### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

	•	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00062485		95			Date Received	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Rolando			07/29/2025	
		NICKNAME	LAST		SUFFIX	1	
		Roland	Gutierrez			Date Hand-delivered or	Date Postmarked
	ORIGINAL	January 15	Runoff	Other (s	specify)	1	
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	X 15th day after camp		_		
		8th day before election	appointment (office	• •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	<u> </u>	Month Day	Year		
	COVERED	07/01/2024	THROUGH	12/31/2024	real	Date Imaged	
6	EXPLANATION OF C			12/31/2024		<u> </u>	
		he dates of four contribution	ne New information re	aflects accurate contrib	oution dates		
	Enoneously entered t	ne dates of four contribution	ns. New information re	enecis accurate contin	Julion dates.		
7	AFFIDAVIT						
•	ALLIDAVII			ear, or affirm, under p	enalty of perjury	, that this corrected	report is true
			and	correct.			
			Che	ck the box next to any	and all applicat	ole statements:	
			[v]	Semiannual reports	o. Lewear or	offirm that the origin	al raport
			X	was made in good fa			
				misrepresent the info	ormation contain	ned in the report.	
			[v]	Other reports: 15	swoor or offirm	that I am filing this	corrected
			X	report not later than			
				that the report as ori			
				swear, or affirm, that filed was made in go		ission in the report	as originally
				J			
				The H	lonorable Rola	ndo Gutierrez	
				Signatu	ire of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subsci	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	ify which, witness my		_		
				hand and seal of office	е.		
				hand and seal of office	е.		
				hand and seal of office	e.		
	Signature of office	er administering oath	Printed name of o	hand and seal of office		Title of officer admin	stering oath

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

# 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 Commissi 00062485	on Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	Rolando			Date Received	
I WWE					ELECTRONICA	I I V EII ED
					J	ALLI FILED
	NICKNAME	LAST		SUFFIX	07/29/2025	
	Roland	Gutierrez				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 15232					
ADDRESS					Receipt #	Amount
Change of Address	San Antonio, TX 78212					
	San Antonio, 1X 70212				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	David D.				
	NICKNAME	LAST		SUFFIX		
		Christian				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT /	SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	1800 McCullough Ave					
ADDRESS						
(Residence or Business)	San Antonio, TX 78212					
	San Antonio, 17 76212					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER	(210) 710-8919					
PHONE						
8 REPORT						
TYPE	X January 15	30th day before	election F	tunoff	15th day after can	
					appointment (offic	
	July 15	8th day before 6		exceeded modified	Final Report (Atta	ch C/OH-FR)
9 PERIOD COVERED	Month Day Year		IDOLIOLI	Month Day	Year .	
COVERED	07/01/2024	IH	IROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
		∏G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
	State Senator District 19				,	
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 95

13 C / OH NAME Gutierrez, Rolando (The Honorable)  14 Filer ID 00062485					(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditu may have been made without quired to report this information	the candidate's or offic	eholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	 E			
	GENERAL					
		COMMITTEE ADDR	RESS			
	SPECIFIC					
		COMMITTEE CAMP	PAIGN TREASURER NAME			
		COMMITTEE CAME	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION			ONTRIBUTIONS (OTHER THA			
TOTALS	OR GUARANTE	ES OF LOANS, OR (	CONTRIBUTIONS MADE ELE	CTRONICALLY)	\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						158,289.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					\$	0.00
	4. TOTAL POLITICAL EXPENDITURES					43,073.43
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	123,343.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			swear, or affirm, under penalty	of perium, that the a	companying	n renort is
		t	rue and correct and includes a under Title 15, Election Code.			
			The Honor	able Rolando Gutie	rrez	
		_	Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to ce	ertify which, witness r	my hand and seal of office.			
Signature of offi	cer administering	Printed name o	of officer administering	Title of office	er administe	ring oath

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

C	OVER SHEET PG 3 4 of 95
18 FILER NAME Gutierrez, Rolando (The Honorable)  19 Filer ID 00062485	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 158,289.00
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	\$ 10,758.83
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 32,314.60
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 CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains hov	<i>t</i> to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 1/51 Rpt: 5/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)				3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 12/05/2024	<ul><li>5 Full name of contributor Ahlberg, Trevor</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Irving, TX 75038 pation / Job title (See Instructions	<u>,                                    </u>		Employer (See Instructions	·, 		
0	Retired	pation / 300 title (3ee instructions	5)		Retired	•)		
	Date 12/06/2024	Full name of contributor Alabama-Coushatta Tribe Contributor address; City; S					Amount of Contribution (\$)	\$1,000.00
		Livingston, TX 77351	,		5 1 (0 1 : :			
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 09/29/2024	Full name of contributor Alba, Kelly Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00
	Principal occu	San Antonio, TX 78253 pation / Job title (See Instructions	5)		Employer (See Instructions	;) 		
	Not Employe				Not Employed	,		
	Date 12/09/2024	Full name of contributor Allen Boone Humphries F Contributor address; City; S Houston, TX 77027			)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>.                                    </u>		
	Date 09/01/2024	Full name of contributor Allison, Ronald Contributor address; City; S Mobile, AL 36609	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not Employed	s)		
			1					

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/51 Rpt: 6/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)			3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 11/17/2024	<ul><li>5 Full name of contributor Alvarado, Melissa</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Orlando, FL 32827 pation / Job title (See Instructions	s)	9 Employer (See Instructions	 s)		
	Product Man	ager		Riot Games			
	Date 08/08/2024	Full name of contributor American Electric Power Contributor address; City; Si Washington, DC 20004				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 09/15/2024	Full name of contributor Andrade, Paul Contributor address; City; Si	·	)	-	Amount of Contribution (\$)	\$25.00
	Deignainal again	Rancho Palos Verdes, CA		Franksian (Caa kastuustian	<u></u>		
	Engineer	pation / Job title (See Instructions	) 	Employer (See Instructions Raytheon Technologies			
	Date 09/29/2024	Full name of contributor Armstrong, Kimberly Contributor address; City; Si		)		Amount of Contribution (\$)	\$5.00
	Principal occu Retail	pation / Job title (See Instructions	5)	Employer (See Instructions Target	5)		
	Date 10/08/2024	Full name of contributor Associated General Contributor address; City; St		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	v to complete this for	m.	1	Total pages Schedule A1: Sch: 3/51 Rpt: 7/95	
2	FILER NAME	olondo (The Henevahle)			3	Filer ID (Ethics Commission	Filers)
_		olando (The Honorable)			L	00062485	
4	Date 09/22/2024	<ul><li>5 Full name of contributor Azadpour, Aram</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code	)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Grapevine, TX 76099 pation / Job title (See Instructions	5) 9	Employer (See Instructions			
Ü	Test Softwar			SMS Infocomm Corp.	,		
	Date 09/29/2024	Full name of contributor  Banks, Joel  Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code	)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions	<u>,                                      </u>	Employer (See Instructions	·/ 		
	Not Employe		5)	Not Employed	)		
	Date	Full name of contributor	out-of-state PAC (ID#:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Γ	Amount of Contribution (\$)	
	10/13/2024	Bannister, Michael  Contributor address; City; S			•	γ mount of Contabation (φ)	\$25.00
		San Antonio, TX 78245					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>.                                    </u>		
	Driver/Indust	trial athlete		Tiger Sanitation			
09/29/2024		Full name of contributor Bartos, Janet P Contributor address; City; S Little Rock, AR 72223	anet P raddress; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	<u>l</u> S)		
	Date 10/20/2024	Full name of contributor Bartos, Janet P Contributor address; City; S Little Rock, AR 72223	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/51 Rpt: 8/95	
2	FILER NAME Gutierrez, R	plando (The Honorable)		3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 09/23/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Beef-PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$1,000.00
		Amarillo, TX 79106	1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
	Date 09/01/2024	Full name of contributor			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>  s)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#: Beer Alliance of Texas PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#: Berwin, Gerard  Contributor address; City; State; Zip Code  St. Louis, MO 63109	)		Amount of Contribution (\$)	\$50.00
	Principal occu Video Produ	pation / Job title (See Instructions) cton	Employer (See Instructions City of St. Louis	ıs)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#: Blackridge  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/51 Rpt: 9/95	
2	FILER NAME Gutierrez, R	olando (The Honorable)		3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 08/14/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Blackridge Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#:_ Breedlove, Scott Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Katy, TX 77449				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired	)		
	Date 07/07/2024	Full name of contributor out-of-state PAC (ID#:_ COLDIRON, RON Contributor address; City; State; Zip Code  Austin, TX 78731	)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	)		
	Date 08/04/2024	Full name of contributor out-of-state PAC (ID#:_ COLDIRON, RON Contributor address; City; State; Zip Code  Austin, TX 78731	)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	)		

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 6/51 Rpt: 10/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)			3	Filer ID (Ethics Commission 00062485	n Filers)
4	Date 09/01/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$5.00
_		Austin, TX 78731					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)		
	Date 10/06/2024	Full name of contributor		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Austin, TX 78731 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Retired	,		Not Employed	,		
	Date 12/01/2024	Full name of contributor	AC (ID#:	)		Amount of Contribution (\$)	\$4.00
		Austin, TX 78731					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 12/08/2024	Full name of contributor out-of-state Pacapo, Zeph  Contributor address; City; State; Zip Code  Austin, TX 78722	-	)		Amount of Contribution (\$)	\$500.00
	Principal occu Education/La	pation / Job title (See Instructions) abor		Employer (See Instructions Texas AFT	s)		
	Date 09/29/2024	Full name of contributor out-of-state P. Carsrud, Alan Contributor address; City; State; Zip Code Spicewood, TX 78669		)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
			•				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/51 Rpt: 11/95	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Gutierrez, Ro	olando (The Honorable)				00062485	
4	Date 10/20/2024	<ul><li>5 Full name of contributor Carsrud, Alan</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
		Spicewood, TX 78669	, , , , , , , , , , , , , , , , , , , ,				
8	Principal occu Not Employe	pation / Job title (See Instructions	9	9 Employer (See Instructions Not Employed	5)		
_	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	12/14/2024	Castaneda Jr, Tristan					\$1,000.00
		Contributor address; City; S	ate; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Government	Relations		Self			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/22/2024 Cavazos, JB					\$10.00	
		Contributor address; City; S	ate; Zip Code		]		
		San Antonio, TX 78260					
	Princinal occu	pation / Job title (See Instructions	<u>.)</u>	Employer (See Instructions	;) 		
	Not Employe		,	Not Employed	-,		
	Date	Full name of contributor	Out of state DAC (ID#)	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Г	Amount of Contribution (\$)	
	12/13/2024	Charter Communications,	out-of-state PAC (ID#:			Amount of Continuation (4)	\$5,000.00
	12/10/2024	Contributor address; City; S			ŀ		φο,οσο.σο
		Contributor address, City, S	ate, zip code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date	Full name of contributor	X out-of-state PAC (ID#: C	00035006 )		Amount of Contribution (\$)	
	10/03/2024	Chevron Employees PAC					\$2,000.00
		Contributor address; City; S	ate; Zip Code		1		
		San Ramon , CA 94583					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/51 Rpt: 12/95	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Gutierrez, Ro	olando (The Honorable)				00062485	
4	Date 10/20/2024	<ul><li>5 Full name of contributor</li><li>Clark, Kathrene</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: tte; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
		Walkersville, MD 21793					
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions Not Employed	5)		
	Date 11/03/2024	Full name of contributor Coldiron, Ron Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Austin, TX 78731	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/06/2024	Full name of contributor  Collins, Deborah  Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$1.00
		Olney, TX 76374					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:  10/06/2024 Conniff, Yuko  Contributor address; City; State; Zip Code  Los Angeles, CA 90036					Amount of Contribution (\$)	\$3.00
	Principal occu Buddhist prie	pation / Job title (See Instructions) est		Employer (See Instructions self	<u> </u> 5)		
	Date 09/22/2024	Full name of contributor Contreras, Richard Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu marketing	pation / Job title (See Instructions)		Employer (See Instructions Independent Partners g		p LLC	

