CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	plete this form.	1 Filer ID (Ethics C	ommission Filers)	2 Total pages fil	ed: 19
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		A	OFFICE	USE ONLY
NAME	NICKNAME G	LAST		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	1	ity; state;	ZIP CODE	ECHO CITY SE JUL H 720 AH	ते गामस केर-एक
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHON (956) 257-46	IE NUMBER	EXTENSION		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	NICKNAME	KOSC.		SUFFIX	Date Processed	
	Delac	WIA GUL	Prez		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BO	X PLEASE); APT / SUI	ITE#; CITY;		STATE;	ZIP CODE
(Residence or Business)	1504 Lym	St.	larca	6	TX. 7	80/3
8 CAMPAIGN TREASURER PHONE	(95%) 744-7	P991	EXTENSIO	ON		
9 REPORT TYPE	January 15	30th day before ele			15th day aft treasurer ap (Officeholder	
	July 15	8th day before elect	uon	eded Modified orting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month Day	/2024	THROUGH	Month OG		24
11 ELECTION	ELECTION DATE	Primary	Runoff	ELECTION TYPE Other		
	Month Day Year 11 / 05 / 2029		Special	Description		
12 OFFICE	OFFICE HELD (If any) City (Wincilmon)	Dist.V	13 OFFICE S	OUGHT (if known))	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLIT THE CANDIDATE / OFFICEHOLDER. CONSENT. CANDIDATES AND OFFICE	THESE EXPENDITURES A	MAY HAVE BEEN MADE W	THOUT THE CAND	IDATE'S OR OFFICEHOLD	DER'S KNOWLEDGE OR
,	COMMITTEE TYPE COMMIT	TEE NAME		×		
Additional Pages	GENERAL	TEE ADDRESS				
	SPECIFIC COMMIT	TEE CAMPAIGN TREAS	SURER NAME			
	СОММІТ	TEE CAMPAIGN TREA	ASURER ADDRESS			
		GO TO P	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS (OTHER TH GUARANTEES OF LOANS, OR E ELECTRONICALLY)	AN \$		
	2. TOTAL POLITICAL CO	ONTRIBUTIONS S, LOANS, OR GUARANTEES OF LOAN	s) \$48750.		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	DLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EX	(PENDITURES	\$ 13,934.70		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON OF REPORTING PERIOR	TRIBUTIONS MAINTAINED AS OF THE L D	* 13, 434. ** ** 93, 820. ** ** 93, 820. **		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO LAST DAY OF THE REP	UNT OF ALL OUTSTANDING LOANS AS ORTING PERIOD	_ 		
	ear, or affirm, under penalty of pe		rue and correct and includes all information		
100	and to be reported by the under the	c 15, Election Gode.			
		- Sta			
		Signature of	Candidate or Officeholder		
Please complete either option below:					
	. 10000				
(1) Affidavit					
NOTARY STAMP/SEAL		54			
Sworn to and subscribed	pefore me by	this th	e day of,		
20, to certify	hich, witness my hand and seal of of	TICE.			
Signature of officer administer	ng oath Printed nam	e of officer administering oath	Title of officer administering oath		
		OR			
(2) Unsworn Declaration	n				
My name is Puber	GutilWez, J	Y, and my date of birth	is 7/13/70		
	daho	1aredo.	7x . 78641.		
