

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
**MRS MIRIAM J**  
 .....  
 NICKNAME LAST SUFFIX  
**JUDY GUTIERREZ**

**OFFICE USE ONLY**

Date Received  
**12/4/2020 4:13:26 PM**

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**4117 CLIFTON #C, EL PASO, TX 79903**

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**( 915 ) 246-2922**

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
**MS DOLORES M**  
 .....  
 NICKNAME LAST SUFFIX  
**JENKINS**

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**1501 BANKER RD, CANUTILLO, TX 79835**

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(915 ) 799-9927**

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year    Month Day Year  
**10/25/2020    THROUGH    12/02/2020**

11 ELECTION

ELECTION DATE    ELECTION TYPE  
 Month Day Year     Primary     Runoff     Other Description  
**12/12/2020**     General     Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**DISTRICT 2 CITY REPRESENTATIVE**

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**14 C/OH NAME**  
MRS MIRIAM J GUTIERREZ

**15 Filer ID** (Ethics Commission Filers)

**16 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"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23650
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 19359.53
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6844.71
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18 AFFIDAVIT**

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.

Miriam J Gutierrez  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miriam J Gutierrez, this the 4 day of December, 2020, to certify which, witness my hand and seal of office.

**John Glendon**

---

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

City Clerk Dept.  
12/4/2020 4:21:15 PM

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

MRS MIRIAM J GUTIERREZ

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23650
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19359.53
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 330.32
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
**8**

2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date  
  
10/28/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
WOODY HUNT  
6 Contributor address; City; State; Zip Code  
PO BOX 12667, EPT 79913

7 Amount of contribution (\$)  
  
1500

8 Principal occupation / Job title (See Instructions)  
BUSINESS OWNER

9 Employer (See Instructions)  
HUNT ENTERPRISES

Date  
  
10/30/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
CARLOS AGUILAR  
Contributor address; City; State; Zip Code  
3414 MONTANA AV, EPT 79903

Amount of contribution (\$)  
  
250

Principal occupation / Job title (See Instructions)  
BUSINESS OWNER

Employer (See Instructions)  
NORTH AMERICAN REALTY

Date  
  
10/30/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
EMMA AGUILAR  
Contributor address; City; State; Zip Code  
3420 PERSHING, EPT 79903

Amount of contribution (\$)  
  
250

Principal occupation / Job title (See Instructions)  
RETIRED

Employer (See Instructions)

Date  
  
10/30/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
ROBERT MALOOLY  
Contributor address; City; State; Zip Code  
920 N. STANTON, EPT 79902

Amount of contribution (\$)  
  
100

Principal occupation / Job title (See Instructions)  
BUSINESS OWNER

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.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:  
**8**

2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date  
  
11/01/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

YOLIE BARBE

6 Contributor address; City; State; Zip Code

2901 MCKINLEY, EPT 79930

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

11/01/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

VICTOR ARMENDARIZ

Contributor address; City; State; Zip Code

2204 HIBBERT PL, EPT 79903

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

11/10/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

FORMA GROUP LLC

Contributor address; City; State; Zip Code

310 N. MESA #401, EPT 79901

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

CONSULTING

Employer (See Instructions)

Date

11/12/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

L. FREDERICK FRANCIS

Contributor address; City; State; Zip Code

500 N. MESA, EPT 79901

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

PRESIDENT/CEO

Employer (See Instructions)

WESTAR BANK

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# MONETARY POLITICAL CONTRIBUTIONS

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1 Total pages Schedule A1:  
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2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

11/13/2020

5 Full name of contributor

MARIA TERAN

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

4804 VILLA ENCANTO, EPT 79922

7 Amount of contribution (\$)

2000

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

SIERRA MACHINERY

Date

11/13/2020

Full name of contributor

GARY PORRAS

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

805 WINGFOOTE RD, EPT 79912

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

11/13/2020

Full name of contributor

MARGARITA ESCUDERO

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

34 GOODWIN DR, EPT 79902

Amount of contribution (\$)

1500

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

11/13/2020

Full name of contributor

RAYMOND PALACIOS

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

5025 MEADOWLARK DR, EPT 79922

Amount of contribution (\$)

2000

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

BRAVO CADILLAC

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date  
  
11/13/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**WOODY HUNT**  
6 Contributor address; City; State; Zip Code  
**PO BOX 12667, EPT 79913**