	MONET	ARY POLITICAL (	CONTRIBUTION	IS 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 9/51 Rpt: 13/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	n Filers)
4	Date 09/22/2024	<ul><li>5 Full name of contributor Cramer, Hanni</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		West Lafayette, IN 46906			Ĺ		
8	Not Employe	pation / Job title (See Instructions ed	9	Employer (See Instructions Not Employed	5)		
	Date 09/22/2024	Full name of contributor  Dadig, Robyn  Contributor address; City; Si		)	•	Amount of Contribution (\$)	\$10.00
		Aberdeen, NC 28315	,		Ĺ		
	Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	S)		
	Date 09/29/2024	Full name of contributor Daniello, Kathleen Contributor address; City; Si	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$25.00
		Union City, CA 94587					
	Principal occu Not Employe	pation / Job title (See Instructionsed	(3)	Employer (See Instructions Not Employed	s)		
	Date 09/15/2024	Full name of contributor  Das, Suhit  Contributor address; City; Si  Vancouver, WA 98684	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	5)		
	Date 07/07/2024	Full name of contributor Duffy, Jeannie Contributor address; City; Si Gettysburg, PA 17325	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)	Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 10/51 Rpt: 14/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)			3	Filer ID (Ethics Commission 00062485	Filers)
4	Date 08/04/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Gettysburg, PA 17325 pation / Job title (See Instructions)	la	Employer (See Instructions	;) 		
Ü	Not Employe			Not Employed	"		
	Date 09/08/2024	Full name of contributor out-of-state PAC (II Duffy, Jeannie Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
		Gettysburg, PA 17325					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
	Date 10/06/2024	Full name of contributor out-of-state PAC (II Duffy, Jeannie Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$5.00
		Gettysburg, PA 17325					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 11/10/2024	Full name of contributor out-of-state PAC (II Duffy, Jeannie Contributor address; City; State; Zip Code Gettysburg, PA 17325			•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/22/2024	Full name of contributor out-of-state PAC (I Ellison, Sharon Contributor address; City; State; Zip Code Germantown, MD 20876		)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/51 Rpt: 15/95	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		olando (The Honorable)	_		L	00062485	
4	Date 09/29/2024	<ul><li>5 Full name of contributor</li><li>Estabrook, Helen</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$5.00
		Houston, TX 77019					
8	Principal occu Not Employe	pation / Job title (See Instructionsed	(5)	P Employer (See Instructions Not Employed	S)		
	Date 12/08/2024	Full name of contributor FAHNERT, CELESTE  Contributor address; City; S	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$50.00
		Leander, TX 78641					
	Principal occu sales	pation / Job title (See Instructions	5)	Employer (See Instructions Taylor Morrison	5)		
	Date 10/20/2024	Full name of contributor Fagner, Karin Contributor address; City; S	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$10.00
		Sebastian, FL 32958					
	Principal occu Not Employe	I pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	<b>I</b> S)		
	Date	Full name of contributor	out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	Т	Amount of Contribution (\$)	
	10/20/2024	Fleming, Nancy  Contributor address; City; S			•	Amount of Continuation (4)	\$10.00
		Lilburn, GA 30047					
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)	Employer (See Instructions Not Employed	5)		
	Date 12/11/2024	Full name of contributor Focused Advocacy PAC Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78746					
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 12/51 Rpt: 16/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)			3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 11/20/2024	<ul><li>5 Full name of contributor Ford, Curtis</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: tte; Zip Code	)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occur	Austin, TX 78746 pation / Job title (See Instructions)	9	Employer (See Instructions	<u>(</u>		
	Administrato			Media Choice	,		
	Date 09/29/2024	Full name of contributor Fox, Jeffrey Contributor address; City; Sta		)		Amount of Contribution (\$)	\$5.00
	Principal occur	Lynn Haven, FL 32444 pation / Job title (See Instructions)		Employer (See Instructions	<u>)</u>		
	Not Employe			Not Employed	,		
	Date 07/07/2024	Full name of contributor Franke, Claude Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Ottawa, IL 61350					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	i)		
	Date 12/10/2024	Full name of contributor Friends of San Antonio Lea Contributor address; City; Sta San Antonio, TX 78249				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 08/21/2024	Full name of contributor Garcia, David (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions David Garcia Consulting			
			1				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 13/51 Rpt: 17/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)				3	Filer ID (Ethics Commission 00062485	n Filers)
4	Date 10/20/2024	<ul><li>5 Full name of contributor Garmon, George</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$50.00
		Yellville, AR 72687						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	S) [9]		Employer (See Instructions Not Employed	5)		
	Date 12/11/2024	Full name of contributor Ghavidel, Kelly Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$10.00
	Principal occu	Katy, TX 77450 pation / Job title (See Instructions	s)		Employer (See Instructions	 		
	Self-employe				Self	•		
	Date 09/01/2024	Full name of contributor Gillies, Glen Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		)	•	Amount of Contribution (\$)	\$25.00
		Rancho Santa Fe, CA 92	067					
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	s)		
	Date 08/04/2024	Full name of contributor Gozaine, Andy Contributor address; City; S Plano, TX 75025	out-of-state PAC (ID#: tate; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)		Employer (See Instructions Not Employed	5)		
	Date 11/03/2024	Full name of contributor Graves, John Contributor address; City; S Lafayette, CO 80026	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)		Employer (See Instructions Not Employed	5)		
			<u>'</u>					

	MONET	ARY POLITICAL CON	SCHEDULE A1				
	The Instru	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 14/51 Rpt: 18/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 10/14/2024	<ul> <li>Full name of contributor  o Gulf States Toyota Inc., State F</li> <li>Contributor address; City; State; Z</li> </ul>		)	7	Amount of Contribution (\$)	\$2,500.00
_	Deinsinal	Houston, TX 77077		Faralana (One Instruction			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 09/22/2024	Full name of contributor o Gustafson, Robert  Contributor address; City; State; Z	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Dringing ogg	Chicago, IL 60657		Employer (See Instructions			
	Not Employe	pation / Job title (See Instructions)		Not Employed	)		
	Date 08/15/2024	Full name of contributor on the contributor of contributor address; City; State; Z	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor on the HOMEPAC of TEXAS  Contributor address; City; State; Z  Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/20/2024	Full name of contributor on the distributor of contributor address; City; State; Zoncord, MA 01742	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
			•				

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 15/51 Rpt: 19/95	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Gutierrez, Ro	olando (The Honorable)				00062485	
4	Date 07/28/2024	<ul><li>5 Full name of contributor Hebley, Sandi</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$10.00
0	Dringing Local	Dallas, TX 75230	lo.	Employer (Coo Instructions			
ō	RN, LMSW	pation / Job title (See Instructions)	9	Employer (See Instructions Faith Presbyterian Hosp			
	Date 08/25/2024	Full name of contributor Hebley, Sandi Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75230					
		pation / Job title (See Instructions)		Employer (See Instructions			
	RN, LMSW			Faith Presbyterian Hosp	ice		
	Date 09/29/2024	Full name of contributor  Hebley, Sandi  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Dallas, TX 75230					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                     </u>		
	RN, LMSW	,		Faith Presbyterian Hosp			
	Date 10/06/2024	Full name of contributor  Hebley, Sandi  Contributor address; City; State;  Dallas, TX 75230	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	RN, LMSW			Faith Presbyterian Hosp	oice		
	Date 10/27/2024	Full name of contributor Hebley, Sandi Contributor address; City; State; Dallas, TX 75230	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	RN, LMSW			Faith Presbyterian Hosp	oice		
					_		

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 16/51 Rpt: 20/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	r Filers)
4	Date 11/24/2024	<ul> <li>Full name of contributor</li></ul>	,		7	Amount of Contribution (\$)	\$10.00
_		Dallas, TX 75230	1-		Ĺ		
8	RN, LMSW	pation / Job title (See Instructions)	9	Employer (See Instructions Faith Presbyterian Hosp		9	
	Date 11/03/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Not Employe	ed		Not Employed			
	Date 07/21/2024	Full name of contributor out-of-state P Hill, Kathy Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		Houston, TX 77058					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 07/21/2024	Full name of contributor out-of-state P Hill, Kathy  Contributor address; City; State; Zip Code  Houston, TX 77058		)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>I</u> 5)		
	Date 08/18/2024	Full name of contributor out-of-state P Hill, Kathy  Contributor address; City; State; Zip Code  Houston, TX 77058				Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL C	CONTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 17/51 Rpt: 21/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 09/22/2024	<ul><li>5 Full name of contributor Hill, Kathy</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Houston, TX 77058 pation / Job title (See Instructions)	19	Employer (See Instructions	;) 		
	Not Employe			Not Employed	',		
	Date 07/21/2024	Full name of contributor Hillhouse, Tizzy  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$5.00
	Principal occu	Alvin, TX 77511 pation / Job title (See Instructions)	)	Employer (See Instructions	<u> </u> ;)		
	Retired	,		Retired			
	Date 11/25/2024	Full name of contributor Houston Pilots PAC Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77536					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/13/2024	Full name of contributor Howard Energy Partners F Contributor address; City; Sta				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/01/2024	Full name of contributor Jackson, David Contributor address; City; Sta Cary, NC 27519	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
			<u>,                                      </u>				

	MONEI	ARY POLITICAL CON	NIRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 18/51 Rpt: 22/95	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Gutierrez, Ro	olando (The Honorable)				00062485	
4	Date 10/20/2024	<ul> <li>5 Full name of contributor</li></ul>	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
	Drive is all account	San Antonio, TX 78258	lo.	Familiary (Cool Instructions			
8	Not employe	pation / Job title (See Instructions)	9	Employer (See Instructions) Not employed	)		
	Date 10/20/2024		ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
		Seabrook, TX 77586					
		pation / Job title (See Instructions)		Employer (See Instructions		- 1	
	Software Engineer Airbus US Space & Defe		ens				
	Date 09/29/2024	Full name of contributor on the contributor of the contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77041					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Not Employe			Not Employed	,		
	Date 08/26/2024	Full name of contributor on tick of Two contributor address; City; State; Zontributor address; City; City; State; Zontributor address; City; City; State; Zontributor address; City;				Amount of Contribution (\$)	\$15,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/28/2024	Full name of contributor of Contributor of Contributor Address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$18.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		

	MONET	ARY POLITICAL (	CONTRIBUTION	NS			SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this for	rm.		1	Total pages Schedule A1: Sch: 19/51 Rpt: 23/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)				3	Filer ID (Ethics Commission 00062485	Filers)
4	Date 07/28/2024	<ul><li>5 Full name of contributor Koutsky, Barbara</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$5.00
	Dringing aggr	Woodridge, IL 60517	5)	) Em	ployer (See Instructions	<u>,,</u>		
8	Not Employe	pation / Job title (See Instructions ed	5)		t Employed	·)		
	Date 08/25/2024	Full name of contributor Koutsky, Barbara Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$5.00
	Delicalization	Woodridge, IL 60517		F	-l(Cla-twtia-			
	Not Employe	pation / Job title (See Instructions ed	5)		ployer (See Instructions t Employed	5)		
	Date 09/29/2024	Full name of contributor Koutsky, Barbara Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00
		Woodridge, IL 60517						
	Principal occu Not Employe	pation / Job title (See Instructions	s)		ployer (See Instructions t Employed	5)		
	Date 10/27/2024	Full name of contributor Koutsky, Barbara Contributor address; City; S Woodridge, IL 60517	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)		ployer (See Instructions t Employed	5)		
	Date 12/01/2024	Full name of contributor Koutsky, Barbara Contributor address; City; S Woodridge, IL 60517	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)		ployer (See Instructions t Employed	5)		
			,					

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains hov	<i>t</i> to complete this fo	rm.	1	Total pages Schedule A1: Sch: 20/51 Rpt: 24/95	
2	FILER NAME	ale ale (The Heaventh)			3	Filer ID (Ethics Commission	Filers)
		olando (The Honorable)	_		L	00062485	
4	Date 08/04/2024	<ul><li>5 Full name of contributor Kraus, Mary</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u>		
	Not Employe		, I	Not Employed	,		
	Date 09/01/2024	Full name of contributor Kravetz, Carol Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	D	Santa Fe, NM 87506			Ĺ		
	Not Employe	pation / Job title (See Instructionsed	5)	Employer (See Instructions Not Employed	5)		
			)	Т	Amount of Contribution (\$)		
	09/01/2024	Kravetz, Carol  Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Santa Fe, NM 87506					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u> S)		
	Not Employe	ed		Not Employed			
	Date 09/29/2024	Full name of contributor Kravetz, Carol Contributor address; City; S Santa Fe, NM 87506	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 10/27/2024	Full name of contributor Kravetz, Carol Contributor address; City; S Santa Fe, NM 87506	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 21/51 Rpt: 25/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)			3	Filer ID (Ethics Commission 00062485	n Filers)
4	Date 10/06/2024	Krupa, Borys	state PAC (ID#:	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Unionville, CT 06085 pation / Job title (See Instructions)	<u> </u> 9	Employer (See Instructions	) ()		
•	Retired			Not Employed	,		
	Date 08/11/2024	Full name of contributor out-of-s LYON, WILLIAM  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Helotes, TX 78023					
	Principal occu Cyber	pation / Job title (See Instructions)		Employer (See Instructions USAF	· )		
	Date 08/25/2024	Full name of contributor out-of-s  LaVelle, Elizabeth  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Baldwin, WI 54002					
	Principal occu nurse	pation / Job title (See Instructions)		Employer (See Instructions self-employed	5)		
	Date 09/29/2024	Laux, Lucinda				Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>(</u>		
	Date 08/19/2024	Full name of contributor out-of-s Lewis, Ron (Mr.)  Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	i)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	)N3	S		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 22/51 Rpt: 26/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)				3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 09/22/2024	<ul><li>5 Full name of contributor Lilly, Lynne</li><li>6 Contributor address; City; Standard</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$5.00
L		Arlington, VA 22205				<u> </u>		
8	Not Employe	pation / Job title (See Instructions ed	)		Employer (See Instructions Not Employed	<del></del>		
	Date 10/06/2024	Full name of contributor Lindsay, Charlton Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$25.00
	<u> </u>	El Paso, TX 79912	<u>,                                      </u>		5 1 (0 1 1 1	<u></u>		
	Resident Phy	pation / Job title (See Instructions ysician	)		Employer (See Instructions TTUHSC	5)		
	Date 12/06/2024	Full name of contributor Linebarger Goggan Blair & Contributor address; City; St					Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78760						
	Principal occu	pation / Job title (See Instructions	)	l	Employer (See Instructions	s)		
	Date 09/29/2024	Full name of contributor Liska, Collum Contributor address; City; St. Olympia, WA 98501					Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	)		Employer (See Instructions Not Employed	5)		
	Date 10/10/2024	Full name of contributor Lloyd Gosselink Rochelle Contributor address; City; St Austin, TX 78701			)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	)	l	Employer (See Instructions	5)		

