

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>19</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Ruben</b> MI: <b>A.</b> NICKNAME: LAST: <b>Gutierrez</b> SUFFIX: <b>Jr.</b>	<b>OFFICE USE ONLY</b>	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>210 Idaho St. Laredo TX. 78041</b>	Date Received	
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 257-4279</b>	Date Hand-delivered or Date Postmarked	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>Ms.</b> FIRST: <b>Rosa</b> MI: NICKNAME: LAST: <b>De la Garza Gutierrez</b> SUFFIX:	Receipt #	Amount \$
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1504 Lym St. Laredo TX. 78043</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(956) 744-7971</b>		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>01 / 01 / 2024    THROUGH    06 / 30 / 2024</b>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year <b>11 / 05 / 2024</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <b>City Councilman Dist. IV</b>	<b>13</b> OFFICE SOUGHT (if known)	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO 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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 48,750. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,934. <sup>70</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 93,820. <sup>89</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Ruben Guierrez, Jr., and my date of birth is 7/13/76.  
 My address is 210 Alamo, Laredo, TX, 78041.  
(street) (city) (state) (zip code) (country)  
 Executed in Webb County, State of Texas, on the 9 day of July, 2024.  
(month) (year)

Signature of Candidate/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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 48,750
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8702.15
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,934. <sup>70</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# 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: <b>7</b>
2 FILER NAME <b>Ruben Gutierrez Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-10-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert Judd Gilph</b>	7 Amount of contribution (\$) <b>\$5,000.00</b>
6 Contributor address; City; State; Zip Code <b>1409 Glenwood Laredo TX 78045</b>		
8 Principal occupation / Job title (See Instructions) <b>Engineer</b>		9 Employer (See Instructions)
Date <b>12-15-23</b> <i>rec'd</i> <b>2-27-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Palafax Hospitality, LTD (DBA) La Posada</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>1000 Zaragoza Laredo, TX 78040</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-1-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>IBC State Political Action Committee</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>130 E Travis San Antonio TX 78205</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-25-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alonso Alejandra Arguandegui</b>	Amount of contribution (\$) <b>\$1,500.00</b>
Contributor address; City; State; Zip Code <b>315 Stratford Ln. Laredo TX 78041</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# 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 <i>Ruben Gutierrez Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-22-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TOPSITE Civil Group LLC</i>	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code <i>#2016 6262 Mophersom laredo TX. 78041</i>		<i>\$2,000.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4-29-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>RASAL Khaldi</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>PO Box 451130 laredo TX. 78041</i>		<i>\$2,500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4-29-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donato Ramos Jr.</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>6721 Mophersom #350 laredo, TX. 78041</i>		<i>\$2,500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4-29-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael A Marusko III Danielle D Marusko</i>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <i>312 lake Louise Ct laredo TX. 78041</i>		<i>\$1,000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Ruben Gutierrez Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date  <i>4-12-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>G.G. Salinas Enterprises Co.</i>	7 Amount of contribution (\$)  <i>\$1,000.00</i>
	6 Contributor address; City; State; Zip Code <i>P.O. Box 1025 Laredo TX. 78044</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  <i>4-25-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>East Laredo Home Place, LTD</i>	Amount of contribution (\$)  <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 45050 Laredo, TX. 78045</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  <i>4-25-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Viviana Frank</i>	Amount of contribution (\$)  <i>\$1,250.00</i>
