = | | | nplete Schedule T. |
| | | | Expense | | | | | — | | officeholder livin | ig expense |
| | | | | | | | | Fuel expense | • | | |
| <u> </u> | Complete ONU V if alice | <u> </u> | Dava di al - + - 10 " | | | Office | a. la + | | | Off:! | امام |
| | Complete ONLY if direct expenditure to benefit C/OH | | Jandidate/Offi | ceholder name | (| Office sou | ynt | | | Office h | ieiu |
| L | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| L | 03/16/2025 | L | Road Rang | er | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State | ; Zip Co | de | | | | |
| | \$57.94 | | US 277 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Sonora, TX | 76950 | | | | | | | |
| | PURPOSE | (a) | Category 19 | ee Categories listed a | t the top of this sch | nedule) | (b) | Description | | | |
| | OF | ĺ <i>′</i> | Travel In Di | | | | | • | outsi | de of Texas. Con | mplete Schedule T. |
| | EXPENDITURE | | | | | | | ш | | officeholder livin | ng expense |
| | | | | | | | | Fuel expense | , | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Off | ceholder name | (| Office sou | ght | | | Office h | eld |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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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 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: 24/35 Rpt: 27/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 02/03/2025 | Salata |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$34.45 | 510 Northwest Loop 410 |
| | | |
| | | San Antonio, TX 78216 |
| 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 |
| | | Meeting to discuss officeholder issues |
| | | incount to discuss official focuse |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| _ | Data | Para a sana |
| | Date 02/12/2025 | Payee name Salata |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$34.49 | 510 Northwest Loop 410 |
| | | |
| | | San Antonio, TX 78216 |
| | 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 |
| | | Meeting to discuss officeriolider issues |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Data | |
| | Date | Payee name |
| | 02/21/2025 | Sam's Club |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$648.42 | 3239 Goliad Rd |
| | | |
| | | 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 Office supplies |
| | | Office Supplies |
| | Complete ONLY if direct | Condidate/Officeholder name Office sought Office hold |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/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 (onter a category pet listed above)

| | Credit Card Payment | The Instruction Guide explains how to comple | , |
|---|---|--|--|
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 25/35 Rpt: 28/38 | Gutierrez, Rolando (The Honorable) | 00062485 |
| 4 | Date | 5 Payee name | <u>'</u> |
| | 05/19/2025 | Sam's Club | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$541.14 | 3239 Goliad Rd | |
| | | | |
| | | San Antonio, TX 78223 | |
| 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. |
| | EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Office supplies |
| _ | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | Date | Payee name | |
| | 03/25/2025 | Shell | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$70.00 | 1699 N Interstate 35 | |
| | | | |
| | | San Marcos, TX 78666 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Transportation Equipment And Related | Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Expense | Check if Austin, TX, officeholder living expense |
| | | | Fuel expense |
| | Complete ONLY if direct | Candidate/Officeholder name | Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | Date | Payee name | |
| | 05/18/2025 | Shell | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$92.88 | 1699 N Interstate 35 | |
| | | | |
| | | San Marcos, TX 78666 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Transportation Equipment And Related | Check if travel outside of Texas. Complete Schedule T. |
| | LAPENDITORE | Expense | Check if Austin, TX, officeholder living expense |
| | | | Fuel expense |
| | 0 1. 0 | | 200 |
| | 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 -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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|
| | ordan dara r aymon | The Instruction Guide explains how to complete this form. | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 26/35 Rpt: 29/38 | Gutierrez, Rolando (The Honorable) | 00062485 |
| 4 | Date | 5 Payee name | |
| | 05/26/2025 | Shell | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$54.91 | 1699 N Interstate 35 | |
| | | | |
| | | San Marcos, TX 78666 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | | utside of Texas. Complete Schedule T. |
| | LAFLINDITORL | | TX, officeholder living expense |
| | | Fuel expense | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | experionality to benefit C/O | 1 | |
| | Date | Payee name | |
| | 02/12/2025 | Starbucks | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$17.16 | 1935 SW Military Drive | |
| | | · | |
| | | San Antonio, TX 78221 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | | utside of Texas. Complete Schedule T. |
| | EXPENDITURE | | TX, officeholder living expense |
| | | Meeting to dis | scuss officeholder issues |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| | Date | Payee name | |
| | 02/27/2025 | Starbucks | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$23.52 | 1935 SW Military Drive | |
| | | | |
| | | San Antonio, TX 78221 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | | utside of Texas. Complete Schedule T. |
| | EXPENDITURE | | TX, officeholder living expense |
| | | Meeting to dis | scuss officeholder issues |
| | | | |
| | 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