Wy address is		***			
Executed in Web.	(street)	(city)	(state) (zip code) (country)		
Executed in	County, State of Tel	cas, on the a day of Ju	20 <u>24</u> . (vear)		
		Signature of Can	didate/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 48,750
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8702.15
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$13,934.70
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

, and a second s					
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME Cutierret Jr.	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 1-10-24 Contributor address; City; State; Zip Code 1409 Clanward lands Tx 73045	7 Amount of contribution (\$)				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)				
Date Full name of contributor Out-of-state PAC (ID#:) Palafax Hospitality, LTD (OBA) la Posada 1215-23 Contributor address; City; State; Zip Code	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) TX. 78010 Employer (See Instructions)	\$ 1,000,00 ions)				
	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)				
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$ 1,500. a)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED				

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ruben Gutierrez Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 4-22-24	5 Full name of contributor out-of-state PAC (ID#:) TOPS ite Civil Crasp LCC. 6 Contributor address; H2Ne; State; Zip Code	7 Amount of contribution (\$)
	Uf 62 Mopherson lardo Tx. 78041	\$2,000.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date U-28-34	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
70.01	Contributor address; City; State; Zip Code PO Mox 45/130 Orock TX. 784/1	\$2,500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
4-29-24	Contributor address; City; State; Zip Code (2721 Morpherson #350 loreds, TX. 78041	#2000
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	\$2,500.00 ions)
Date 4-29-24	Full name of contributor out-of-state PAC (ID#:) Michael A Marus & II Dense le D Maras Contributor address; City; State; Zip Code	Amount of contribution (\$)
	312 ple lovise of lards TX. 78011	\$ 1,000.60
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ruben Gutierrez Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) C. Salmas Enternises LC. 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
4-12-24 P.O. Box 1025 Corodo TX. 78044	\$1,000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions) ¹
Date Full name of contributor Gustof-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code P.O. Box 45 to 50 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$2500.60
2 Impleyer (ess included	
Date Full name of contributor Out-of-state PAC (ID#:) Viviana Frank Contributor address; City; State; Zip Code	Amount of contribution (\$)
1503 Hogan 14 larods TX. 78015	\$1,250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) 4-23-24 July Felina Fergusm Jn	Amount of contribution (\$)
Contributor address; City; State; Zip Code 8407 Crawn Word Weds, Tx. 78015	\$1,500.00
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
	N. C.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ruben Crutierret Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Swiden Callegos 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
9 Employer (See Instructions)	\$ 1,500.00
3 Employer (Goo meradicily)	
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
4-8:24 311 Huntington, Place Sas Antonio Tx. 78231	\$ 2500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributorout-of-state PAC (ID#:) Roberto Trevino Pri stilla Trevino Contributor address; City; State; Zip Code	Amount of contribution (\$)
4-12-24 1422 Wingfut Jarcelo TX. 78015	\$2,500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
4-16-24 120 Devenshire lando Tx. 78041	\$2500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME Ruben Gutierrez Jr.	3 Filer ID (Ethics Commission Filers)		
5 Full name of contributorout-of-state PAC (ID#:	7 Amount of contribution (\$)		
4-22-24 410 Krussroads largels TX. 78045			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)		
Date Full name of contributor out-of-state PAC (ID#: Lussell + Christina Cerda Contributor address; City; State; Zip Code	Amount of contribution (\$)		
4-29-24 3339 Tiger at. (weds Tx. 780/5	\$500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)		
Date Full name of contributor Out-of-state PAC (ID#:	Al amount of contained (c)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	1 500 6 uctions)		
Date Full name of contributor Out-of-state PAC (ID#:			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$ \$300.00 guctions)		