Contributor address; City; State; Zip Code <i>1503 Hogan Ct Laredo TX. 78045</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  <i>4-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe Felina Ferguson Jr.</i>	Amount of contribution (\$)  <i>\$1,500.00</i>
Contributor address; City; State; Zip Code <i>8407 Crownwood Laredo, TX. 78045</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Ruben Gutierrez Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-17-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sheldon Gallegos</i>	7 Amount of contribution (\$) <i>\$1,500.00</i>
6 Contributor address; City; State; Zip Code <i>11204 Mopherson #115 Laredo, TX. 78045</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4-8-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert P. Gutierrez</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>311 Huntington, Place San Antonio TX. 78231</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4-12-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roberto Trevino Priscilla Trevino</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>1422 Wingfoot Laredo TX. 78045</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4-16-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul Valdez</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>180 Devonshire Laredo TX. 78041</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Ruben Gutierrez Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-22-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve/Inda Lamantia</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>410 Crossroads Laredo TX 78045</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Russell + Christina Corda</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>3339 Tiger Ct. Laredo TX 78045</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4-29-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SUAN CRUZ</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>1506 Nelson Ct. Laredo TX 78045</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4-29-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Seed Braun Resurrection Acct.</i>	Amount of contribution (\$) <i><del>\$500.00</del> 500.00</i>
Contributor address; City; State; Zip Code <i>10e Elkington Laredo, TX 78041</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Ruben Gutierrez Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-29-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arturo Dominguez</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>102 Granada Dr. Laredo TX. 78041</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4-30-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Victor M. Vasquez Jr.</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>301 Lake Kariba Laredo TX. 78041</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>5-1-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pinnacle Mines Investments LLC</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>182 Stable Rd. Laredo TX. 78045</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>5-3-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Douglas G Mardoneal</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Contributor address; City; State; Zip Code <i>2909 Jones Dr. Laredo TX. 78045</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# 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 <i>Ruben Gutierrez Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5-7-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ermeni Development LLC.</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 452505 Laredo, TX. 78045</i>	7 Amount of contribution (\$) <i>\$2,500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>5-2-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gerardo Sanchez</i> Contributor address; City; State; Zip Code <i>8509 Crownwood Dr. Laredo TX. 78045</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4-30-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Killam Development LTD</i> Contributor address; City; State; Zip Code <i>P.O. Box 499 Laredo TX. 78042</i>	Amount of contribution (\$) <i>\$2,500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>1-27-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esther Firova</i> Contributor address; City; State; Zip Code <i>545 Cans Bay Rd. Laredo TX. 78041</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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# 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: <span style="font-size: 2em;">1</span>	
2 FILER NAME <span style="font-size: 1.5em;">Ruben Gutierrez Jr.</span>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <span style="font-size: 1.5em;">8,702.15</span>	
5 Date <span style="font-size: 1.5em;">6-30-24</span>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Laredo Fire P.A.C.</span>	8 Amount of Contribution \$ <span style="font-size: 1.5em;">\$8,702.15</span>	9 In-kind contribution description <span style="font-size: 1.5em;">Food, Signs, T Posts labor</span>
7 Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">5219 Tesoro Plaza Laredo TX. 7804</span>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