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 | | Legal Services The Instruction Guide | Salaries/ | Wages | /Contract Labor | | OTHER (enter a | category not listed | above) |
|----------|--|--------------------------|---------------------------------------|----------------------|------------------|-----------------|-----|--|------------------------------|---------------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | ΙΕ | | | | 3 | Filer ID | (Ethics Commis | ssion Filers) |
| | Sch: 27/35 Rpt: 30/38 | Gutierrez, | Rolando (The Hono | rable) | | | | 00062485 | | |
| 4 | Date | 5 Payee nam | е | | | | | | | |
| | 03/16/2025 | Sunoco O: | zona | | | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; | State; Zip C | ode | | | | | |
| | \$76.71 | 3331 IH-10 | ΣE | | | | | | | |
| | | | | | | | | | | |
| | | Ozona, TX | | | | | | | | |
| 8 | PURPOSE OF | | See Categories listed at the to | op of this schedule) | (b) | Description | | | | |
| | EXPENDITURE | Travel In D | District | | | = | | ide of Texas. Com , officeholder living | plete Schedule T. expense | |
| | | | | | | Fuel expense | | , | , . , | |
| | | | | | | · | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | ficeholder name | Office so | <u>I</u> ught | | | Office he | eld | |
| ⊨ | Date | Daviss nam | | | | | | | | |
| | 03/12/2025 | Payee name Sushi Zusl | | | | | | | | |
| L | | | | | | | | | | |
| | Amount (\$) | Payee addr | | State; Zip C | oae | | | | | |
| | \$156.10 | 1611 W 5t | n St | | | | | | | |
| | | Accetic TV | 70700 | | | | | | | |
| L | | Austin, TX | | | 1 | | | | | |
| | PURPOSE OF | | See Categories listed at the to | op of this schedule) | (b) | Description | | ide of Tours Com | onless Cabandula T | |
| | EXPENDITURE | Food/Beve | erage Expense | | | = | | ide of Texas. Com , officeholder living | plete Schedule T. expense | |
| | | | | | | Meeting to dis | | | | |
| | | | | | | J | | | | |
| Н | Complete ONLY if direct | Candidate/Of | ficeholder name | Office so | ught | | | Office he | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | |
| | Date | Payee nam | e | | | | | | | |
| | 06/06/2025 | Sushi Zusl | ni | | | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; Zip C | ode | | | | | |
| | \$107.30 | 1611 W 5t | h St | | | | | | | |
| | | | | | | | | | | |
| | | Austin, TX | 78703 | | | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the to | op of this schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Food/Beve | erage Expense | | | | | | plete Schedule T. | |
| | | | | | | _ | | , officeholder living | | |
| | | | | | | Meeting to dis | oUL | 199 0111061101 | uci 135UCS | |
| \vdash | Complete ONLY if direct | Candidate/Ot | ficeholder name | Office so | <u>l</u> uaht | | | Office he | eld | |
| | expenditure to benefit C/OI | | | 255 500 | 9 | | | 200 11 | | |
| \vdash | | | | | | | | | | |
| | | | | | | | | | | |
| L | | | | | | | | | | |

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Trave
Salaries/Wages/Contract Labor OTH

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 | ple | te this form. |
|---|---|--|------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 28/35 Rpt: 31/38 | Gutierrez, Rolando (The Honorable) | | 00062485 |
| 4 | Date | 5 Payee name | | <u>'</u> |
| | 01/15/2025 | Target/Austin, TX | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Cod | le | |
| | \$86.59 | 9500 S. IH 35 | | |
| | | | | |
| | | Austin, TX 78748 | | |
| 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 |
| | | | | Office supplies |
| | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | ht | Office held |
| | experientare to benefit Grot | ' | | |
| | Date | Payee name | | |
| | 03/08/2025 | Taverna | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | le | |
| | \$300.00 | 258 W 2nd Street | | |
| | | | | |
| | | Austin, TX 78701 | | |
| | 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. |
| | EXPENDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | Meeting to discuss officeholder issues |
| | Commission ONII V if disposit | Candidate/Officeholder name Office soud | la 4 | Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | | nι | Office field |
| | | | | |
| | Date | Payee name | | |
| | 05/18/2025 | The Home Depot | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | le | |
| | \$507.48 | 3111 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 Office supplies |
| | | | | Cinico Supplico |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | ht | Office held |
| | expenditure to benefit C/OI | | 111 | Office field |
| | | | | |
| | | | | |
| | | | | |