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDER

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ruben Gutierrez Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Acturo Dominguez	
11 M 01/	6 Contributor address; City; State; Zip Code	# 0 ~ ~
9-91-74	pation / Job title (See Instructions) 9 Employer (See Instructions)	\$250.00
8 Principal occu	pation 7 300 title (See Instructions)	uons)
Date	Full name of contributor	Amount of contribution (\$)
	Viator M. Vas Deux Jr.	Amount of continuution (4)
	Contributor address; City; State; Zip Code	
4-30-24	361 Pake Kariba lando Tx. 78011	\$2500.00
Principal occup	action / Job title (See Instructions) Employer (See Instructions)	Ah Cyl
Date	Full name of contributor	Amount of contribution (\$)
	Pinnaale Mines Investments LLC	
,	Contributor address; City; State; Zip Code	
5-1-24	182 Stoble Rd. lardo TX. 78015	\$2,500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State: Zip Code	
- 0 - 1		# 0 -
5-3-24	2009 Dines Dr. Laredo TX. 78015	\$2,500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	uons)
*		

ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Ruben Gutierrez Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
5-7-24	P.O. Bix 452505 Words, TX. 78045	\$2500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	
Date	Full name of contributor out-of-state PAC (ID#:) PACE Son chet Contributor address; City; State; Zip Code	Amount of contribution (\$)
5-2-24	8509 Crownwood Dr. Grado Tx. 78045	\$2500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:) L'Ilan Development LTO Contributor address; City; State; Zip Code	Amount of contribution (\$)
4-31-24	P.O. Bax 499 / Mach TX 780/2	\$2500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	TO Y
Date	Full name of contributor out-of-state PAC (ID#:) Lither Frirova Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	515 CWS Bryld, larcab Tx. 7841 Tation / Job title (See Instructions) Employer (See Instructions)	\$250, 0
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME Ruben Curierez Jr.			3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 8,702.15	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ntor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	- 10 10		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	eupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		W		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Accounting/Banking Consulting Expense	Fees Food/Reverage Expense	Office Overhead/Rental Expense	Travel la District	
Contributions/Donations Made B	onations Made By Gift/Awards/Memorials Expense Printing Expense		Travel In District Travel Out Of District	
Candidate/Officeholder:/Politica Credit Card Payment	al Committee Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor how to complete this form.	Other(entera category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME / /	·	3 Filer ID (Ethics Commission Filers)	
8		iorrez Ir.	,	
4 Date	5 Payge name			
1-24-24	lamar Advertising			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
		7		
\$1,500.00	5543 Tx.359	lorado	TX. 78013	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description		
PURPOSE				
OF EXPENDITURE	Advertising	(Bus sheds)		
	1740 W (1311)			
	(C) Check if travel outside of Texas. Complete Sch		n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		**************************************	
	0 1/1 0.			
1-30-24	Pattys Jigns			
Amount (\$)	Payee address;	City;	State; Zip Code	
U		,		
\$ 20 10	3008 Tobil	Larado	TX 780/10	
ų:/·U.W	Category (See Categories listed at the top of this sch	nedule) Description	11. 10090	
BUDD005	Category (occ categories) instea at the top of this ser	Besonption		
PURPOSE OF	0.1. 1-10	0.1		
EXPENDITURE	My Expense	Signs		
	Check if travel outside of Tiexas. Complete Sch	edule T. Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	ı			
Date	Payeename			
Date	Tayounanio			
2-1-24	SMI			
Amount (\$)	Payee address;	City;	State; Zip Code	
	. 1,00 111.000,	,	2.p 2242	
H 4800.00	P.O.Bax 1995	lando	TX. 7804	
4900.00		(OV COS	11. 1097	
2112222	Category (See Categories listed at the top of this sch	edule) Description		
PURPOSE OF	~ 1 1 1 /0 1.1.1			
EXPENDITURE	Soliaitation / Contribution			
	Check if travel outside of Tiexas. Complete Scho	edule T. Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH		-		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Boverage Expense
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholden/Politica Credit Card Payment	al Committee Legal Services Salaries \(\)	Wages/Contract Labor	Other (enter a category notlisted above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ruben Crutier	rez Jr.	3 Filer ID (Ethics Commission Filers)
