


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: 13																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">MS / MRS / MR MR</td> <td style="width:33%;">FIRST ROBERT</td> <td style="width:33%;">MI </td> </tr> <tr> <td>NICKNAME BOBBY</td> <td>LAST GUTIERREZ</td> <td>SUFFIX </td> </tr> </table>		MS / MRS / MR MR	FIRST ROBERT	MI 	NICKNAME BOBBY	LAST GUTIERREZ	SUFFIX 	OFFICE USE ONLY 												
MS / MRS / MR MR	FIRST ROBERT	MI 																			
NICKNAME BOBBY	LAST GUTIERREZ	SUFFIX 																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ✓ Change of Address	<table style="width:100%;"> <tr> <td>ADDRESS / PO BOX; <div style="background-color: black; width: 100px; height: 20px;"></div></td> <td>APT / SUITE #; </td> <td>CITY; </td> <td>STATE; </td> <td>ZIP CODE </td> </tr> </table>		ADDRESS / PO BOX; <div style="background-color: black; width: 100px; height: 20px;"></div>	APT / SUITE #; 	CITY; 	STATE; 	ZIP CODE 														
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6 CAMPAIGN TREASURER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">MS / MRS / MR MR.</td> <td style="width:33%;">FIRST JASON</td> <td style="width:33%;">MI </td> </tr> <tr> <td>NICKNAME </td> <td>LAST BIENSKI</td> <td>SUFFIX </td> </tr> </table>		MS / MRS / MR MR.	FIRST JASON	MI 	NICKNAME 	LAST BIENSKI	SUFFIX 													
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NICKNAME 	LAST BIENSKI	SUFFIX 																			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%;"> <tr> <td>STREET ADDRESS (NO PO BOX PLEASE);</td> <td>APT / SUITE #;</td> <td>CITY;</td> <td>STATE;</td> <td>ZIP CODE</td> </tr> <tr> <td colspan="5">4406 NOTTINGHAM LN BRYAN, TX 77802</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	4406 NOTTINGHAM LN BRYAN, TX 77802												
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9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)										
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>THROUGH</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>1</td> <td>1</td> <td>23</td> <td></td> <td>6</td> <td>30</td> <td>23</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	1	1	23		6	30	23				
Month	Day	Year	THROUGH	Month	Day	Year															
1	1	23		6	30	23															
11 ELECTION	<table style="width:100%;"> <tr> <td colspan="3">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Primary</td> <td>Runoff</td> <td>Other Description</td> </tr> <tr> <td>11</td> <td>8</td> <td>22</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			ELECTION DATE			ELECTION TYPE			Month	Day	Year	Primary	Runoff	Other Description	11	8	22	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
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Month	Day	Year	Primary	Runoff	Other Description																
11	8	22	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																	
12 OFFICE	OFFICE HELD (if any) CITY OF BRYAN MAYOR		13 OFFICE SOUGHT (if known)																		
14 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.																				
Additional Pages	<table style="width:100%;"> <tr> <td rowspan="4" style="width:20%;">COMMITTEE TYPE</td> <td colspan="3">COMMITTEE NAME</td> </tr> <tr> <td rowspan="3" style="width:20%;">GENERAL</td> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME			GENERAL	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS								
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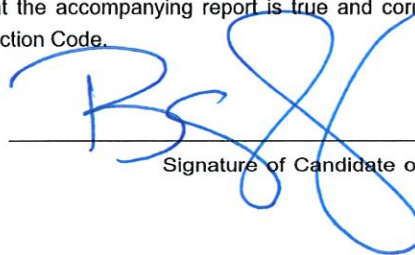
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME BOBBY GUTIERREZ		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)	\$ 1,605.79
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,429.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,705.16
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 Bobby Gutierrez this the 17th day of July, 2023, to certify which, witness my hand and seal of office.

Mary L. Stratta Mary L. Stratta City Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME BOBBY GUTERREZ		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,605.79
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,429.93
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/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	■ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 695.00

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: **1****2** FILER NAME**BOBBY GUTIERREZ****3** Filer ID (Ethics Commission Filers)**4** Date

01/17/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

HERNANDEZ LAW FIRM OPERATING ACCT**6** Contributor address;

City;

State;

Zip Code

4841 S JACKSON RD, EDINBURG, TX 78539**7** Amount of contribution (\$)**1,500.00****8** Principal occupation / Job title (See Instructions)**LAW FIRM****9** Employer (See Instructions)**SELF EMPLOYED**

Date

01/30/2023

Full name of contributor

out-of-state PAC (ID#: _____)

ANDREW NELSON

Contributor address;

City;

State;

Zip Code

720 N ROSEMARY, BRYAN, TX 77802

Amount of contribution (\$)

105.79

Principal occupation / Job title (See Instructions)

LISAM

Employer (See Instructions)

LISAM

Date

02/21/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

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 (\$)

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.