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 23/51 Rpt: 27/95		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
	Gutierrez, Ro	olando (The Honorable)				00062485		
4	Date 10/20/2024	<ul> <li>Full name of contributor</li> <li>Logan, Robert</li> <li>Contributor address; City; S</li> </ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00	
8	Principal occu	Carmel Hamlet, NY 1051:		Employer (See Instructions	(3)			
0	Not Employe		(*)	Not Employed	>)			
	Date 12/08/2024	Full name of contributor Lopez, Joe Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00	
	Dringing con	Kyle, TX 78640	<u> </u>	Employer (See Instructions	<u>'</u>			
	Not Employe	pation / Job title (See Instructionsed	)	Employer (See Instructions Not Employed	>)			
	Date 10/06/2024	Full name of contributor Louie, Edmund Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00	
		San Francisco, CA 94121						
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)	Employer (See Instructions Not Employed	5)			
	Date 09/22/2024	Full name of contributor M Trinidad, Jesus Contributor address; City; S Seguin, TX 78155	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00	
	Principal occu Not Employe	pation / Job title (See Instructions ed	(3)	Employer (See Instructions Not Employed	5)			
	Date 09/29/2024	Full name of contributor  MONDRAGON, CARLOS  Contributor address; City; Si  Euless, TX 76039			•	Amount of Contribution (\$)	\$10.00	
	Principal occu Truck driver	pation / Job title (See Instructions	5)	Employer (See Instructions Self	<u>.</u> S)			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 24/51 Rpt: 28/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	ı Filers)
4	Date 10/20/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Beachwood, OH 44122 pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
Ū	Not Employe		ľ	Not Employed	-,		
	Date 07/07/2024	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$10.00
	Drincinal occur	Charlestown, WV 25414 pation / Job title (See Instructions)	_	Employer (See Instructions	·)		
	Not Employe			Not Employed	P)		
	Date 08/04/2024	Full name of contributor out-of-state PAC (ID# Martines, Linda  Contributor address; City; State; Zip Code	#:	)	•	Amount of Contribution (\$)	\$10.00
		Charlestown, WV 25414					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 09/08/2024	Full name of contributor  out-of-state PAC (ID# Martines, Linda  Contributor address; City; State; Zip Code  Charlestown, WV 25414		)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/06/2024	Full name of contributor out-of-state PAC (ID# Martines, Linda Contributor address; City; State; Zip Code Charlestown, WV 25414	<i>-</i> #:		•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	T	Employer (See Instructions Not Employed	5)		
	<b>--</b>						

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 25/51 Rpt: 29/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	n Filers)
4	Date 11/03/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Charlestown, WV 25414 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
	Not Employe			Not Employed	•,		
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID#:_ Martines, Linda Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$10.00
	Deinsinal assu	Charlestown, WV 25414		Frankrian (Cook lastwictions	<u></u>		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID#: McCants, Blondell Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$10.00
		Hutto, TX 78634					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:_ McClellan, Kelly Contributor address; City; State; Zip Code Woodland Hills, CA 91364		)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/22/2024	Full name of contributor	000	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	15		SCHEDULI	<b>A1</b>
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 26/51 Rpt: 30/95	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Gutierrez, Ro	olando (The Honorable)				00062485	
4	Date 12/08/2024	<ul><li>5 Full name of contributor</li><li>Mendiola, Ira Jean</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$10.00
		Harlingen, TX 78552					
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions Not Employed	5)		
	Date 09/08/2024	Full name of contributor  Mills, Ronald  Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Wake Village, TX 75501			_		
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions BancorpSouth	5)		
	Date 07/07/2024	Full name of contributor Montano, Beth Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$10.00
		Waco, TX 76708					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>(</u>		
	Date 09/30/2024	Full name of contributor  Montano, Beth  Contributor address; City; Stat  Waco, TX 76708	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	)		
	Date 08/04/2024	Full name of contributor  Nabors Jr, Booker  Contributor address; City; Stat  Burlington, NJ 08016	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u>		
			·				

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	m.	1	Total pages Schedule A1: Sch: 27/51 Rpt: 31/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	B Filer ID (Ethics Commission 00062485	n Filers)
4	Date 09/22/2024	<ul><li>5 Full name of contributor Nabors Jr, Booker</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		) 7	7 Amount of Contribution (\$)	\$10.00
	Dringing aggr	Burlington, NJ 08016	\	Employer (See I	actructions)		
8	Not Employe	pation / Job title (See Instructions ed	)  9	Employer (See In Not Employed	istructions)		
	Date 09/30/2024	Full name of contributor  Nabors Jr, Booker  Contributor address; City; St			)	Amount of Contribution (\$)	\$10.00
		Burlington, NJ 08016					
	Principal occu Not Employe	pation / Job title (See Instructions ed	)	Employer (See In Not Employed	nstructions)		
	Date 09/29/2024	Full name of contributor Naramore, Deborah Contributor address; City; St	out-of-state PAC (ID#:		)	Amount of Contribution (\$)	\$5.00
		Alabaster, AL 35007					
	Principal occu Not Employe	pation / Job title (See Instructions ed	)	Employer (See In Not Employed	nstructions)		
	Date 07/07/2024	Full name of contributor O'Keefe, Linda Contributor address; City; St New York, NY 10024	out-of-state PAC (ID#:		)	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	)	Employer (See II Not Employed	nstructions)		
	Date 09/29/2024	Full name of contributor O'Keefe, Linda Contributor address; City; St New York, NY 10024	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	)	Employer (See In Not Employed	nstructions)		
			-				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 28/51 Rpt: 32/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)			3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 12/01/2024	<ul> <li>Full name of contributor  our our oncor Texas State PAC</li> <li>Contributor address; City; State; Zi</li> </ul>			7	Amount of Contribution (\$)	\$2,000.00
_		Dallas, TX 75202	1-				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 07/07/2024	Full name of contributor ou Olivares, Juventino  Contributor address; City; State; Zi	p Code	)		Amount of Contribution (\$)	\$10.00
	Dringing agg	Lavon, TX 75166	İ	Employer (See Instructions	_		
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 10/06/2024	Full name of contributor ou Palomares, Roman Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$100.00
		Ft Worth, TX 76120					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 09/29/2024	Parra, Gloria		)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 08/25/2024	Full name of contributor ou Perry, Indigo Contributor address; City; State; Zi Middletown, CA 95461	nt-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	Principal occu Program Dire	pation / Job title (See Instructions) ector		Employer (See Instructions Community Initiatives	)		
			I				

	MONET	ARY POLITICAL CONTRII	BUTION	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 29/51 Rpt: 33/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)			3	Filer ID (Ethics Commission 00062485	ı Filers)
4	Date 09/22/2024	<ul> <li>Full name of contributor  out-of-state Peshette, Nancy</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Auburn, CA 95604 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date 09/22/2024	Full name of contributor out-of-state Philleo, David Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Dringing	Scotts Vale, CA 95066	-	Franksyay (Cook lastwysticas	<u></u>		
	Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date 10/06/2024	Full name of contributor out-of-state Pittenger, Mark  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		Kent, WA 98042					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 09/29/2024	Pugh, Don	PAC (ID#:	)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 10/20/2024	Full name of contributor out-of-state Quarles, Laurie  Contributor address; City; State; Zip Code  Arlington, VA 22205		)	•	Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1	<u> </u>			

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 30/51 Rpt: 34/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 07/07/2024	RIVAS, GASTON "ELLIOT"	of-state PAC (ID#: Code	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Springfield, MO 65810 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	.) 		
Ū	Not Employe			Not Employed	')		
	Date 10/06/2024	Full name of contributor out- Ramsey, Alison  Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		St. Augustine, FL 32080	1	5 1 (0 1 1 1	_		
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 12/09/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$4,000.00
		Austin, TX 78701					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/08/2024	Reichner, Brian	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions Not Employed	)		
	Date 09/22/2024	Rein, Stanley	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		
			,				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	v to complete this f	orr	m.	1	Total pages Schedule A1: Sch: 31/51 Rpt: 35/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)				3	Filer ID (Ethics Commission 00062485	n Filers)
4	Date 10/06/2024	<ul><li>5 Full name of contributor Remy, Linda</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_ tate; Zip Code		)	7	Amount of Contribution (\$)	\$25.00
_	Deignigal	Belvedere, CA 94920		•	Franks var (Caa kastu ationa			
8	Research	pation / Job title (See Instruction	5)	9	Employer (See Instructions UCSF	5)		
	Date 08/15/2024	Full name of contributor Richardson Democrats Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$200.00
	Drincinal occu	Richardson, TX 75080 pation / Job title (See Instruction	2)		Employer (See Instructions	·/		
	Fillicipal occu	pation / 300 title (See instruction	5)		Employer (See instructions	) )		
	Date 07/14/2024	Full name of contributor Rivers, Constance Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$5.00
		Galveston, TX 77550						
	Principal occu Not Employe	pation / Job title (See Instruction ed	5)		Employer (See Instructions Not Employed	s)		
	Date 08/18/2024	Full name of contributor Rivers, Constance Contributor address; City; S Galveston, TX 77550			)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instruction	5)		Employer (See Instructions Not Employed	5)		
	Date 09/15/2024	Full name of contributor Rivers, Constance Contributor address; City; S Galveston, TX 77550	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instruction	5)		Employer (See Instructions Not Employed	5)		
				•				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	INS	SCHEDULE A1
	The Instru	ction Guide explains hov	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 32/51 Rpt: 36/95
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Gutierrez, Ro	olando (The Honorable)			00062485
4	Date 08/21/2024	<ul><li>5 Full name of contributor Rodriguez, Marc</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	_	7 Amount of Contribution (\$) \$2,000.00
		Austin, TX 78701			
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	
	Government	Relations Consultant		The Offices of Marc A. I	Rodriguez
	Date 07/21/2024	Full name of contributor Roman, Ivan Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code	)	Amount of Contribution (\$) \$10.00
		Albuquerque, NM 87106			
	Principal occu Teacher	pation / Job title (See Instructions	5)	Employer (See Instructions APS	ns)
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	10/20/2024	Rosenberg, Beth  Contributor address; City; S			\$50.00
		Somerville, MA 02143			
	·	pation / Job title (See Instructions	5)	Employer (See Instructions	ns)
	Professor			Tufts University	
	Date 09/22/2024	Full name of contributor Rosenblum, Ronald Contributor address; City; S Walton, NY 13856	out-of-state PAC (ID#: tate; Zip Code	)	Amount of Contribution (\$) \$25.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)	Employer (See Instructions Not Employed	ns)
	Date 09/25/2024	Full name of contributor Rydman, John Contributor address; City; S Houston, TX 77007	out-of-state PAC (ID#:_		Amount of Contribution (\$) \$2,500.00
	Principal occu President	pation / Job title (See Instructions	s)	Employer (See Instructions Spec's	ns)

	MONET	ARY POLITICAL (		SCHEDULE A1			
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/51 Rpt: 37/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 10/15/2024	<ul><li>5 Full name of contributor</li><li>San Antonio Apartment A</li><li>6 Contributor address; City; S</li></ul>			7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions	5)	9 Employer (See Instructions	<u>;)</u>		
_	i illoipai ooda	patient, cos tido (eco metrodoni	•)	C Employer (eee meadeants	<i>,</i> ,		
	Date 12/06/2024	Full name of contributor San Antonio Professional Contributor address; City; S		)		Amount of Contribution (\$)	\$2,624.00
		San Antonio, TX 78201	,		L		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 10/13/2024	Full name of contributor Sanders, Nancy Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75229					
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)	Employer (See Instructions Not Employed	s)		
	Date 12/08/2024	Full name of contributor Sanders, Nancy P Contributor address; City; S Dallas, TX 75229				Amount of Contribution (\$)	\$2,000.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	s)	Employer (See Instructions Not Employed	5)		
	Date 09/08/2024	Full name of contributor Scheffer, Michael Contributor address; City; S Portland, OR 97206	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	S)	Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 34/51 Rpt: 38/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)			3	Filer ID (Ethics Commission 00062485	r Filers)
4	Date 08/18/2024	<ul><li>5 Full name of contributor Schill, Brian</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	Discourse	San Antonio, TX 78231	la la	Farabasa (On a banta shi an	$\overline{\Gamma}$		
8	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/08/2024	Full name of contributor Schneller, Kathy Contributor address; City; State		)		Amount of Contribution (\$)	\$5.00
	Dringing!	Portland, OR 97223		Franksian (Cookarational	<u></u>		
	contractor	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 10/20/2024	Full name of contributor Schroeck, Pamela Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$15.00
		Poolville, TX 76487					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 07/14/2024	Full name of contributor Schwartz, Gary Contributor address; City; State North Bend, WA 98045				Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
	Date 08/04/2024	Full name of contributor Schwartz, Gary Contributor address; City; State North Bend, WA 98045		)		Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
			•				

	MONET	ARY POLITICAL CONT		SCHEDULI	<b>■ A1</b>		
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 35/51 Rpt: 39/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	ı Filers)
4	Date 08/11/2024	Schwartz, Gary	-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occur	North Bend, WA 98045	la la	Employer (See Instructions	·/-		
0	Not employe	pation / Job title (See Instructions) d	9	Not employed	)		
	Date 09/01/2024	Full name of contributor out-of- Schwartz, Gary  Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$10.00
	Delicalization	North Bend, WA 98045		Frankrije (Cooks trockie ro	<u></u>		
	Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date 09/15/2024	Full name of contributor out-of- Schwartz, Gary  Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		North Bend, WA 98045					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	5)		
	Date 09/29/2024	Schwartz, Gary		)		Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
	Date 10/13/2024	Schwartz, Gary				Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	s)		
			<b>,</b>				