2-5-24	Payee name Alfonso Solis		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 1105.00		larado	Tx. 78016
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officendider living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2-12-24	SMW		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 750.00	Po Bar 1995	larcelo	TX. 78044
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	0 1 1 1		
EXPENDITURE	Contilution	Sponsor	
	Check if travel outside of Texas, Complete Schedule T.		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
,	_		
2.14.24	SMW		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,150, W	Po Bex 1775	lando	Tx 780/4
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	Evert Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholden/Politic Credit Card Payment	, , , , , , , , , , , , , , , , , , , ,	Expense Wages/ContractLabor complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		<u> </u>	3 Filer ID (Ethics Commission Filers)
4 Date 3-21-24	5 Payee name Rochelle luna		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 100.00	106 mgshadae	larcalo	TX. 7841
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Danatran		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check i Austin	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
344-19-24	G+G promotion's		
Amount (\$)	Payee address:	City;	State; Zip Code
\$1,000.00	6402 n. Bartlett	larcolo	TX 78041
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Con N' 1107100	Charlet A value	TV -65-shalles living suppose
Complete Ohli V if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Comptete ONLY if direct expenditure to benefit C/Of			
Date	Payee name		
4-19-24	Jesus GARZA		
Amount (\$)	Payee address;	City;	State; Zip Code
\$425.00	709 Calton Rd.	larcelo	Tx. 7804
DUDDG 5	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advotising Expense	His chambe	·
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Cit/Awards/Momorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officenoiden Pomical Committee Legal Services Salanes/Wanes/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) 7 Payee address; City; Zip Code State: 3019 Calle Piedra (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EXPENDITURE Check it travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office hald 2 Complete ONLY # discot expenditure to benefit C/OH Pavee name Date City: State: Zip Code TŁ. PURPOSE **EXPENDITURE** el outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Fayee Haine Traine 1-11-24 Zip Code State: \$ 98.35 Description the top of this schedule) PURPOSE OF Talunda at Invae Complete School T Cheat F. Austin, TV . Winshalder hilling toppeds Candidate / Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officerooks/Portical Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Sataries/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B	· · · · · · · · · · · · · · · · · · ·	Expense sWages/ContractLabor	Other (entera cate)	ict pary notlisted above)
Credit Card Payment	The Instruction Guide explains how to	-	Obioi (critis à care)	
Total pages Schedule F1:	2 FILER NAME Luber Cutie	rez Ir.	3 Filer ID (Ethic	cs Commission Filers)
1-16-24	5 Payee name Dr. Zkis			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$149.09	4200 IH-35	lorcok	710.	78011
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertisany Expense	Mill Tie		
	(c) Check if travel outside of Texas. Complete Schedule T.		in, TX, officehalder livir	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1-25-24	Home Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$71.47	5710 San Bernardo	laredo	TA	7804
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	(Tie Wigns,	Fastners	
	Checkif traveloutside of Texas, Complete Schedule T.		in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
220.24	HEB			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 107.22	210 W. Dalmar	laredo	TX	734
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food Baxeroge Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B	Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printin	ransportation Equipment & Related Expense Travel In District Expense Travel Out Of District			
Candidate/Officeholder/Politica Credit Card Payment		es/Wages/Contract Labor	Other (enter a category not listed above)		
4 7-1-1 0-1-1-1-1-1	The Instruction Guide explains how	to complete this form.	2 Files ID (Fabine Commission Files		
1 Total pages Schedule F1:		errez Jr.	3 Filer ID (Ethics Commission Filer	'S)	
3-18-24	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$ 200.37	1309 Junction	londo	TX. 780/1		
8	(a) Category (See Categories listed at the top of this schedule) (b) Description		1	