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · |
| | Sch: 29/35 Rpt: 32/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 03/02/2025 | The Wash Tub |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$35.00 | 3307 SE Military Dr |
| | | |
| | | San Antonio , TX 78223 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Expense Lack if Austin, TX, officeholder living expense Campaign vehicle maintenance |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Davies same |
| | 03/09/2025 | Payee name Uber |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$38.21 | 1455 Market St. #1400 |
| | | |
| | | San Francisco, CA 94103 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Taxi service |
| | | TANI SCIVICE |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| | | |
| | Date | Payee name |
| | 03/09/2025 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$18.03 | 1455 Market St. #1400 |
| | | |
| | | San Francisco, CA 94103 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Taxi service |
| | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/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: 30/35 Rpt: 33/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 03/09/2025 | Uber |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$9.03 | 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 | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Taxi service |
| | | Table 30. The |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 03/09/2025 | 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 | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Taxi service |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 03/11/2025 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$19.81 | 1455 Market St. #1400 |
| | | |
| | | San Francisco, CA 94103 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Taxi service |
| | | Taxi service |
| - | 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

| | 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: 31/35 Rpt: 34/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 03/13/2025 | Uncle's Store |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$54.78 | 2411 US-90 |
| | | |
| | | Alpine, TX 79830 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Fuel expense |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| H | Date | Power name |
| | 03/14/2025 | Payee name Uncle's Store |
| L | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$77.57 | 2411 US-90 |
| | | |
| | | Alpine, TX 79830 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Fuel expense |
| | | T del expense |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | • |
| ⊨ | Date | Davis same |
| | 02/27/2025 | Payee name Valero |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$70.00 | 2215 SE Military Dr |
| | | |
| | | San Antonio, TX 78223 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Fuel expense |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \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

| | Candidate/Officeholder/Politica Credit Card Payment | | | /ages | /Contract Labor | | OTHER (enter a | category not listed above) | |
|---|--|---------------------------------------|---|-------|------------------|--------------|--|----------------------------|--------|
| ┰ | Total pages Schedule F1: | | • | | | 3 | Filer ID | (Ethics Commission F | ilers) |
| | Sch: 32/35 Rpt: 35/38 | Gutierrez, Rolando (The F | onorable) | | | ٦ | 00062485 | (Ethios Commission) | |
| ┢ | Date | Payee name | | | | | | | |
| ľ | 03/23/2025 | Valero | | | | | | | |
| Ļ | | | 2: . 7: 2 | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; | State; Zip Co | ae | | | | | |
| l | \$51.84 | 2215 SE Military Dr | | | | | | | |
| l | | | | | | | | | |
| l | | San Antonio, TX 78223 | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed a | the top of this schedule) | (b) | Description | | | | |
| l | OF EXPENDITURE | Transportation Equipment | | | Check if travel | outsi | ide of Texas. Com | plete Schedule T. | |
| l | EXPENDITORE | Expense | | | _ | | , officeholder living | expense | |
| l | | | | | Fuel expense |) | | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name | Office sou | ght | | | Office he | eld | |
| | expenditure to benefit C/OI | | | | | | | | |
| F | Date | Payee name | | | | | | | |
| | 05/05/2025 | Valero | | | | | | | |
| ⊢ | Amount (\$) | Payee address; City; | State; Zip Co | de | | | | | |
| | \$51.45 | 2215 SE Military Dr | O. C. | | | | | | |
| | Ψ31.43 | ZZIS SE Willtary Di | | | | | | | |
| | | O A | | | | | | | |
| L | | San Antonio, TX 78223 | | | | | | | |
| l | PURPOSE OF | (a) Category (See Categories listed a | | (b) | Description | | | | |
| | EXPENDITURE | Transportation Equipment | And Related | | = | | ide of Texas. Com , officeholder living | | |
| | | Expense | | | Fuel expense | | , onicendider living | ехрепзе | |
| | | | | | r der experise | • | | | |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name | Office sou | abt | | | Office he | ald. | |
| l | expenditure to benefit C/OI | Candidate/Officeriolder flame | Office 30u | grit | | | Office fie | aru - | |
| ┡ | | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 05/07/2025 | Valero | | | | | | | |
| | Amount (\$) | Payee address; City; | State; Zip Co | de | | | | | |
| l | \$60.53 | 2215 SE Military Dr | | | | | | | |
| l | | | | | | | | | |
| | | San Antonio, TX 78223 | | | | | | | |
| H | PURPOSE | (a) Category (See Categories listed a | the ten of this calcula) | (b) | Description | | | | |
| | OF | Transportation Equipment | | (~) | | outsi | ide of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | Expense | 7 tha Ptolatea | | Check if Austin, | , TX | , officeholder living | expense | |
| | | | | | Fuel expense |) | | | |
| | | | | | | | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name | Office sou | ght | | | Office he | eld | |
| | expenditure to benefit C/OI | | | | | | | | |
| H | | | | | | | | | |
| | | | | | | | | | |
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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 Comm