	MONET	ARY POLITICAL CONTRIBU		SCHEDULI	E <b>A1</b>		
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 36/51 Rpt: 40/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)			3	Filer ID (Ethics Commission 00062485	r Filers)
4	Date 11/03/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$10.00
_	Delicational	North Bend, WA 98045	la la	Fanda an (Carlos Instructions			
8	Not employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not employed	5)		
	Date 11/10/2024	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	North Bend, WA 98045 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Not employe	d		Not employed			
	Date 09/22/2024	Full name of contributor	.C (ID#:		•	Amount of Contribution (\$)	\$10.00
		Fort Worth, TX 76177					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date 10/20/2024	Full name of contributor out-of-state PA Shear, Linda Contributor address; City; State; Zip Code Florham Park, NJ 07932		)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 09/29/2024	Full name of contributor out-of-state PA Shisler, Michael Contributor address; City; State; Zip Code Port Republic, MD 20676	C (ID#:		•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		
			<b>,</b>				

	MONET	ARY POLITICAL C		SCHEDUI	ULE <b>A1</b>		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/51 Rpt: 41/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 12/11/2024	<ul><li>5 Full name of contributor Sledgelaw Group PLLC</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	S)		
	Date 10/06/2024	Full name of contributor Snouffer, Michael Contributor address; City; St				Amount of Contribution (\$)	\$10.00
	Dringinal occu	Long Grove, IL 60047 pation / Job title (See Instructions	\	Employer (See Instructions	-/- 		
	Not Employe		,	Not Employed	o)		
	Date 10/20/2024	Full name of contributor Snouffer, Michael Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$10.00
		Long Grove, IL 60047					
	Principal occu Not Employe	pation / Job title (See Instructions ed	)	Employer (See Instructions Not Employed	5)		
	Date 09/08/2024	Full name of contributor Sokulski, Phil Contributor address; City; St Porter, TX 77365			•	Amount of Contribution (\$)	\$100.00
	Principal occu Manager	pation / Job title (See Instructions	)	Employer (See Instructions AMST	5)		
	Date 09/29/2024	Full name of contributor Sperling, Harry Contributor address; City; St Hollywood, FL 33021			•	Amount of Contribution (\$)	\$5.00
	Principal occu Not employe	pation / Job title (See Instructions d	)	Employer (See Instructions Not employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 38/51 Rpt: 42/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 07/21/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
8	Dringing agg	Kennesaw, GA 30144	T <sub>0</sub>	Employer (See Instructions	<u>,,</u>		
<u> </u>	Attorney	pation / Job title (See Instructions)	٩	Lockheed Martin	·)		
	Date 07/21/2024	Full name of contributor out-of-state PAC (ID#: Stand, Eric  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	Goldens Bridge, NY 10526 pation / Job title (See Instructions)	Τ	Employer (See Instructions	;) 		
	Not Employe			Not Employed	-,		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#: TBA Bank PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#: TREPAC/Texas Association of Realtors PAC Contributor address; City; State; Zip Code  Austin, TX 78768-2246				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#: TX Chiropractic Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL C		SCHEDULE	ULE <b>A1</b>		
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 39/51 Rpt: 43/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	Filers)
4	Date 10/06/2024	<ul><li>5 Full name of contributor Talley, Roger</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$4.00
_	<u> </u>	Salem, OR 97317	la la		<u></u>		
8	Not Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions Not Employed	5)		
	Date 10/13/2024	Full name of contributor Talley, Roger Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00
	Dringing age	Salem, OR 97317		Employer (See Instructions	<u></u>		
	Not Employe	pation / Job title (See Instructions) ed	'	Employer (See Instructions Not Employed	) )		
	Date 07/14/2024	Full name of contributor Taylor, Antoinette  Contributor address; City; Sta	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$5.00
		Houston, TX 77006					
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
	Date 08/11/2024	Full name of contributor Taylor, Antoinette Contributor address; City; Sta Houston, TX 77006				Amount of Contribution (\$)	\$5.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		
	Date 09/15/2024	Full name of contributor Taylor, Antoinette Contributor address; City; Sta	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed	5)		

	MONET	ARY POLITICAL CO		SCHEDUI	.E <b>A1</b>		
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 40/51 Rpt: 44/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)			3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 10/13/2024	<ul><li>5 Full name of contributor  Taylor, Antoinette</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:; Zip Code	)	7	Amount of Contribution (\$)	\$5.00
8	Dringing! goog	Houston, TX 77006	lo.	Employer (See Instructions			
0	Not employe	pation / Job title (See Instructions) d		Not employed	')		
	Date 11/10/2024	Full name of contributor Taylor, Antoinette  Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$5.00
	Principal occu	Houston, TX 77006 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Not employe			Not employed	,		
	Date 12/09/2024	Full name of contributor  Taylor, Antoinette  Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Houston, TX 77006					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	i)		
	Date 11/14/2024	Full name of contributor Tenet Healthcare Corp. PAC Contributor address; City; State; Dallas, TX 75202				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 11/26/2024	Full name of contributor  Texas Apartment Association  Contributor address; City; State;  Austin, TX 78701				Amount of Contribution (\$)	\$3,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>,</u>		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 41/51 Rpt: 45/95		
2	FILER NAME Gutierrez, Ro	olando (The Honorable)		3	Filer ID (Ethics Commission 00062485	on Filers)	
4	Date 10/05/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78701	1				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Beverage Alliance Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch AGC PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code  Austin, TX 78711			Amount of Contribution (\$)	\$500.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC Contributor address; City; State; Zip Code  Austin, TX 78704			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)			
			L				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDU	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 42/51 Rpt: 46/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)		3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 11/25/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$5,000.00
_	5	Austin, TX 78703				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date 12/11/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u>)                                    </u>		
		,		,		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code  Austin, TX 78705	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		-				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDU	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/51 Rpt: 47/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)		3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 10/01/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$4,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
0	r inicipal occu	pation / Job title (See matractions)	2 Employer (See instructions	,		
	Date 08/15/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	:) [		
	i iliopai occa	pation, cos title (coc metastione)	Employer (eee med dedictions	',		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ The Bexar County Justice PAC of SATLA  Contributor address; City; State; Zip Code  San Antonio, TX 78232	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		,				

	MONET	ARY POLITICAL (	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/51 Rpt: 48/95	
2	FILER NAME Gutierrez, Ro	olando (The Honorable)			3	Filer ID (Ethics Commission 00062485	on Filers)
4	Date 09/17/2024	<ul><li>5 Full name of contributor</li><li>The Boeing Company PA</li><li>6 Contributor address; City; St</li></ul>		00142711 )	7	Amount of Contribution (\$)	\$1,500.00
		Arlington, VA 22202					
8	Principal occu	pation / Job title (See Instructions	) 	9 Employer (See Instructions	5)		
	Date 09/01/2024	Full name of contributor Thomas, Heather Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Deinsinal assu	Santa Monica, CA 90402	, I	Franksian (Caalinatuustiana	_		
	actress/write	pation / Job title (See Instructions r	)	Employer (See Instructions Shiksa Enterprises	5)		
	Date 09/24/2024	Full name of contributor Toyota Motor North Amer Contributor address; City; St		00542365		Amount of Contribution (\$)	\$2,000.00
	Dringing age	Washington, DC 20004	, I	Employer (Coo Instructions	_		
	Pilicipai occu	pation / Job title (See Instructions		Employer (See Instructions	')		
	Date 11/21/2024	Full name of contributor USAA Employee PAC Contributor address; City; St San Antonio, TX 78288				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor  Valero Political Action Contributor address; City; St		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.						Total pages Schedule A1: Sch: 45/51 Rpt: 49/95		
2	FILER NAME Gutierrez, Ro	plando (The Honorable)	3	Filer ID (Ethics Commission 00062485	Filers)				
4	Date 07/21/2024			7	Amount of Contribution (\$)	\$25.00			
8	Principal occur	Baton Rouge, LA 70810 pation / Job title (See Instructions	) [0	<u> </u>	Employer (See Instructions				
0	Not Employe		9		Not Employed	')			
	Date Full name of contributor out-of-state PAC (ID#:)  08/18/2024 Van Buskirk, Jeanine  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00				
	Baton Rouge, LA 70810								
				Employer (See Instructions Not Employed	i)				
	Date Full name of contributor out-of-state PAC (ID#:) 09/15/2024 Van Buskirk, Jeanine  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00			
		Baton Rouge, LA 70810							
	Principal occu Not Employe	pation / Job title (See Instructions ed	(i)		Employer (See Instructions Not Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00			
Principal occupation / Job title (See Instructions)  Not Employed  Employer (See Instructions)  Not Employed				Employer (See Instructions Not Employed	)				
	Date Full name of contributor out-of-state PAC (ID#:)  11/17/2024 Van Buskirk, Jeanine  Contributor address; City; State; Zip Code  Baton Rouge, LA 70810			Amount of Contribution (\$)	\$25.00				
	Principal occu Not Employe	pation / Job title (See Instructions	(1)		Employer (See Instructions Not Employed	()			
			-						

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	1.	1	Total pages Schedule A1: Sch: 46/51 Rpt: 50/95		
2	FILER NAME Gutierrez, Ro	plando (The Honorable)		3	Filer ID (Ethics Commission 00062485	on Filers)	
4	Date 11/12/2024			7	Amount of Contribution (\$)	\$2,000.00	
_	Delicalization	San Antonio, TX 78258	In .	Frankrije (Ozer kretwetiere			
8	Vice Preside	I occupation / Job title (See Instructions)  esident  9 Employer (See Instructions  Kahlig Auto Group		)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/07/2024 Vigueira, Edward  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Mandeville, LA 70448  Principal occupation / Job title (See Instructions)  Employer (See Instruction				)		
Engineer/PM PSX					,		
	Date Full name of contributor out-of-state PAC (ID#:  11/03/2024 Villarreal, Helen  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00	
		San Antonio, TX 78214					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed	)		
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions) Employe			Employer (See Instructions US Navy	)			
	Date Full name of contributor out-of-state PAC (ID#:)  08/25/2024 Viveiros, George  Contributor address; City; State; Zip Code  North Kingstown, RI 02852				Amount of Contribution (\$)	\$25.00	
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  US Navy				)		
			·				

	MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 47/51 Rpt: 51/95	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Gutierrez, Ro	olando (The Honorable)			00062485	
4	Date 09/22/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Viveiros, George</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25.00
		North Kingstown, RI 02852				
8	Principal occu Retired	al occupation / Job title (See Instructions)  9 Employer (See Instructions) US Navy		5)		
	Date 10/20/2024				Amount of Contribution (\$)	\$25.00
	North Kingstown, RI 02852					
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  US Navy					
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00
		North Kingstown, RI 02852				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions US Navy	5)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00
			Employer (See Instructions Not Employed	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/22/2024 W. Gorfine, Paul  Contributor address; City; State; Zip Code  Newton Centre, MA 02459				Amount of Contribution (\$)	\$10.00
Principal occupation / Job title (See Instructions)  Not Employed  Employer (See Instructions)  Not Employed						

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 48/51 Rpt: 52/95	
2	FILER NAME Gutierrez, Rolando (The Honorable)					Filer ID (Ethics Commission 00062485	on Filers)
4	Date 10/13/2024	W. Gorfine, Paul  Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00	
8	Principal occu	Newton Centre, MA 02459  cupation / Job title (See Instructions)  9 Employer (See Instruction			<u> </u> s)		
	Date 10/27/2024	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$25.00	
			Employer (See Instructions None	<u> </u> 5)			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00	
	·	Radford, VA 24141 pation / Job title (See Instructions)		Employer (See Instructions Radford University	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:_ 10/20/2024 Westerlund, Trina Contributor address; City; State; Zip Code			)	•	Amount of Contribution (\$)	\$5.00
			Employer (See Instructions Not Employed	<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:)  08/21/2024 Wholesale Beer Distributors of Texas PAC  Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u> S)		

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	m.	1	Total pages Schedule A1: Sch: 49/51 Rpt: 53/95		
2	FILER NAME Gutierrez, Ro	plando (The Honorable)	3	Filer ID (Ethics Commission 00062485	n Filers)		
4	Date 09/29/2024	24 Wieland, Jeanette  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00	
8	Principal occu	Lake Mary, FL 32746 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Not Employe			Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:)  08/18/2024 Wolf, Joel  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Fuquay-Varina, NC 27526						
Principal occupation / Job title (See Instructions) Employer (See Instructions) Cpa/finance Retired				Employer (See Instructions Retired	5)		
Date  Full name of contributor out-of-state PAC (ID#:  Woodard, W Shayne  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00		
		Austin, TX 78731					
	Principal occu GR	pation / Job title (See Instructions)		Employer (See Instructions Valero	5)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00	
			Employer (See Instructions Not Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/06/2024 Wynne, Sandra  Contributor address; City; State; Zip Code  Burlington, VT 05401				Amount of Contribution (\$)	\$250.00	
Principal occupation / Job title (See Instructions)  Not Employed  Employer (See Instructions)  Not Employed					5)		
			,				