  

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor'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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/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: <b>8</b>	2 FILER NAME <b>Ruben Gutierrez Jr.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1-24-24</b>	5 Payee name <b>Lamar Advertising</b>
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6 Amount (\$) <b>\$1,500.00</b>	7 Payee address; <b>5543 TX.359</b>	City; <b>Laredo</b>	State; <b>TX.</b>	Zip Code <b>78043</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>(Bus shed's)</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-30-24</b>	Payee name <b>Patly's Signs</b>
---------------------	---------------------------------

Amount (\$) <b>\$20.00</b>	Payee address; <b>3008 Trinity</b>	City; <b>Laredo</b>	State; <b>TX</b>	Zip Code <b>78046</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-1-24</b>	Payee name <b>SMW</b>
--------------------	-----------------------

Amount (\$) <b>\$4800.00</b>	Payee address; <b>P.O. Box 1795</b>	City; <b>Laredo</b>	State; <b>TX.</b>	Zip Code <b>78044</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation/Contribution</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category notlisted above)   |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Ruben Gutierrez Jr.</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2-5-24</i>	<b>5</b> Payee name <i>Alfonso Solis</i>	
<b>6</b> Amount (\$) <i>\$1165.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>Laredo TX. 78046</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>2-12-24</i>	Payee name <i>SMW</i>	
Amount (\$) <i>\$750.00</i>	Payee address; City; State; Zip Code <i>PO Box 1795 Laredo TX. 78044</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<i>Contribution</i> <i>Sponsor</i>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>2-14-24</i>	Payee name <i>SMW</i>	
Amount (\$) <i>\$1,150.00</i>	Payee address; City; State; Zip Code <i>PO Box 1795 Laredo TX 78044</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<i>Event Expense</i>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/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 <i>Ruben Gutierrez Jr.</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-21-24</i>	5 Payee name <i>Rochelle Luna</i>
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6 Amount (\$) <i>\$100.00</i>	7 Payee address; <i>106 Inghadaw</i>	City; <i>Laredo</i>	State; <i>TX.</i>	Zip Code <i>78041</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Donation</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-19-24</i>	Payee name <i>G+G promotions</i>
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Amount (\$) <i>\$1,000.00</i>	Payee address; <i>6402 N. Bartlett</i>	City; <i>Laredo</i>	State; <i>TX.</i>	Zip Code <i>78041</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-19-24</i>	Payee name <i>JESUS GARZA</i>
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Amount (\$) <i>\$425.00</i>	Payee address; <i>709 Calton Rd.</i>	City; <i>Laredo</i>	State; <i>TX.</i>	Zip Code <i>78041</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>His Chamber</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officer/Origin Political Committee	Legal Services	Salaries/Wages/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)
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4 Date 4-29-24	5 Payee name Ashley Gutierrez
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6 Amount (\$) \$200.00	7 Payee address: 3019 Calle Piedra	City: Laredo	State: TX	Zip Code 78045
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Contribution to group
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-2-24	Payee name Suarez meats
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Amount (\$) \$391.40	Payee address: 4800 Mapherson	City: Laredo	State: TX	Zip Code 7804
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-11-24	Payee name Border Foundry
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Amount (\$) \$98.35	Payee address: 7718 Mapherson	City: Laredo	State: TX	Zip Code 7804
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food Expense /	Description lunch
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/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 <i>Ruben Gutierrez Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-16-24</i>	5 Payee name <i>Dr. Iki's</i>	
6 Amount (\$) <i>\$149.09</i>	7 Payee address; <i>4200 IH-35</i>	City; State; Zip Code <i>Laredo TX 78041</i>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>(Drill/Tie Wraps)</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1-25-24</i>	Payee name <i>Home Depot</i>	
Amount (\$) <i>\$71.47</i>	Payee address; <i>5710 San Bernardo</i>	City; State; Zip Code <i>Laredo TX 78041</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>(Tie Wraps, Fasteners)</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2-20-24</i>	Payee name <i>HEB</i>	
Amount (\$) <i>\$107.22</i>	Payee address; <i>210 W. Delmar</i>	City; State; Zip Code <i>Laredo TX 78041</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | 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 <i>Ruben Gutierrez Jr.</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3-18-24</i>	5 Payee name <i>Culture</i>
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6 Amount (\$) <i>\$200.37</i>	7 Payee address; City; State; Zip Code <i>1309 Junction Laredo TX. 78041</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-31-24</i>	Payee name <i>Eduardos</i>
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Amount (\$) <i>\$153.42</i>	Payee address; City; State; Zip Code <i>6516 Arona Blvd. Laredo TX. 78041</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5-31-24</i>	Payee name <i>Best Buy</i>
------------------------	-------------------------------

Amount (\$) <i>\$1838.10</i>	Payee address; City; State; Zip Code <i>7905 San David Laredo TX. 78045</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Expense</i>	Description <i>laptops</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/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 <i>Ruben Gutierrez Jr.</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>6-24-24</i>	5 Payee name <i>Stillas Rest</i>
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6 Amount (\$) <i>\$252.50</i>	7 Payee address; <i>3311 E Del Mar Stelld</i>	City; <i>Laredo</i>	State; <i>TX.</i>	Zip Code <i>78041</i>
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-6-24</i>	Payee name <i>Academy</i>
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Amount (\$) <i>\$234.73</i>	Payee address; <i>10820 International</i>	City; <i>Laredo</i>	State; <i>TX.</i>	Zip Code <i>78045</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>(2 Texts)</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>6-3-24</i>	Payee name <i>Suarez Meats</i>
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Amount (\$) <i>\$309.00</i>	Payee address; <i>4800 Mopherson</i>	City; <i>Laredo</i>	State; <i>TX.</i>	Zip Code <i>7804</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Beverage Expense</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# 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/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/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: <i>8</i>	2 FILER NAME <i>Ruben Gutierrez Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-3-24</i>	5 Payee name <i>Laves</i>	
6 Amount (\$) <i>\$119.05</i>	7 Payee address; City, State, Zip Code <i>46623 San David Colorado TX. 7804</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>(Frais)</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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	
Amount (\$)	Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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