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

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

Expense Tr Wages/Contract Labor O

| | 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: 33/35 Rpt: 36/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 05/11/2025 | Valero |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$54.91 | 2215 SE Military Dr |
| | | |
| | | San Antonio, TX 78223 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. |
| | | Expense Check if Austin, TX, officeholder living expense Fuel expense |
| | | i del experise |
| _ | Commission ONII V if direct | Constitute / Office helds no new Constitute of the constitute of t |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | <u> </u> | |
| | Date | Payee name |
| | 06/26/2025 | Valero |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$77.89 | 2215 SE Military Dr |
| | | |
| | | San Antonio, TX 78223 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. |
| | | Expense Check if Austin, TX, officeholder living expense |
| | | Fuel expense |
| | 0 1: 0 1: 0 | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | <u>'</u> | |
| | Date | Payee name |
| | 03/09/2025 | W Austin |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$248.00 | 200 Lavaca St |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Lodging |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | Superiorder to belieff 6/01 | • |
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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

e Travel in I e Travel Ou /Contract Labor OTHER (

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to co | - | ete this form. |
|---|--|--|-----|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 34/35 Rpt: 37/38 | Gutierrez, Rolando (The Honorable) | | 00062485 |
| 4 | Date | 5 Payee name | | - |
| | 03/11/2025 | Westin Hotel | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | de | |
| | \$1,478.32 | 310 E 5th Street | | |
| | | | | |
| | | Austin, TX 78701 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Travel In District | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Lodging |
| | | | | 3 |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | Office held |
| | expenditure to benefit C/OI | 1 | | |
| | Date | Payee name | | |
| | 05/25/2025 | Westin Hotel | | |
| | Amount (\$) | Payee address; City; State; Zip Co | de | |
| | \$752.21 | 310 E 5th Street | | |
| | | | | |
| | | Austin, TX 78701 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | Travel In District | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Lodging |
| | | | | 3 3 |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | Office held |
| | expenditure to benefit C/OI | 1 | | |
| | Date | Payee name | | |
| | 05/25/2025 | Westin Hotel | | |
| | Amount (\$) | Payee address; City; State; Zip Co | de | |
| | \$752.21 | 310 E 5th Street | | |
| | | | | |
| | | Austin, TX 78701 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | EXPENDITURE | Travel In 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 sou | ght | 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 Committee

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

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

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

| | 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: 35/35 Rpt: 38/38 | Gutierrez, Rolando (The Honorable) 00062485 |
| 4 | Date | 5 Payee name |
| | 05/29/2025 | Westin Hotel |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$259.78 | 310 E 5th Street |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | - | Check if Austin, TX, officeholder living expense Lodging |
| | | Loughly |
| Ļ | Opening the ONII W if allowed | Our file to 10 ff as hald a grant of the state of the sta |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held H |
| _ | | |
| | Date | Payee name |
| | 05/29/2025 | Westin Hotel |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$304.93 | 310 E 5th Street |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Lodging |
| | | Loughly |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | | |
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