PURPOSE OF		1			
EXPENDITURE	Fund Beverage Explose				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check # Austi	in, TX officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5-31-24	Edvardos				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$153.42	Le 516 Araa Blvd.	larcedo	TX. 78041		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	- 1				
OF EXPENDITURE	Fire Bererge				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 1X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
				_	
Date	Payeename			1	
5-31-24	Best Buy				
Amount (\$)	Payee address; /	City;	State; Zip Code		
\$ 1838.10	7905 SANDARID	larcolo	TX. BUS		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		11			
EXPENDITURE	OFFile Experse	Contons			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Advertising Expense Accounting/Banking

Fees

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholds/Pulfical Committee		Fund developers e Polling Expense Printing Expense Legal Services Satzries/Wages/Contract Labor			Travel in District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	_	Suide explain		mplete this form.	Other (enter a	categor	ynotiisted above)	
1 Total pages Schedule F1:	2 FILER N		1	Perrez	Tr	3 Filer ID	Ethics	Commission Filers)
4 Date 6-24-24	5 Payeena	me / ./.	Pest			*		
6 Amount (\$)	7 Payee a	ddress;			City;	Stat	e;	Zip Code
\$252.50	33/1	E Del1	a St	e101	lardo	TX	•	78041
8	(a) Categor	y (See Categories listed	at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Ford 1	poverage []	perse	1.7 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0				
	(c)	Check if travel outside of Tr	exes. Complete S	dreduleT.	Check if Au	stin, TX, officeholde	r living i	expanisa
9 Camplete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder n	ame		Office sought		(Office held
Date	Payee na	ıme	Nilla		1	<u> </u>		
6624	Aco	den						
Amount (\$)	Payee a	idress; /			City;	Stat	e;	Zip Code
\$234.73	1082	Internet	tonal		larado	T	۲.	78015
	Category	(See Categories listed a	it the top of this a	chedule)	Description			
PURPOSE OF EXPENDITURE	Evert	Expense		200 200 64 94470;	(2Terts)			
				Check if Au	Check if Austin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/Oi		ate / Officeholder n	ame		Office sought		C	Office held
Date	Payee n	ame						
6.3-24	SUA	er mests						
Amount (\$)	Payee a	ktress;			City;	State	e;	Zip Code
\$ 309.00	4800	Mopherson	h		larch	To	r	7304
Bubbass	Category	(See Categories listed a	t the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Food L	Being Ex	Perse	The second secon				
		Check if travel outside of To	exas. Complete Sc	thedule T.	Check if Aus	itin, TX, officeholde	r living e	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder i	name		Office sought			Office held
	ΔТ	TACH ADDITIONA	U COPIES	OF THIS S	CHEDULE AS NE	EDEB	l lab	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made B	y(Gift/Awards/Memorials Expense	Polling Expe Printing Expe	ense	Travel In District Travel Out Of Distric	
Candidate/Officeholder/Politica Credit Card Payment	al Committee L	egal Services		jes/Contract Labor	Other (enter a categ	ory not listed above)
	1	The Instruction Guide expl	ains how to cor	mplete this form.	p	
1 Total pages Schedule F1:	2 FILER NAM	Ruben Gu	there	7 Tr.	3 Filer ID (Ethic	s Commission Filers)
4 Date 6-3-24	5 Payee nam	" laves				
6 Amount (\$)	7 Payee add	ress;		City,	State;	Zip Code
\$119.05	Color	23 SANDAR	b	larado	TX.	7801
8	(a) Category	See Categories listed at the top of the	his schedule)	(b) Description		
PURPOSE OF		_		/ 1		
EXPENDITURE	Event	Experse		Frais!		
	(c) a	neck if travel outside of Texas. Complete	e Schedule T.	Check # Austi	n, TX officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Oกีiceholder name		Office sought		Office held
Date	Payee nam	е				
Amount (\$)	Payee addr	ress:		City;	State;	Zip Code
, (¢)	, ayou add.	333,		213/1	•	
	Category (8	See Categories iisted at the top of thi	s schedule)	Description		HINI-
PURPOSE			-			
OF EXPENDITURE						
	Cr	neck if travel outside of Tiexas. Complete	e Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate	e / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	ł					
Date	Payee nam	ie				
Date	,	-				
						45.00
Amount (\$)	Payee addr	ress:		City:	State	Zip Code
	(letera			Description		
DUEDOCE	valegory (8	iee Categories listed at the top of thi	s surredure)	Description		
PURPOSE OF						
EXPENDITURE						
-	Cir	eck il travel outside of Texas. Complete	Schedule i.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct		e / Officeholder name		Office sought		Office held
Tiperining in the control of the	-					
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