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	s form.		Total pages Schedule A1: Sch: 50/51 Rpt: 54/95	
2	FILER NAME Gutierrez, Ro	plando (The Honorable)			Filer ID (Ethics Commission 00062485	on Filers)
4	Date 10/18/2024	5 Full name of contributor out-of-state PAC (ID#:)  ZACOPAC  6 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
_		San Antonio, TX 78265	1			
8	<ul><li>8 Principal occupation / Job title (See Instructions)</li><li>9 Employer (See Instructions)</li></ul>			ıs)		
	Date 12/08/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	San Antonio, TX 78214  Principal occupation / Job title (See Instructions)  Employer (See Instruction					
Clerk			Emma Hotel			
	Date Full name of contributor out-of-state PAC (ID#:		D#:)		Amount of Contribution (\$)	\$10.00
		Dumont, NJ 07628				
	Principal occu Not Employe	pation / Job title (See Instructions) d	Employer (See Instructions Not Employed	ıs)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
			Employer (See Instructions Not employed	ıs)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/03/2024 kutty, rafiq  Contributor address; City; State; Zip Code  Northbrook, IL 60062			Amount of Contribution (\$)	\$25.00	
	Principal occupation / Job title (See Instructions)  physician  Employer (See Instructions)  pma					

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how t	n.	1	Total pages Schedule A1: Sch: 51/51 Rpt: 55/95		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Gutierrez, Ro	olando (The Honorable)				00062485	
4	Date 08/04/2024	<ul><li>5 Full name of contributor [mendrick, ronald</li><li>6 Contributor address; City; Stat</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
		honeoye falls, NY 14472					
8	Principal occu consultant	occupation / Job title (See Instructions)  9		5)			
	Date 09/29/2024	Full name of contributor out-of-state PAC (ID#:)  peeters, eric  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	fort worth, TX 76177						
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Magnetic Representations of the Principal Leading Service (See Instructions)				5)		
	Senior Manager Weaver & Tidwell L						
	Date 10/20/2024			)		Amount of Contribution (\$)	\$5.00
		Buffalo Grove, IL 60089					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	ed 		Not Employed			
	Date  Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00	
				Employer (See Instructions Not Employed	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:)  10/06/2024 valdez, madelyn  Contributor address; City; State; Zip Code  Merced, CA 95340				Amount of Contribution (\$)	\$5.00	
Principal occupation / Job title (See Instructions)  Not Employed  Not Employed					()		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction G			ages	/Contract Labor		OTHER (enter a	category not listed ab	ove)
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1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 1/28 Rpt: 56/95		Gutierrez, F	Rolando (The H	onorable)					00062485		
4	Date	5	Payee name									
	07/29/2024		1Password									
Ļ		<del>  -</del>			04-4	7:- OI	1.					
l٥	Amount (\$)	'	Payee addre		State;	Zip Coa	ie					
	\$306.62		4711 Yong	e St								
			Toronto On	tario M2N6K8 C	Canada							
8	PURPOSE	(2)	Catagony			/	(h)	Description				
ľ	OF	(۵)		ee Categories listed at		ule)	(D)	_ `	nutsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE		Office Over	head/Rental Ex	pense					officeholder living		
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Ļ	Onesalata ONII V if alicent	<u> </u>	0		0,41		.l. 4			O#: I-	-1-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	Om	ice soug	Int			Office h	ela	
L	oxportantare to serious ere.											
	Date		Payee name									
	07/12/2024		Adobe Syst	tems Inc.								
⊢	Amount (\$)	┝	Payee addre		State:	Zip Cod	le.					
	\$64.94		345 Park A		Otato, I	p						
	Ф04.94		343 Paik A	venue								
			San Jose, 0	CA 95110								
	PURPOSE	(a)	Category (S	ee Categories listed at	the ton of this schedu	ule) (	(b)	Description				
	OF			head/Rental Ex		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder living	g expense	
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Г	Complete ONLY if direct		Candidate/Off	iceholder name	Offi	ice soug	ht			Office he	eld	
	expenditure to benefit C/OI	Н										
⊨												
	Date		Payee name									
	07/22/2024		Adobe Syst	tems Inc.								
	Amount (\$)		Payee addre	ss; City;	State; 2	Zip Cod	le					
	\$54.11		345 Park A	venue								
			San Jose, (	CΔ 05110								
						- 1						
	PURPOSE OF	(a)		ee Categories listed at		ule) (	(b)	Description				
	EXPENDITURE		Office Over	head/Rental Ex	pense			브			plete Schedule T.	
										officeholder living	j expense	
								Office softwa	ıe			
L												
	Complete ONLY if direct		Candidate/Off	iceholder name	Offi	ice soug	ht			Office he	eld	
	expenditure to benefit C/OI	H										
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#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Adobe Systems Inc.  6 Amount (\$)  \$64.94  \$64.		Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
A Date	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Adobe Systems Inc.  7 Payee address: City; State; Zip Code  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the too of this schedule) Office Overhead/Rental Expense  (b) Description Office software  (b) Description Office held  Check if fused outside of Texas. Complete Schedule T. Office held  Payee name Adobe Systems Inc.  Amount (\$\$) Payee address: City; State; Zip Code  \$54.11  Payee address: City; State; Zip Code  \$54.11  Purpose Office Overhead/Rental Expense  (a) Category (see Categories listed at the top of this echedule) Office Software  (b) Description Office held  Payee address: City; State; Zip Code  \$54.11  Purpose Office Overhead/Rental Expense  (b) Description Office Software  (c) Candidate/Officeholder name Office sought Office Software  Office held  Payee name Adobe Systems Inc.  Candidate/Officeholder name Office sought Office held  Payee name Adobe Systems Inc.  Amount (\$\$) Payee address: City; State; Zip Code  \$64.94  Payee name Adobe Systems Inc.  Amount (\$\$) Payee address: City; State; Zip Code  \$64.94  Adobe Systems Inc.  Amount (\$\$) Payee address: City; State; Zip Code  \$64.94  Adobe Systems Inc.  Amount (\$\$) Payee address: City; State; Zip Code  \$64.94  Adobe Systems Inc.  Amount (\$\$) Office held  Payee address: City; State; Zip Code  \$64.94  Adobe Systems Inc.  Amount (\$\$) Payee address: City; State; Zip Code  \$64.94  Adobe Systems Inc.  Amount (\$\$) Office Overhead/Rental Expense  (b) Description Office Overhead/Rental Expense  (b) Description Office Software  Office Software		Sch: 2/28 Rpt: 57/95	Gutierrez, Rolando (The Honorable) 00062485
Section   Sect	4	Date	5 Payee name
\$64.94 345 Park Avenue  San Jose, CA 95110  8 PURPOSE OF EXPENDITURE  (a) Callegory (see Caegories listed at the top of this schedule) Office Overthead/Rental Expense  9 Complete ONLY if direct expenditure to benefit C/OH  Date 08/21/2024 Adobe Systems Inc. Amount (\$) PURPOSE OF EXPENDITURE  (a) Category (see Caegories listed at the top of this schedule) Office Sought Office Overthead/Rental Expense  (b) Description Office held  Description Office Note the firmed outside of Texas. Complete Schodule T. Office held  Date Office Overthead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Date Office Overthead/Rental Expense  Office Sought  Office Sought Office held  Description Office Sought Office Overthead/Rental Expense  Office Sought Office held  Date Office Overthead/Rental Expense  Office Sought Office held  Date Office Sought Office held  Payee name Adobe Systems Inc.  Amount (\$) Purpose San Jose, CA 95110  Purpose Office Overthead/Rental Expense  Office Sought Office held  Date Office Overthead/Rental Expense  Office Sought Office held  Office held  Office Held  Office Held  Office Held  Office Held  Office Overthead/Rental Expense  Office Software  Office Software  Office Overthead/Rental Expense  Office Software  Office Overthead/Rental Expense  Office Software  Office Software		08/12/2024	Adobe Systems Inc.
San Jose, CA 95110  8 PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  9 Complete QNLY if direct expenditure to benefit C/OH  Date 08/21/2024 Adobe Systems Inc.  Amount (8) Purpose Office Overhead/Rental Expense  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  Office Sought  Office Sought Office Neid  Payee name 08/21/2024 Adobe Systems Inc.  Amount (8) Purpose Office Overhead/Rental Expense  Complete QNLY if direct expenditure to benefit C/OH  Date 09/12/2024  Candidate/Officeholder name Office sought Office Sought Office Software  Office sought Office Software  Office sought Office held  Payee name Adobe Systems Inc.  Amount (8) Payee name Adobe Systems Inc.  Amount (8) Payee address: City; State: Zip Code S64.94 S64.94 S64.94  Payee address: City; State: Zip Code S64.95 S64.94  Office Overhead/Rental Expense  Office Software  Office Software  Office Software  Office Software  Office Software  Complete QNLY if direct S64.94 Category (See Categories listed at the top of this schedule) Office Software  Office Software  Office Neid I revert outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living operate Office Software  Office Software  Complete QNLY if direct Office Neid I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas. Complete Schedule T. Check if I revert outside of Texas.	6	Amount (\$)	7 Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE		\$64.94	345 Park Avenue
PURPOSE OF EXPENDITURE			
Office Overhead/Rental Expense			San Jose, CA 95110
PURPOSE OF EXPENDITURE    Candidate/Officeholder name   Office sought   Office held	8		
9 Complete ONLY if direct expenditure to benefit C/OH  Date 08/21/2024			Cine Cremedar Contain Expense
9 Complete ONLY if direct expenditure to benefit C/OH  Date 08/21/2024 Adobe Systems Inc.  Amount (\$) Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110  PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Software  Office Software  Office Software  Office Software  Office Software  Office Software  Office Payee name Adobe Systems Inc.  Amount (\$) Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110  Purpose Office Overhead/Rental Expense Office sought Office held  Date Opicy If direct expenditure to benefit C/OH  Date Opicy If direct Adobe Systems Inc.  Amount (\$) Payee name Adobe Systems Inc.  Amount (\$) Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110  Purpose Office Overhead/Rental Expense (b) Description Office Overhead/Rental Expense Office Software  Office Overhead/Rental Expense Office Software  Complete ONLY if direct Candidate/Officeholder name Office Sought Office held  Complete ONLY if direct Candidate/Officeholder name Office Sought Office held			l
Date 08/21/2024  Adobe Systems Inc.  Amount (\$)  Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110  PURPOSE OF EXPENDITURE  Candidate/Office holder name  Office sought  Office sought  Office held  Payee name Adobe Systems Inc.  Complete ONLY if direct expenditure to benefit C/OH  Payee name Adobe Systems Inc.  Amount (\$)  Payee name Adobe Systems Inc.  Amount (\$)  Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office sought  Office held  Date 09/12/2024  Adobe Systems Inc.  Amount (\$)  Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Software  (b) Description Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Justin, TX, officeholder living expense Office Software  Complete ONLY if direct  Candidate/Officeholder name Office sought  Office sought Office held			
Date 08/21/2024  Adobe Systems Inc.  Amount (\$)  Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete QNLY if direct expenditure to benefit C/OH  Date 09/12/2024  Adobe Systems Inc.  Amount (\$)  Payee name Adobe Systems Inc.  Amount (\$)  Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder living expense Office Software  (b) Description (c) Check if Austin, TX, officeholder in Check if Invaval outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Software  Complete QNLY if direct Candidate/Officeholder name Office Sought Office Software  Complete QNLY if direct Candidate/Officeholder name Office Sought Office Software	9		
Adobe Systems Inc.	L	experientare to benefit Grot	
Amount (\$)		Date	Payee name
\$54.11 345 Park Avenue  San Jose, CA 95110  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Date O9/12/2024  Adobe Systems Inc.  Amount (\$) Payee name Adobe Systems Inc.  Amount (\$) Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Posciption Office Overhead/Rental Expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office Software  (b) Description Office Overhead/Rental Expense  (c) Description Office Overhead/Rental Expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		08/21/2024	Adobe Systems Inc.
San Jose, CA 95110  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if I auxelin, TX, officeholder Inving expense Office software  (b) Description Check if Austin, TX, officeholder Inving expense Office software  (c) Check if Austin, TX, officeholder Inving expense Office software  (d) Category (see Categories listed at the top of this schedule) Office sought  (e) Description Office held  Payee name Adobe Systems Inc.  Amount (\$) Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110  PURPOSE OF Office Overhead/Rental Expense  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if Austin, TX, officeholder T. Check if Austin, TX, officeholder Inving expense Office software  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description		\$54.11	345 Park Avenue
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description			
Office Overhead/Rental Expense    Check if travel outside of Texas. Complete Schedule T.			San Jose, CA 95110
Complete ONLY if direct expenditure to benefit C/OH  Date O9/12/2024 Adobe Systems Inc.  Amount (\$) Payee address; City; State; Zip Code San Jose, CA 95110  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Software  Complete ONLY if direct Candidate/Officeholder name  Office Sought Office held  Office sought Office held  Office Software  Office Neld			
Complete ONLY if direct expenditure to benefit C/OH  Date			Office Overficaci/Nertical Expense
Complete ONLY if direct expenditure to benefit C/OH  Date			
Date 09/12/2024			
Date 09/12/2024	H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Adobe Systems Inc.  Amount (\$) Payee address; City; State; Zip Code  \$64.94 \$45 Park Avenue  San Jose, CA 95110  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office software  Complete ONLY if direct  Candidate/Officeholder name Office sought  Office held		expenditure to benefit C/OI	
Adobe Systems Inc.  Amount (\$) Payee address; City; State; Zip Code  \$64.94 \$45 Park Avenue  San Jose, CA 95110  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office software  Complete ONLY if direct  Candidate/Officeholder name Office sought  Office held	F	Date	Pavee name
Amount (\$)  Payee address; City; State; Zip Code  345 Park Avenue  San Jose, CA 95110  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			
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Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITURE	Check if Austin, TX, officeholder living expense
			Office software
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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

Candidate/Officeholder/Poll	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/28 Rpt: 58/95	Gutierrez, Rolando (The Honorable) 00062485
4 Date	5 Payee name
09/23/2024	Adobe Systems Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$54.1	1 345 Park Avenue
	San Jose, CA 95110
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Office software
9 Complete ONLY if direct	
expenditure to benefit C	OH
Date	Payee name
10/15/2024	Adobe Systems Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$64.9	345 Park Avenue
	San Jose, CA 95110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
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expenditure to benefit C	
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Ψ34.1	545 Faik Avenue
	San Jose, CA 95110
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PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Office software
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expenditure to benefit C	On .