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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME BOBBY GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2023	5 Payee name THE HISPANIC FORUM	
6 Amount (\$) 417.00	7 Payee address; City; State; Zip Code PO BOX 4294 BRYAN, TX 77802	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description CHARITABLE CONTRIBUTION
	(c) Check if travel outside of Texas. Complete Schedule T. 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 01/03/2023	Payee name GOOGLE	
Amount (\$) 19.19	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description SUBSCRIPTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/04/2023	Payee name JUNIOR LEAGUE BCS	
Amount (\$) 340.00	Payee address; City; State; Zip Code 3232 BRIARCREST DR BRYAN, TX 77802	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description CHARITABLE CONTRIBUTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME BOBBY GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 02/02/2023	5 Payee name GOOGLE	
6 Amount (\$) 19.19	7 Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description SUBSCRIPTION
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/02/2023	Payee name GOOGLE	
Amount (\$) 19.19	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description SUBSCRIPTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/27/2023	Payee name BOYS & GIRLS CLUB BRYAN	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1910 BECK ST BRYAN, TX 77802	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description CHARITABLE CONTRIBUTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME BOBBY GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Payee name GOOGLE	
6 Amount (\$) 19.19	7 Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description SUBSCRIPTION
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/05/2023	Payee name RONALD MCDONALD HOUSE CHARITIES	
Amount (\$) 600.00	Payee address; City; State; Zip Code 3000 BRIARCREST DR, STE 209 BRYAN, TX 77802	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description CHARITABLE CONTRIBUTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/14/2023	Payee name K9S4COPS	
Amount (\$) 40.00	Payee address; City; State; Zip Code 3515 B LONGMIRE DR, STE 342 COLLEGE STATION, TX 77845	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description CHARITABLE CONTRIBUTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME BOBBY GUTIERREZ		3 Filer ID (Ethics Commission Filers)	
4 Date 04/24/2023		5 Payee name DOWN SYNDROME ASSOCIATION OF THE BRAZOS VALLEY			
6 Amount (\$) 128.25		7 Payee address; City; State; Zip Code 3030 UNIVERSITY DR E COLLEGE STATION, TX 777845			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description CHARITABLE CONTRIBUTION	
		(c) Check if travel outside of Texas. Complete Schedule T. 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 04/24/2023		Payee name THE BEE COMMUNITY			
Amount (\$) 95.82		Payee address; City; State; Zip Code 3829 OLD COLLEGE RD BRYAN, TX 77801			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description CHARITABLE CONTRIBUTION	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/27/2023		Payee name BCS TOGETHER			
Amount (\$) 25.00		Payee address; City; State; Zip Code 3811 OLD COLLEGE RD BRYAN, TX 77801			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description CHARITABLE CONTRIBUTION	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office 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: 8		2 FILER NAME BOBBY GUTIERREZ		3 Filer ID (Ethics Commission Filers)	
4 Date 05/01/2023		5 Payee name UNLIMITED POTENTIAL			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 4001 EAST 29TH ST STE 118 BRYAN, TX 77802			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description CHARITABLE CONTRIBUTION		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 05/02/2023		Payee name GOOGLE			
Amount (\$) 19.19		Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description SUBSCRIPTION		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 05/05/2023		Payee name COACH BLAIR CHARITIES			
Amount (\$) 100.00		Payee address; City; State; Zip Code PO BOX 10937 COLLEGE STATION TX 77842			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description CHARITABLE CONTRIBUTIONS		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office 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: 8	2 FILER NAME BOBBY GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 05/15/2023	5 Payee name WE THE PIZZA	
6 Amount (\$) 29.84	7 Payee address; City; State; Zip Code 305 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description POLITICAL CONTRIBUTOR LUNCH
	(c) Check if travel outside of Texas. Complete Schedule T. 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 05/15/2023	Payee name BRAZOS VALLEY GIVES	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1733 BRIARCREST DR STE 209 BRYAN, TX 77802	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description CHARITABLE CONTRIBUTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/17/2023	Payee name BRAZOS COUNTY A&M COACHES NIGHT	
Amount (\$) 538.88	Payee address; City; State; Zip Code PO BOX 4 COLLEGE STATION TX 77841	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description CHARITABLE CONTRIBUTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME BOBBY GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2023	5 Payee name BRAZOS CO YOUTH LIVESTOCK	
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code PO BOX 5725 BRYAN, TX 77805	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description CHARITABLE CONTRIBUTION
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/03/2023	Payee name AMERICAN HEART ASSOCIATION	
Amount (\$) 500.00	Payee address; City; State; Zip Code 3833 TX-6 BUSINESS BRYAN, TX 77802	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description CHARITABLE CONTRIBUTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/02/2023	Payee name GOOGLE	
Amount (\$) 19.19	Payee address; City; State; Zip Code 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description SUBSCRIPTION
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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 not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME BOBBY GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2023	5 Payee name UNLIMITED POTENTIAL	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 4001 EAST 29TH ST STE 118 BRYAN, TX 77802	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description CHARITABLE CONTRIBUTION
	(c) Check if travel outside of Texas. Complete Schedule T. 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: **1**

2 FILER NAME
BOBBY GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

02/21/2023

5 Name of person from whom amount is received

LEE ENTERPRISES (KBTX)

6 Address of person from whom amount is received; City; State; Zip Code
**8460 TIMES DISPATCH BLVD
MECHANICSVILLE VA 23116**

8 Amount (\$)

695.00

7 Purpose for which amount is received

Check if political contribution returned to filer

ADVERTISING REFUND

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED