# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	Rulen	MI A.	OFFICE	EUSEONLY
	NICKNAME	Cupierre	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	OX; APT / SUITE #; C	CITY; STATE: ZIP CODE	60 017 0F 60 15 21 pa	C OFF 2:54
Change of Address	3/2 /	Bulaire Dr. /	aredo, Tx. 78041		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 257-4219	EXTENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS.	FIRST	MI .	Receipt #  Date Processed	Amount \$
	NICKNAME	e la Garza Gi	suffix	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	21 2	STATE;	ZIP CODE
(Residence or Business)	1504 E	Lyon	Presto	TX	78010
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		70070
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day af treasurer a	
	July 15	8th day before elec	etion Exceeded Modified Reporting Limit		t (Attach C/OH - FR)
10 PERIOD COVERED	Month  12	Day Year 2020	Month THROUGH	Day Year	
11 ELECTION		0.000	10	31. 200	10
TELECTION	Month Day	Year Primary General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any	y Council Dist. 5	13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI	CE OF POLITICAL CONTRIBUTIONS AG	CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CANDI ED TO REPORT THIS INFORMATION ONLY IF TH		
00,1111,722(0)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
		GO ТО Р	PAGE 2		

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	<b>16</b> File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	ewear, or affirm, under penalty of perjury, that the accompanying report is true and c quired to be reported by me under Title 15, Election Code.	orrect and includes all information
		<i>-</i>
	Signature of Candidate	or Officeholder
Notary Public Comm. Expir	Please complete either option below: 130439701	
Notary Public Comm. Expir Notary ID	Rese complete either option below:	
Notary Public Comm. Expir Notary ID  1) Affidavit  NOTARY STAMP/SEAL	Please complete either option below: 130439701  Please complete either option below:	
Notary Public Comm. Expir Notary ID  1) Affidavit  NOTARY STAMP/SEAL	Please complete either option below: 130439701  Please complete either option below:	day of Januany,
Notary Public Comm. Expir Notary ID  1) Affidavit  NOTARY STAMP/SEAL	Please complete either option below: 130439701  Please complete either option below:	_ day of <u>January</u> . -y City Secretary
Notary Public Comm. Expir Notary ID  1) Affidavit  NOTARY STAMP/SEAL Sworn to and subscribed  20, to certify the company is a company in the company in the certification.	before me by Ruben Guberrez, Jr. this the 15 which, witness my hand and seal of office.  Tiffany L Frank in Deputring oath  Printed name of officer administering oath	_ day of January_,  y City Secretary_  Julie of officer administering oath
Notary Public Comm. Expir Notary ID  1) Affidavit  NOTARY STAMP/SEAL Sworn to and subscribed  20, to certify or the company in the co	before me by Ruben Guberrez, Jr. this the 15 which, witness my hand and seal of office.  Tiffany L Frank in Deputing oath  Printed name of officer administering oath  OR	of City Secretary
Notary Public Comm. Expir Notary ID  1) Affidavit  NOTARY STAMP/SEAL Sworn to and subscribed  20 2	before me by Ruben Guberrez, Jr. this the 15 which, witness my hand and seal of office.  Tiffany L Frank in Deputring oath  Printed name of officer administering oath  OR	y City Secretary
Notary Public Comm. Expir Notary ID  1) Affidavit  NOTARY STAMP/SEAL	please complete either option below:    State of Texas   Please complete either option below:   State of Texas   Please complete either option	of City Secretary

Signature of Candidate/Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

	·	
14 C/OH NAME	1. 1. 1. 1. The state of the st	er ID (Ethics Commission Filers)
	Kuben A Gutierrez Jr.	
16 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES	MADE BY POLITICAL COMMITTEES TO
COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT	THE CANDIDATE'S OR OFFICE HOLDER'S
COMMITTEE(S)	ANOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOR	MATION ONLY IF THEY RECEIVE NOTICE
	OF SUCH EXPENDITURES.	
	COMMITTEE TYPE   COMMITTEE NAME	
	GENERAL Archo Fice P.A.C.	
	SPECIFIC COMMITTEE ADDRESS	
	1 - 01B - 01 1	
	5219 Tesus PARD LA	rodo, Tx. 78010
	COMMITTEE CAMPAIGN TREASURER NAME	0 100
_/		
Additional Pages		
	(PEARD) TOYAR	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	1/200 1 1	
	USD (rende BAY (Archo T	x. 78011
17 CONTRIBUTION	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN	
TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	\$
	CONTRIBUTIONS MADE ELECTRONICALLY)	()
	2. TOTAL POLITICAL CONTRIBUTIONS	
	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
	( THE THIRT ELBOLD, LOANS, ON GUARANTEES OF LUANS)	
<b>EXPENDITURE</b>	0	
TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 19 200 50
		*/3,358.59
CONTRIBUTION	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	
BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	or the ottlinor entry	
OUTSTANDING	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	
LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	THE NEI ONTINO I ENIOD	*
B AFFIDAVIT		
AFFIDAVII		
	l swear, or affirm, under penalty of perjury, t	hat the accompanying report is
	true and correct and includes all information	required to be reported by mo
	under Title 15, Election Code.	required to be reported by the
TIFFANY	L. FRANKLIN	
	c, State of Texas	
	ires 11-13-2023	
7. 6 10.	120420701	
	Signature of Candidate of	or Officeholder
AFFIX NOTARY STAME	P/SEALABOVE	
THE PART OF THE PA		
Sworn to and subscri	bed before me, by the said Ruben Gutierrez, Tr.	, this the 15
day of Januar	. 7 /	, unsule 10
day of Jurium	, 20, to certify which, witness my hand and seal of office.	
0 10 0	`^ = ==================================	
(MI)	dark! Tiffany L. Franklin D	Party City Con.
→ W → 1.		COURT OTA KUNG
Signature of officer ad	Iministering oath Printed name of officer administering oath Title	of officer administering oath
	Title	and a second sec

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

		JULIA DIILLI I OZ
14 C/OH NAME	Ruber 1 Carlinson I	5 Filer ID (Ethics Commission Filers)
40 1107107	Rusen A. Jutierret Jr.	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS OF SUCH EXPENDITURES.	HOLIT THE CANDIDATE'S OR OFFICE USE STORY
	COMMITTEE TYPE   COMMITTEE NAME	
	GENERAL PARCO POLICE OFFICE  COMMITTEE ADDRESS	rs Association
	LIYTO POLATIS ANCOLO	, Tx. 78011
Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	Le 424 Polaris larcelo.	Tx. 78041
17 CONTRIBUTION TOTALS	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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ D
	4. TOTAL POLITICAL EXPENDITURES	\$ 940.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	E \$
8 AFFIDAVIT		
Not Co	I swear, or affirm, under penalty of perjutrue and correct and includes all inform under Title 15, Election Code.  TIFFANY L. FRANKLIN tary Public, State of Texas mm. Expires 11-13-2023 Notary ID 130439701  Signature of Candida	ration required to be reported by me
		ate or Officeholder
AFFIX NOTARY STAME	?/SEALABOVE	
Sworn to and subscriday of Tanuam	ibed before me, by the said Ruben Gutierrez, 20, to certify which, witness my hand and seal of office.	, this the
Sign S. 9	Tankl: Tiffany L Franklin D	eputy City Sccretain
Signature of officer ac	dministering oath Printed name of officer administering oath	Title of officer administering oath

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

### FORM C/OH COVER SHEET PG 3

19	FILER NAME  Luben A. Cruherez Jr.  20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,900.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14, 298.59
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ O
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,530.23
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1.463.79
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ D
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>O</i>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>O</i>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>D</i>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

#### 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 for	m.	1 Total pages Schedule A1:
FILER NAME	Ruben A. Guhierrez Jr.		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#: ALFINSO AND Eliza De la GA		7 Amount of contribution (\$)
2-5-2020 Principal occu	pation / Job title (See Instructions)   9	TX 73M1 Employer (See Instruc	\$ 300.00
Date	Full name of contributor out-of-state_PAC (ID#:		Amount of contribution (\$)
	_	tate; Zip Code	Amount of Continuation (\$\psi\$)
Principal occup		Employer (See Instruc	# 100.00
Date	Killam Development LTD	ate; Zip Code	Amount of contribution (\$)
l] - Jl- ДД Principal occup		X. 7JUZ Employer (See Instruc	1 2, 500. W
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
	Contributor address; City; St	ate; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

### 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 A. Gutierrez Sr.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIO	ns \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	_ Sign Handillag How
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)  11 E	mployer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)  13 C	ontributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)  15 La	aw 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 out-of-state PAC (ID#:    Arcula   Mila OFFilers As Solin final Contributor address: City: State: Zip Co	Amount of Contribution \$ In-kind contribution description \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	mployer (FOR NON-JUDICIAL) (See Instructions)
	ontributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	aw 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 SC  If contributor is out-of-state PAC, please see Instruction guid	

### 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
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

Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains i		
1 Total pages Schedule F1:	2 FILER NAME Ruben A. Guti	OrrayTr	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	,	
12.4.2020	5 Payee name SAN JUANITA U	Tegon	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$400.60	4535 la Brea	/Arcdo	TX. 78046
8	(a) Category (See Categories listed at the top of this sch	(b) Description	
PURPOSE OF	_ , , , ,		
EXPENDITURE	Contract bolor	Sign holdi	<u>'40</u>
	(c) Check if travel outside of Texas. Complete Scher		, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
12-4-2020	Heribeto Byrd		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 200.w	1509 GIMZALIZ	/Arcelo	TX. 78416
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF	2	,	
EXPENDITURE	Contract pha	Sish ha	nd ling, Erecting Signs
	Check if travel outside of Texas. Complete Sched		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		
3.0			
12-12-2020	SUAret Kest.		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 200.00	CIRIN MARKAGE	locals	7841
4 700.00	Category (See Categories listed at the top of this sched	dule) Description	Tb 78041
PURPOSE		,	
OF EXPENDITURE	Food Beyerage	Food for Co	manism
	Check if travel outside of Texas. Complete Schedi		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 NEED	DED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### 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 Git/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 oboug)