Event Expense

### SCHEDULE F1

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

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

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: 4/28 Rpt: 59/95	Gutierrez, Rolando (The Honorable) 00062485			
4	Date	5 Payee name			
	10/22/2024	Adobe Systems Inc.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$714.32	345 Park Avenue			
		San Jose, CA 95110			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
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		Office software			
		Cinco contrare			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
H	Date	Payee name			
	11/12/2024	Adobe Systems Inc.			
_	Amount (\$)	Payee address; City; State; Zip Code			
	\$64.94	345 Park Avenue			
	40				
		San Jose, CA 95110			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Office software			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
H	Date	Payee name			
	11/21/2024	Adobe Systems Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$54.11	345 Park Avenue			
	,,,,,				
		San Jose, CA 95110			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Office software			
		Office Software			
	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 -

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: 5/28 Rpt: 60/95	Gutierrez, Rolando (The Honorable) 00062485			
4	Date	5 Payee name			
	12/12/2024	Adobe Systems Inc.			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$64.94	345 Park Avenue			
		San Jose, CA 95110			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Office software			
		Office Software			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
$\vdash$	Data	Para a same			
	Date	Payee name			
	12/23/2024	Adobe Systems Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$54.11	345 Park Avenue			
		San Jose, CA 95110			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Office software			
		Office Software			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date 07/11/2024	Payee name			
		Constant Contact			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$117.26	1601 Trapelo Rd			
		Waltham, MA 02451			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Office software			
		Office Software			
_	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 Committe 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	d 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: 6/28 Rpt: 61/95	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/22/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office software
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	CAPETIGITATE TO DETICITE C/OF	
	Date	Payee name
	08/12/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Office software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	08/20/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	Z. LIDITOIL	Check if Austin, TX, officeholder living expense
		Office software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	•	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 7/28 Rpt: 62/95	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	09/11/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/20/2024	Constant Contact
_	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
	Ψ19.95	1001 Hapelo Ku
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	10/11/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Rd
	Ψ117.20	1001 Hapelo Ku
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Office software
		Office Software
_	Complete ONLY if direct	Candidate/Officeholder name Office cought 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 Committe

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/28 Rpt: 63/95	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	10/21/2024	Constant Contact
6	Amount (\$) \$79.95	7 Payee address; City; State; Zip Code 1601 Trapelo Rd
		Waltham, MA 02451
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 software
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/12/2024	Constant Contact
	Amount (\$) \$117.26	Payee address; City; State; Zip Code 1601 Trapelo Rd
		Waltham, MA 02451
	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 Software
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2024	Constant Contact
	Amount (\$) \$79.95	Payee address; City; State; Zip Code 1601 Trapelo Rd
		Waltham, MA 02451
	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 software
	Complete ONLY if direct expenditure to benefit C/Ol	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/28 Rpt: 64/95	Gutierrez, Rolando (The Honorable) 00062485
4 Date	5 Payee name
12/11/2024	Constant Contact
6 Amount (\$) \$117.26	7 Payee address; City; State; Zip Code 1601 Trapelo Rd  Waltham, MA 02451
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/20/2024	Constant Contact
Amount (\$) \$79.95	Payee address; City; State; Zip Code 1601 Trapelo Rd
	Waltham, MA 02451
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 software
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 09/03/2024	Payee name El Herradero De Jalisco
Amount (\$) \$286.86	Payee address; City; State; Zip Code 224 W Main St
	Uvalde, TX 78801
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/OF	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 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: 10/28 Rpt: 65/95	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	07/11/2024	FormKeep
6	Amount (\$) \$19.50	7 Payee address; City; State; Zip Code 1050 North Point Street Suite 708
		San Francisco, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office software
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/12/2024	FormKeep
	Amount (\$) \$19.50	Payee address; City; State; Zip Code  1050 North Point Street  Suite 708  San Francisco, CA 94025
	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 software
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/11/2024	Payee name FormKeep
	Amount (\$) \$19.50	Payee address; City; State; Zip Code  1050 North Point Street  Suite 708  San Francisco, CA 94025
	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 software
	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

	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: 11/28 Rpt: 66/95	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	10/11/2024	FormKeep
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.50	1050 North Point Street
		Suite 708
		San Francisco, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Office software
		Office Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/12/2024	FormKeep
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.50	1050 North Point Street
		Suite 708
		San Francisco, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office software
		Cinco contract
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/11/2024	FormKeep
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.50	1050 North Point Street
		Suite 708
		San Francisco, CA 94025
	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 software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Imittee Legal Services The Instruction Guide	ense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
_		-		- CAPIGITIS III	OW to com	piete tili3 lollili.	-		(=u · · · =u · ·
1	Total pages Schedule F1: Sch: 12/28 Rpt: 67/95	2	FILER NAME Gutierrez, Rolando (The Hono	rable)			3	Filer ID 00062485	(Ethics Commission Filers)
4	Date	5	Payee name						
,	07/10/2024		GM Financial						
6	Amount (\$) \$70.32	7	Payee address; City; State; Zip Code P.O. Box 78143  Phoenix, AZ 85062						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Transportation Equipment And Expense		dule) (		, TX	de of Texas. Comp officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Of	ffice soug	nt		Office he	eld
	Date		Payee name						
	07/22/2024		GM Financial						
	Amount (\$)		Payee address; City; State; Zip Code						
	\$1,489.50		P.O. Box 78143  Phoenix, AZ 85062						
	PURPOSE	(a)	Category (See Categories listed at the to	on of this sohos	dulo) (	b) Description			
	OF EXPENDITURE		Transportation Equipment And Expense		uule)	Check if travel	, TX	de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Of	ffice soug	nt		Office he	eld
	Date 08/26/2024		Payee name GM Financial						
	Amount (\$) \$1,489.50		Payee address; City; P.O. Box 78143	State;	Zip Cod	е			
			Phoenix, AZ 85062		,				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Transportation Equipment And Expense		dule) (		, TX	de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Of	ffice soug	nt		Office he	eld

### SCHEDULE F1

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

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

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	n.
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/28 Rpt: 68/95	Gutierrez, Rolando (The Honorable)	00062485
4	Date	5 Payee name	•
	10/22/2024	GM Financial	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,514.40	P.O. Box 78143	
		Phoenix, AZ 85062	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Transportation Equipment 7 tha Related	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense
		Campaig	gri vernore
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Canada da	0.1100 110.10
	Date	Payee name	
	07/09/2024	GoDaddy.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.32	14455 N. Hayden Rd	
	,		
		Scottsdale , AZ 85260	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF	, , , , , , , , , , , , , , , , , , ,	travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if	Austin, TX, officeholder living expense
		Officehol	lder website hosting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/16/2024	GoDaddy.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.31	14455 N. Hayden Rd	
		Scottsdale , AZ 85260	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overficad/Nertial Expense	travel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense
		Website	
			<del>J</del>
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/28 Rpt: 69/95	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	08/16/2024	GoDaddy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.31	14455 N. Hayden Rd
		Scottsdale , AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Officeholder website hosting
		Officeriolaer Website Hosting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/16/2024	GoDaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.31	14455 N. Hayden Rd
		Scottsdale , AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Officeholder website hosting
		e most nose nose nose ng
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	09/25/2024	GoDaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.68	14455 N. Hayden Rd
		Scottsdale , AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Officeholder website hosting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

			Legal Services Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)				
	Great Gara F ayment			The Instruction Gu	iide explains how to c	ompl	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/28 Rpt: 70/95		Gutierrez, R	olando (The Ho	norable)				00062485		
4	Date	5	Payee name								
	07/02/2024		Google LLC								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$96.92		1600 Amphi	theatre Pkwy							
			Mountain Vi	ew, CA 94043							
8	PURPOSE	(a)				(b)	Description				_
ľ	OF	(")		e Categories listed at the cad/Rental Exp		(5)		outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Office Overi	icaa/remai Exp	CHSC				officeholder living		
							Office softwa	re			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								_
	07/02/2024		Google LLC								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$230.26		1600 Amphi	theatre Pkwy							
			•	Ţ							
			Mountain Vi	ew, CA 94043							
_	PURPOSE	(a)		e Categories listed at the	4 445: 15 4-1-)	(b)	Description				
	OF			nead/Rental Exp		'	_ `	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		011100 01011	roda/r torritar Exp	701100		Check if Austin	, TX,	officeholder living	g expense	
							Office softwa	re			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	П									
	Date		Payee name								
	08/02/2024		Google LLC								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$129.98		1600 Amphi	theatre Pkwy							
			Mountain Vi	ew, CA 94043							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Exp						plete Schedule T.	
	LAFENDITORE								officeholder living	g expense	
							Office softwa	re			
	Complete ONII V if allow	L_	Open did state	- a la a la la u	O#: - :				Office	ما ما	_
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Office so	ught			Office h	eiu	

## SCHEDULE F1

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

,	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		rransportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 T	otal pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/28 Rpt: 71/95	Gutierrez, Rolando (The Honorable)	00062485
<b>4</b> D	ate	5 Payee name	•
0	8/02/2024	Google LLC	
<b>6</b> A	mount (\$) \$26.72	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office software
	complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
D	ate	Payee name	
0	9/03/2024	Google LLC	
Α	mount (\$)	Payee address; City; State; Zip Code	
	\$92.10	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
ı	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office software
	complete <u>ONLY</u> if direct xpenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	ate	Payee name	
1	0/02/2024	Google LLC	
А	mount (\$) \$92.10	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
ı	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	escription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office software
	complete <u>ONLY</u> 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 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 17/28 Rpt: 72/95	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	10/04/2024	Google LLC
-	Amount (\$)	7 Payee address; City; State; Zip Code
٠	\$92.10	1600 Amphitheatre Pkwy
	Ψ32.10	1000 Amphilitication Kwy
		M - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office software
		Since Sollware
Ω.	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	12/02/2024	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.10	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Office software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.98	10019 S IH-35 Frontage Rd
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office utilities
	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 Col 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: 18/28 Rpt: 73/95	Gutierrez, Rolando (The Honorable) 00062485
4	Date	5 Payee name
	09/23/2024	North Texas Tollway Authority
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	P.O. Box 260928
	,	
		Diana TV 75026
		Plano, TX 75026
8	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  Tolling fee
		Tolling ice
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/21/2024	North Texas Tollway Authority
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P.O. Box 260928
	Ψ10.00	1 101 Box 200020
		Plant TV 75000
		Plano, TX 75026
	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  Tolling fees
		Tolling ices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	·	
	Date	Payee name
	07/22/2024	RMA Toll Processing
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.54	P.O. Box 734182
		Dallas, TX 75373
	DUDDOCE	· · · · · · · · · · · · · · · · · · ·
	PURPOSE OF	(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.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Tolling fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Fo	rms provided by Texas E	hics Commission www.ethics.state.tx.us Version V4.1.0.f10d0fd

## 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	nmittee Legal Servi			iges/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
	Sch: 19/28 Rpt: 74/95	Gutierrez, Rolando	(The Honorable)			00062485	
4	Date	Payee name					
L	09/18/2024	RMA Toll Processin	ng				
6	Amount (\$)	Payee address; C	city; State;	Zip Cod	e		
	\$20.77	P.O. Box 734182					
		Dallas, TX 75373					
8	PURPOSE	Category (See Categorie	es listed at the top of this sch	edule) (	<b>b)</b> Description		
	OF EXPENDITURE	Travel In District			Check if travel	outside of Texas. Com	plete Schedule T.
	LAFENDITURE					, TX, officeholder living	g expense
					Tolling fees		
9	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder	name C	Office soug	ht	Office he	eld
L	experiorare to benefit C/Of						
	Date	Payee name					
	09/18/2024	RMA Toll Processin	ng				
	Amount (\$)	Payee address; C	City; State;	Zip Cod	e		
	\$6.49	P.O. Box 734182					
		Dallas, TX 75373					
	PURPOSE	Category (See Categorie	es listed at the top of this sch	edule) (	b) Description		
	OF EXPENDITURE	Travel In District			<b>=</b>	outside of Texas. Com	
						, TX, officeholder living	g expense
					Tolling fee		
_	Complete ONII V if alice at	andidate/Office helder	nama	Office activity	ht	Office he	old
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder	name C	Office soug	III	Office he	eiu
L							
	Date	Payee name					
	11/15/2024	RMA Toll Processin					
	Amount (\$)	-	City; State;	Zip Cod	e		
	\$16.67	P.O. Box 734182					
L		Dallas, TX 75373					
	PURPOSE	Category (See Categorie	es listed at the top of this sch	edule) (	b) Description		
	OF EXPENDITURE	Travel In District			<u> </u>	outside of Texas. Com	
						, TX, officeholder living	g expense
					Tolling fees		
	Complete ONLY if direct	`andidato/Officaboldar	namo	Office cour	ht	Office he	old
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder	name C	Office soug	III	Office no	eiu