Candidate/Officeholder/Politica Credii Card Payment	al Committee Legal Services Sala	lting Expense aries/Wages/Contract Labor	Travel Out Of District Other (enter a category net)	listed above)
	The Instruction Guide explains how	v to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Kuhen A. Guhe	mez Jr.	3 Filer ID (Ethics Com	mission Filers)
4 Date (1-15-7070	5 Payee name			
6 Amount (\$)	7 Payee address:	City:	State; Zi	p Code
\$ 215.15	300) Trinity Plaza	Parch	TX 70	901 Ce
8	(a) Category (See Categories listed at the top of this schedul			<u> </u>
PURPOSE OF				
EXPENDITURE	Advertising			
· · · · · · · · · · · · · · · · · · ·	(c) Check if travel culside of Texas. Complete Schedule	T Check if Austin,	TX. officeholder living expens	șe
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	held
Date	Payee name			
12.14-2020	GUEST Communication	N= 1		
Amount (\$)	Payee address:	City:	State. Zip	o Code
er e	2	7		
\$ 2,100.00	leur 1. Batlett	(Arcdo	TX. 7	8041
***************************************	Category (See Categories listed at the top of this schedule	) Description		
PURPOSE OF				
EXPENDITURE	Advertising	radio Ad's		
	Check if travel outside of Texas. Complete Schedule T	T. Check if Austin,	TX, officeholder living expens	e
Camplete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	held
Date	Payee name			
1216.2020	KGNS			
Amount (\$)	Payee address;	City:	State; Zip	Code
\$ 750.00	120 W. Delmar Blad	1 mests	71. Ov.	سنوا در
, , , , , , , ,	Category (See Categories fisted at the top of this schedule)	Description	TX 730	45
PURPOSE				
OF EXPENDITURE	Advertising	T.V Ad	\$	
	Check if iravel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living expense	<del></del>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office	heid
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEED	nen	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Charles on the State of State (State State S

Candidate/Officeholder/Political radii Card Payment		ages/Contract Labor Oth	her (enter a category not listed a	apove)
-	The Instruction Guide explains how to co		Filer ID (Ethics Commission	on Filers)
Total pages Schedule F1:	Ruben A (Tutier			
Date	5 Payee name			
12-16, 2020	Quarter Mile	City:	State: Zip Co	de
Amount (\$)	7 Payee address:	oig.		
\$145.08	6420 Polaris	1 Arab	The Dro	74/
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF		₹.		
EXPENDITURE	Advertising	Signs		
•	(c) Check if travel culside of Texas. Complete Schedule T	Check if Austin, TX	c. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office he	ld
Date	Payee name			
12-22-2020	Heriberto Byrd			
Amount (\$)	Payee address:	City:	State; Zip C	oge
\$1500.00 <u> </u>	1509 GONZALZ	larceb	TX. DSO	10
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Constract labor	Sign holding	planing, taking	dur
	Check if travel outside of Texas. Complete Schedule T.		X. officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office he	∌ld
expenditure to benefit CrO	H			
Date	Payee name			<del>,                                    </del>
Amount (\$)	Payee address;	City:	State; Zip C	Code
V 5 (c)				
	Category (Sea Categories listed at the top of this schedule)	Description		
	:			
PURPOSE	**************************************	į		
OF				
	Check (frave) outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living axpanse	
OF EXPENDITURE	Check if travel outside of Taxas. Complete Schedule T.	Check if Austin.	TX, officeholder living expense	held
OF	Candidate / Officeholder name	L		held

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

		-	•			
EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F2:	2 FILER NAME Ruben 1.	Gutier	ez 31.	3 Filer ID (Ethics (	Commission Filers)	
4 TOTAL OF UNITER	IIZED UNPAID INCURRED OF			\$ 1.463.	79	
5 Date	6 Payee name  American E	VACess			30	
7 Amount (\$)	8 Payee address;	<del>(                                    </del>	City;	State;	Zip Code	
\$1463.79	P.O. Box 450	5 448	Dallas,	īx.	75 JU5-0448	
9 TYPE OF EXPENDITURE	Political	Non-Politica	al			
10	(a) Category (See Categories listed at the top of	of this schedule) (b	) Description			
PURPOSE OF EXPENDITURE	Advertising		Jigns, 5K	.clers, Card.	3	
	(c) Check if travel outside of Texas. Comp	lete Schedule T.	Check if Austin	n. TX, afficehalder living	expense	
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office	e sought	Office he	eld	
Date	Payee name					
Amount (\$)	Payee address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Politica	al			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top o	of this schedule)	Description			
	Check if travel outside of Texas. Com	plete Schedule T.	Check if Aust	in, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	e sought	Office he	eld	
	ATTACH ADDITIONAL COPIE	S OF THIS SCH	EDULE AS NEE	DED		