## 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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.			
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
	Sch: 20/28 Rpt: 75/95	Gutierrez, Rolando (The Honorable)	00062485				
4	Date	5 Payee name					
	07/03/2024	Restream					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$19.00	515 Congress Ave					
		Austin, TX 78701					
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 software			
_	0 1: 0:11:4"			000			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held			
	Date	Payee name					
	08/05/2024	Restream					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$19.00	515 Congress Ave					
		Austin, TX 78701					
	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 software			
	Occupation ONLY if the state of						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou d	JIII	Office held			
	Date	Payee name					
	09/03/2024	Restream					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$19.00	515 Congress Ave					
		Austin, TX 78701					
	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 software			
				Office Software			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	tdr	Office held			
	Complete ONLY if direct expenditure to benefit C/OI		JIIL	Office field			

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Political Committee Credit Card Payment  Legal Services Salaries/Wages/Contract Labor OTHER (enter a catego The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 21/28 Rpt: 76/95	Gutierrez, Rolando (The Honorable) 00062485			
4	Date	5 Payee name			
	10/03/2024	Restream			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$19.00	515 Congress Ave			
		Austin, TX 78701			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Office software			
		Simos soluvais			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	experiorations to benefit C/O				
	Date	Payee name			
	11/04/2024	Restream			
Г	Amount (\$)	Payee address; City; State; Zip Code			
	\$19.00	515 Congress Ave			
		Austin, TX 78701			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		Office software			
		Simos solutars			
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	•			
⊨	Data				
	Date	Payee name			
	12/03/2024	Restream			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$19.00	515 Congress Ave			
		Austin, TX 78701			
	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 software			
		Office Software			
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·			
$\vdash$					
L					

## SCHEDULE F1

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

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

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

	Credit Card Payment	I Payment  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
	Sch: 22/28 Rpt: 77/95	Gutierrez, Rolando (The Honorable) 00062485						
4	Date	5 Payee name						
	07/08/2024	Spectrum						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$160.83	3151 SE Military Dr						
		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 utilities						
_	Operation ONLY if allowed	Our Middle (Office helder grown						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	08/07/2024	Spectrum						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$160.83	3151 SE Military Dr						
		San Antonio, TX 78223						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Office utilities						
	Complete ONLY if direct Condidate/Officeholder name							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H						
	Date	Payee name						
	09/09/2024	Spectrum						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$160.83	3151 SE Military Dr						
		San Antonio, TX 78223						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Office utilities						
		Office utilities						
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	•							

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense 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/Political Committee Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	ilers)	
	Sch: 23/28 Rpt: 78/95	Gutierrez, Rolando (The Honorable) 00062485		
4	Date	5 Payee name		
	10/08/2024	Spectrum		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$160.83	3151 SE Military Dr		
		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.  Check if Austin, TX, officeholder living expense		
		Office utilities		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	Н		
	Date	Payee name		
	11/08/2024	Spectrum		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$160.83	3151 SE Military Dr		
		San Antonio, TX 78223		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Office utilities				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	H		
	Date	Payee name		
	12/09/2024	Spectrum		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$160.83	3151 SE Military Dr		
		San Antonio, TX 78223		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		
		Check if Austin, TX, officeholder living expense  Office utilities		
		Office durings		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 24/28 Rpt: 79/95	Gutierrez, Rolando (The Honorable) 00062485				
4	Date	5 Payee name				
	07/01/2024	Squarespace				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$24.52	459 Broadway				
		New York , NY 10013				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Officeholder website hosting				
		Officeriolder website riosting				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_	Date	Davies same				
		Payee name				
	07/10/2024	Squarespace				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$35.18	459 Broadway				
		New York , NY 10013				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Officeholder website hosting				
		Officeriolder Website Hosting				
_	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O					
_	Data	David and the second se				
	Date 08/12/2024	Payee name				
		Squarespace				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$35.18	459 Broadway				
		New York , NY 10013				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Officeholder website				
		Officeriolder Website				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_						

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this fo	rm.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 25/28 Rpt: 80/95	Gutierrez, Rolando (The Honorable)	00062485			
4	Date	5 Payee name				
	08/29/2024	Squarespace				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$24.52	459 Broadway				
		New York , NY 10013				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	tion			
	OF EXPENDITURE	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	c if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	,	c if Austin, TX, officeholder living expense			
		Officen	older website hosting			
Ļ	0 1: 0 1: 0		05.111			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
_						
	Date	Payee name				
	09/10/2024	Squarespace				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$35.18	459 Broadway				
		New York , NY 10013				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Onice Overnead/Nertial Expense	c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense			
		l	older website hosting			
_	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI					
H	Date	Payee name				
	09/30/2024	Squarespace				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$26.65	459 Broadway				
		New York , NY 10013				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	tion			
	OF		c if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check	r if Austin, TX, officeholder living expense			
		Officeh	older website hosting			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	experientare to benefit 6/01					

## SCHEDULE F1

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

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

Fees O
Food/Beverage Expense P
Gitt/Awards/Memorials Expense P
Lenal Services P

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: 26/28 Rpt: 81/95	Gutierrez, Rolando (The Honorable) 00062485				
4	Date	5 Payee name				
	10/10/2024	Squarespace				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$35.18	459 Broadway				
		New York , NY 10013				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Officeholder website hosting				
		Officeriolder website hosting				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/OI					
⊨	Date	Payee name				
	10/29/2024	Squarespace				
┡		· · ·				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$26.65	459 Broadway				
L		New York , NY 10013				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Office software				
		Silide Soltware				
┝	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI					
H	Date	Payee name				
	11/12/2024	Squarespace				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$35.18	459 Broadway				
	Ψ33.10	455 Bloadway				
		Nov. Varle, NV 10012				
		New York , NY 10013				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Officeholder website hosting				
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	<del>1</del>				
Г						
ı						

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to o	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/28 Rpt: 82/95		Gutierrez, Rolando (The Honorable)		00062485
4	Date	5	Payee name		•
	11/29/2024		Squarespace		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	
	\$26.65		459 Broadway		
			New York , NY 10013		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Officeholder website hosting
					Cinceriolaer website riosting
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> ouaht	t Office held
	expenditure to benefit C/O			, a.gc	
_	Date	Т	Payee name		
	12/10/2024		Squarespace		
	Amount (\$)	┢	Payee address; City; State; Zip C	Code	
	\$35.18		459 Broadway	, , ,	
	, , , ,				
			New York , NY 10013		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF	"	Office Overhead/Rental Expense	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin, TX, officeholder living expense
					Officeholder website hosting
				<u> </u>	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ought	t Office held
		_			
	Date		Payee name		
	12/30/2024		Squarespace		
	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$26.65		459 Broadway		
			New York , NY 10013		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Officeholder website hosting
					S .
	Complete ONLY if direct	_	Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н		-	
4					

## 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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 28/28 Rpt: 83/95	Gutierrez, Rolando (The Honorable) 00062485					
4	Date	5 Payee name					
	07/22/2024	TXTag					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
l	\$110.27	12719 Burnet Road					
l							
		Austin, TX 78727					
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.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Tolling fees					
Ļ	2						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
L							
	Date	Payee name					
	11/15/2024	TXTag					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$18.12	12719 Burnet Road					
		Austin, TX 78727					
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Tolling fees					
L							
l	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
L							
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# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Officenoider/Politica	-	ruction Guide explains how	-	THER (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 1/12 Rpt: 84/95	Gutierrez, Rolando	(The Honorable)		00062485
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid
	\$3,667.04	09/01/2024		
7 PAYEE	(a) Payee name  NGPVAN, Inc.		(b) Payee address; 1445 New York Ave. NW	City, State, Zip Code
A PURPOSE OF	(a) Category		Washington, DC 20005 (b) Description	
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Fundraising software	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held
PAYMENT	(a) Amount Charged \$3,667.04	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issuer	Paid
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	NGPVAN, Inc.		1445 New York Ave. NW	
			Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top)	of this schedule)	(b) Description	
X Political	Advertising Expense		Fundraising software	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid
	\$3,667.04	07/01/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	NGPVAN, Inc.		1445 New York Ave. NW	
			Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Fundraising software	
X Political				
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held
	-			

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this	form.		.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 2/12 Rpt: 85/95	Gutierrez, Rolando	(The Honorable)			00062485		
4 CREDIT CARD ISSUER		ncial institution	EXPENDIT	UNITEMIZED FURES O TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid		
	\$3,667.04	08/01/2024					
7 PAYEE	(a) Payee name  NGPVAN, Inc.		(b) Payee add	dress; York Ave. NW	City,	State,	Zip Code
			Washington				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descriptio				
EXPENDITURE	Advertising Expense	of this scriedule)	Fundraising	software			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	name Offic	e sought		Office held			
expenditure to benefit C/OH			_				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid		
	\$3,667.04	10/01/2024					
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
	NGPVAN, Inc.		1445 New Y	ork Ave. NW			
			Washington	, DC 20005			
PURPOSE OF	(a) Category		(b) Descriptio	n			
EXPENDITURE    X   Political	(See Categories listed at the top Advertising Expense	of this schedule)	Fundraising	software			
Non-Political	(2) D 0 1 7 1 1 1 1 1			0 171 5 70	<i>(</i> , 1, 1), (; ;		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onic	e sought		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer	Paid		
	\$3,667.04	11/01/2024					
PAYEE	(a) Payee name	l	(b) Payee add	dress;	City,	State,	Zip Code
			1445 New Y	ork Ave. NW			
	NGPVAN, Inc.						
			Washington	, DC 20005			
PURPOSE OF	(a) Category		(b) Descriptio	n			
EXPENDITURE	(See Categories listed at the top  Advertising Expense	of this schedule)	Fundraising	software			
X Political	Auvertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<del>.</del> П	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	The Inst	ruction Guide explains how	to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 3/12 Rpt: 86/95	Gutierrez, Rolando	(The Honorable)			00062485		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$3,667.04	12/01/2024					
7 PAYEE	(a) Payee name	•	(b) Payee a	ıddress;	City,	State,	Zip Code
	NGPVAN, Inc.	NGPVAN, Inc.		York Ave. NW			
	Washington,						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$69.68	09/02/2024					
PAYEE (a) Payee name (b)		(b) Payee a	ddress;	City,	State,	Zip Code	
	Uncle's Store		2411 US-9	90			
			Alpine, TX	( 79830			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top		Fuel expenses				
X Political	Transportation Equipr Expense	Heni Anu Reialeu					
Non-Political	— <u> </u>	of Texas. Complete Schedule T.	Ī	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$41.58	08/25/2024					
PAYEE	(a) Payee name	I .	(b) Payee a	iddress;	City,	State,	Zip Code
			104 Babco	ock Rd			
	El Maizal		Suite 101				
			San Antor	nio, TX 78201			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Meeting to	discuss officeh	nolder issues		
X Political	. Soar Doverage Exper						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	office sought Office held				

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete tl	his form.		,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 4/12 Rpt: 87/95	Gutierrez, Rolando	(The Honorable)			00062485		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$45.00	08/24/2024					
7	PAYEE	San Telmo Argentian			address; Pherson Rd #8	City,	State,	Zip Code
	Laredo, TX 78045							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript				
		Food/Beverage Expense			o discuss officeh	iolder issues		
	X Political	ical						
			Check if Austin, TX,	officeholder living exp	ense			
	9 Complete ONLY if direct Candidate/Officeholder name Offi					Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	Date of Charge (c) Date(s) Credit Card Issue				
		\$150.00	08/22/2024					
	PAYEE (a) Payee name (b) Payee address;			address;	City,	State,	Zip Code	
		Uni'Ko Japanese House		1101	Cantera Terraco nio, TX 78256	Э		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descript Meeting to	tion o discuss officeh	older issues		
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	΄ Γ	Check if Austin, TX,	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$120.00	(b) Date of Charge 08/21/2024	(c) Date(s)	Credit Card Issue	r Paid		
Г	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
l				1400 S C	ongress			
		Perlas Seafood						
l				Austin, TX	〈 78704			
	PURPOSE OF	(a) Category		(b) Descript				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meeting to discuss officeholder issues				
	X Political							
L	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if At				officeholder living exp	ense	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
4								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)	
	Sch: 5/12 Rpt: 88/95	Gutierrez, Rolando	(The Honorable)			00062485			
4	CREDIT CARD ISSUER	1	ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	Paid			
		\$90.87	08/23/2024						
7	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
		Circle K		4340 Ih 35 South					
L			New						
8	PURPOSE OF	(a) Category	of this colored (Is)	(b) Descripti					
	EXPENDITURE	(See Categories listed at the top Transportation Equipr		Fuel exper	nses				
	X Political	Expense							
	Non-Political	Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of			officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH			•					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
		\$179.01	09/07/2024						
r	PAYEE (a) Payee name (b) Payee ac		ddress;	City,	State,	Zip Code			
		Paesano's		3622 Paes	anos Pkwy				
				San Anton	io, TX 78231				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	· ·	(b) Description  Meeting to discuss officeholder issues					
	X Political	Food/Beverage Expe	nse						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
		\$76.68	09/07/2024						
r	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
		Oinele IVICen Anten		3939 CALI	_AGHAN RD				
		Circle K/San Antoni	10						
L					io, TX 78228				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti					
	_	Transportation Equipr	*	Fuel expenses					
1	X Political	Expense							
L	Non-Political	\(\frac{1}{2}\)	(c) Check if travel outside of Texas. Complete Schedule T.						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Carididate/Officeriolider/Folitica	· · · · · · · · · · · · · · · · · · ·	ruction Guide explains how	to complete		TTIEN (enter a catego	ily flot ilsted a	bove)	
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>			3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 6/12 Rpt: 89/95	Gutierrez, Rolando	(The Honorable)		00062485				
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPE	L OF UNITEMIZED NDITURES GED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(	s) Credit Card Issue	r Paid			
	\$150.00	09/10/2024						
7 PAYEE	(a) Payee name Pappasito's Cantina	a	(b) Payee 10501 I	e address; -10 W	City,	State,	Zip Code	
				tonio, TX 78230				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descr	•	alder iceee			
l <u> </u>	Food/Beverage Expe	•	Meeting	to discuss officeh	loider issues			
X Political								
Non-Political	(c) and the state of the state			Check if Austin, TX,	officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	e sought		Office held				
expenditure to benefit C/OH		T # > = = = = = = = = = = = = = = = = = =	1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(	s) Credit Card Issue	r Paid			
	\$65.00	09/11/2024						
PAYEE	(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code	
	Water Street Oyste	r Bar	309 N V	Vater St				
			Corpus	Christi, TX 78401				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description  Meeting to discuss officeholder issues					
X Political	Food/Beverage Expe	nse	Wooding	, to dicodes since	iolael ledaee			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(	s) Credit Card Issue	r Paid			
	\$89.60	09/11/2024						
PAYEE	(a) Payee name	1	(b) Paye	e address;	City,	State,	Zip Code	
			10537 N	N, TX-359				
	Shell Service Statio	on						
			Mathis ,	TX 78368				
PURPOSE OF	(a) Category	of this cohodule)	(b) Descr	•				
EXPENDITURE 	(See Categories listed at the top  Transportation Equipr	,	Fuel exp	pense				
X Political	Expense							
Non-Political	(c) Check if travel outside	c) Check if travel outside of Texas. Complete Schedule T. Check if Aus						
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Insti	ruction Guide explains how	to complete t	his form.				
2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Gutierrez, Rolando	(The Honorable)			00062485			
		EXPEN	DITURES	\$			
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
\$76.02	09/14/2024						
(a) Payee name				City,	State,	Zip Code	
QuikTrip		310 San	Peulo Ave				
	of this cohodula)	(b) Description					
Transportation Equipr		Fuel expe	ense				
_ <del>_</del>			_				
\(\frac{1}{2}\)	<u> </u>	o oought	Check if Austin, TX,		pense		
Candidate/Oniceriolder	name Onic	e sougni		Office field			
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
\$47.00	09/14/2024						
(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code	
JW Marriott Austin		110 E. 2r	nd Street				
		Austin, T	X 78701				
(a) Category		(b) Description					
		Meeting t	o discuss officeh	older issues			
(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	pense		
Candidate/Officeholder	name Offic	e sought		Office held			
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
\$35.00	09/14/2024						
(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code	
		110 E. 2r	nd Street				
JW Marriott Austin							
(a) Category	of this schodulo)	1 ` ' '					
1 `	,	Meeting t	o discuss officer	iolder issues			
`	<u> </u>		Check if Austin, TX,		oense		
Complete ONLY if direct							
	2 FILER NAME Gutierrez, Rolando Name of final see pl  (a) Amount Charged \$76.02  (a) Payee name QuikTrip  (a) Category (See Categories listed at the top Transportation Equipr Expense (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$47.00  (a) Payee name JW Marriott Austin  (a) Category (See Categories listed at the top Food/Beverage Expel  (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$35.00  (a) Payee name JW Marriott Austin  (a) Category (See Categories listed at the top Food/Beverage Expel  (b) Check if travel outside  Candidate/Officeholder  (c) Check if travel outside  Candidate/Officeholder  (a) Category (See Categories listed at the top Food/Beverage Expel  (c) Check if travel outside	Cutierrez, Rolando (The Honorable)  Name of financial institution see previous  (a) Amount Charged \$76.02  (b) Date of Charge 99/14/2024  (a) Payee name QuikTrip  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office  (a) Amount Charged \$47.00  (b) Date of Charge \$47.00  (c) Payee name JW Marriott Austin  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office  (a) Amount Charged \$35.00  (b) Date of Charge 99/14/2024  (a) Payee name JW Marriott Austin  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Date of Charge 99/14/2024  (c) Payee name JW Marriott Austin	See previous	Gutierrez, Rolando (The Honorable)  Name of financial institution see previous  (a) Amount Charged (b) Date of Charge \$76.02  (a) Payee name QuikTrip  (a) Category  (a) Category  (b) Payee address; 310 San Pedro Ave  QuikTrip  San Antonio, TX 78212  (b) Description  Fuel expense  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  (b) Payee address; 310 San Pedro Ave  San Antonio, TX 78212  (b) Description  Fuel expense  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue  \$47.00  (b) Payee address; 110 E. 2nd Street  Austin, TX 78701  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  (a) Category  (b) Description  Meeting to discuss officef  Check if austin, TX.  Candidate/Officeholder name  Office sought  (c) Date(s) Credit Card Issue  (d) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue  \$35.00  09/14/2024  (a) Payee name  JW Marriott Austin  (b) Payee address; 110 E. 2nd Street  Austin, TX.  Candidate/Officeholder name  Office sought  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issue  \$35.00  09/14/2024  (b) Payee address; 110 E. 2nd Street  Austin, TX.  Austin, TX.  Austin, TX. 78701  (a) Category  (b) Payee address; 110 E. 2nd Street  Austin, TX. 78701  (d) Category  (d) Description  Meeting to discuss officef  Check if Austin, TX.	2 FILER NAME Gutierrez, Rolando (The Honorable)  Name of financial institution see previous  See previous  (a) Amount Charged \$76.02  (b) Date of Charge \$76.02  (c) Date(s) Credit Card Issuer Paid  (a) Payee name QuikTrip  (a) Category (see Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Date of Charge (c) Description Fuel expense  (c) Candidate/Officeholder name  (b) Date of Charge San Antonio, TX 78212  (b) Description Fuel expense  (c) Check if avael outside of Texas. Complete Schedule T.  Candidate/Officeholder name  (b) Payee address; City, 110 E. 2nd Street  Austin, TX 78701  (a) Category (see Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Payee address; City, 110 E. 2nd Street  Austin, TX 78701  (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Date of Charge San Antonio, TX 78212  (b) Description Fuel expense  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Office sought  Office held  (d) Amount Charged San Antonio, TX 78701  (e) Description Meeting to discuss officeholder issues  (f) Description Meeting to discuss officeholder issues  Office held  (a) Amount Charged San Antonio, TX 78701  (b) Description Meeting to discuss officeholder issues  City, 110 E. 2nd Street  JW Marriott Austin  Austin, TX 78701  (a) Payee name JW Marriott Austin  (b) Payee address; City, 110 E. 2nd Street  (c) Date(s) Credit Card Issuer Paid  (d) Payee name JW Marriott Austin  Austin, TX 78701  (e) Description Meeting to discuss officeholder issues  (f) Description Meeting to discuss officeholder issues	2 FILER NAME Gutierrez, Rolando (The Honorable)  Name of financial institution see previous  Name of financial institution see previous  See previous  (a) Amount Charged \$76.02  (b) Date of Charge QuikTrip  (a) Payee name QuikTrip  (b) Payee address; San Antonio, TX 78212  (c) Date(s) Credit Card Issuer Paid  (d) Payee name QuikTrip  (e) Payee address; San Antonio, TX 78212  (e) Description Fuel expense  (f) Description Fuel expense  (g) Check if ravel outside of Texas. Complete Schedule) T. Candidate/Officeholder name Office Sought  (g) Payee address; Site of Austin, TX, officeholder living expense  (h) Description Fuel expense  (h) Payee address; Site of Austin, TX, officeholder living expense  (h) Description Fuel expense  (h) Description Fuel expense  (h) Payee address; Site of Austin, TX, officeholder living expense  (h) Payee address; Site of Austin, TX, officeholder living expense  (h) Payee address; Site of Site	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)			
Sch: 8/12 Rpt: 91/95	Gutierrez, Rolando	(The Honorable)		00062485					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$439.11	09/15/2024							
7 PAYEE	(a) Payee name Fairmont Austin		(b) Payee address; 101 Red River St	City,	State,	Zip Code			
	Fairmont Austin								
	( ) 2		Austin, TX 78701						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
	Travel In District	,	Lodging						
X Political									
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.		, officeholder living exp	ense				
9 Complete ONLY if direct	e sought	Office held							
expenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a) Gradit Card Issue	u Daid					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Palu					
	\$70.87	09/28/2024							
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	QuikTrip		310 San Pedro Ave						
			San Antonio, TX 78212						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Transportation Equipr		Fuel expense						
X Political	Expense	Hent And Related							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$111.01	09/30/2024							
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code			
			1611 W 5th St						
	Sushi Zushi								
			Austin, TX 78703						
PURPOSE OF	(a) Category	of this cohodule)	(b) Description						
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper	*	Meeting to discuss office	holder issues					
X Political		ood/Beverage Expense							
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				ense				
Complete ONLY if direct									
expenditure to benefit C/OH									

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Candidate/Officeholder/Politica	· ·			THER (enter a category	not listed at	oove)	
		ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 9/12 Rpt: 92/95	Gutierrez, Rolando	(The Honorable)		00062485			
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	\$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$1,000.00	10/03/2024					
	Ψ1,000.00	10/03/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1324 E Madison	- 3,	,		
	Morgan LaMantia C	Campaign	102 i 2 maaioon				
			Brownsville, TX 78520				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Campaign contribution				
X Political	Contributions/Donations Made By Candidate/Officeholder/Political Committee						
Non-Political				<b></b>			
(c) distant attended at total complete contents in			Office held	ense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onice	e sought	Office field			
· .	(a) Amazumt Channad	(h) Data of Charge	(a) Data(a) Cradit Card Issue	. Daid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	i Palu			
	\$150.00	10/07/2024					
BAYES							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Sabor Cocinabar		4331 McCullough Ave				
			Can Antonia TV 70212				
	(-) O-t		San Antonio, TX 78212				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Food/Beverage Expe		Meeting to discuss officeholder issues				
X Political							
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$530.00	10/11/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	David Otavilla	0.0.311	15900 La Cantera Pkwy				
	Perry's Steakhouse	& Grille					
			San Antonio, TX 78256				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meeting to discuss officeh	older issues			
X Political	. Joan Dovorago Exper						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH							

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	is form.	(• •	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
Sch: 10/12 Rpt: 93/95	Gutierrez, Rolando	(The Honorable)			00062485		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$124.00	10/11/2024					
7 PAYEE	(a) Payee name		(b) Payee address; City,			State,	Zip Code
	CBD Provisions		1530 Main	St			
			Dallas, TX	75201			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of this schedule)  Meeting to discuss officeho			older issues			
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$44.38	10/11/2024					
PAYEE	(a) Payee name	•	(b) Payee ac	ddress;	City,	State,	Zip Code
	The Adolphus		1321 Com	merce St			
	The Adolphus		Dallas TV	75202			
PURPOSE OF	(a) Category		Dallas, TX (b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Meeting to discuss officeholder issues				
X Political	Food/Beverage Expe	nse	Weeting to discuss officeriolder issues				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$1,579.20	10/13/2024					
PAYEE	(a) Payee name	I	(b) Payee ac	ddress;	City,	State,	Zip Code
	The Mestin Deller	D	1220 Elm 5	St			
	The Westin Dallas	Downtown					
			Dallas, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	on			
X Political	Travel Out of District	· · · · · · · · · · · · · · · · · · ·	Lodging				
Non-Political	(2) 🗆 (1)	, <del>,</del>		7	<i>"</i>		
	(1)	of Texas. Complete Schedule T.	e conapt	Check if Austin, TX,	officeholder living exp	ense	
expenditure to benefit C/OH	5						
S. portaitare to benefit 0/011	l						

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica	•	ruction Guide explains how	to complete		TTIEN (enter a categor	y not listed a	bove)
1 Total pages Schedule F4:		·	•		3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 11/12 Rpt: 94/95	Gutierrez, Rolando	(The Honorable)			00062485		•
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$78.90	10/11/2024					
7 PAYEE	(a) Payee name  Buc-ee's		(b) Payee 2760 I-35	5	City,	State,	Zip Code
				unfels, TX 78130			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Political	Transportation Equipr	Fransportation Equipment And Related Expense					
Non-Political	<del>─</del>	of Texas. Complete Schedule T.	ı	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	\$75.00	10/13/2024					
PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code
	Bistro 31		87 Highla	and Park			
			Dallas, T	X 75205			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top  Transportation Equipr		Fuel exp	enses			
X Political	Expense	Hent And Neiated					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
	\$182.41	10/12/2024					
PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code
			25 Highla	and Park Village			
	The Honor Bar						
			Dallas, T	X 75205			
PURPOSE OF	(a) Category (See Categories listed at the top		(b) Descrip				
EXPENDITURE 	Food/Beverage Expe	,	Meeting t	to discuss officeh	older issues		
X Political		Toda Botorago Espondo					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	r - Gift/Award	erage Expense s/Memorials Expense ices	Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
		The Inst	ruction Guide explains h	now to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Sch: 12/12 Rpt: 95/95	Gutierrez, Rolando	(The Honorable)		00062485		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid		
		\$1,025.00	10/14/2024				
7	PAYEE	(a) Payee name (b) Payee address;			City, State, Zip Code		
		CM Financial		P.O. Box 78143			
		GM Financial					
				Phoenix, AZ 85062			
8 PURPOSE OF (a) Category (b) Description  EXPENDITURE (See Categories listed at the top of this schedule)  Campaign vehic							
	EXPENDITURE	Transportation Equip	,	Campaign vehicle			
	x Political	Expense					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
e	xpenditure to benefit C/OH						