7 Amount of contribution (\$)  
  
**5000**

8 Principal occupation / Job title (See Instructions)  
**BUSINESS OWNER**

9 Employer (See Instructions)  
**HUNT ENTERPRISES**

Date  
  
11/16/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**STANLEY JOBE**  
Contributor address; City; State; Zip Code  
**1150 SOUTHVIEW DR, EPT 79928**

Amount of contribution (\$)  
  
**1000**

Principal occupation / Job title (See Instructions)  
**BUSINESS OWNER**

Employer (See Instructions)  
**JOBE MATERIALS**

Date  
  
11/18/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**OSCAR VENEGAS**  
Contributor address; City; State; Zip Code  
**1919 RIO GRANDE, EPT 79902**

Amount of contribution (\$)  
  
**1000**

Principal occupation / Job title (See Instructions)  
**BUSINESS OWNER**

Employer (See Instructions)  
**VEMAC**

Date  
  
11/18/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**DAN OLIVAS**  
Contributor address; City; State; Zip Code  
**240 THUNDERBIRD #D, EPT 79912**

Amount of contribution (\$)  
  
**500**

Principal occupation / Job title (See Instructions)  
**BUSINESS OWNER**

Employer (See Instructions)  
**DAN OLIVAS & ASSOCIATES**

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2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date  
  
11/18/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JORGE MORA

6 Contributor address; City; State; Zip Code

10213 ALLWAY, EPT 79925

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

ARCHITECT

9 Employer (See Instructions)

SELF EMPLOYED

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

11/18/2020

RUBEN CHAVEZ

Contributor address; City; State; Zip Code

1912 PASEO REAL CR, EPT 79936

250

Principal occupation / Job title (See Instructions)

PRESIDENT

Employer (See Instructions)

CEA ENGINEERING

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

11/18/2020

JOSE F CARDENAS

Contributor address; City; State; Zip Code

6105 CAMINO ALEGRE, EPT 79912

250

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

MORENA CARDENAS

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

11/18/2020

EDUARDO A RODRIGUEZ

Contributor address; City; State; Zip Code

5853 MIRA SERENA DR, EPT 79912

300

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

STRATEGIC COMMUNICATION CONSULTING C

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:  
**8**

2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

11/20/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

MONICA LISA GALANTE

6 Contributor address; City; State; Zip Code

5425 OLSON, EPT 79903

7 Amount of contribution (\$)

75

8 Principal occupation / Job title (See Instructions)

PROFESSOR

9 Employer (See Instructions)

Date

11/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

JORGE ALMADA

Contributor address; City; State; Zip Code

3501 PIERCE AV, EPT 79930

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

11/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

STEVEN RUFFIN

Contributor address; City; State; Zip Code

3317 GARNET DR,

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

FLEET MANAGER

Employer (See Instructions)

RUDOLPH CHEVROLET

Date

11/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

DOLORES JENKINS

Contributor address; City; State; Zip Code

1501 BANKER RD, CANUTILLO, TX 79835

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:  
**8**

2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date  
  
11/20/2020

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
MARIA ISABEL HAMILTON

6 Contributor address; City; State; Zip Code  
3311 GABEL AVE, EPT 79904

7 Amount of contribution (\$)  
  
50

8 Principal occupation / Job title (See Instructions)  
SYSTEM ANALYST

9 Employer (See Instructions)  
KBR GOVT SOLUTIONS-US

Date  
  
11/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
CLAUDIA GARZA

Contributor address; City; State; Zip Code  
3417 NATIONS, EPT 79930

Amount of contribution (\$)  
  
25

Principal occupation / Job title (See Instructions)  
TECH SUPPORT

Employer (See Instructions)  
ADP

Date  
  
11/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
ANA MARIA MORALES

Contributor address; City; State; Zip Code  
3032 MONROE, EPT 79930

Amount of contribution (\$)  
  
25

Principal occupation / Job title (See Instructions)  
RETIRED

Employer (See Instructions)

Date  
  
11/20/2020

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
SUZANNE DIPP

Contributor address; City; State; Zip Code  
515 RIM RD, EPT 79902

Amount of contribution (\$)  
  
100

Principal occupation / Job title (See Instructions)  
DESIGN/DEVELOPMENT

Employer (See Instructions)  
SISU ENVIRONMENTAL

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:  
**8**

2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

11/28/2020

5 Full name of contributor

TREPAC

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

PO BOX 2246, AUSTIN, TX 78768

7 Amount of contribution (\$)

3000

8 Principal occupation / Job title (See Instructions)

ASSOCIATION OF REALTORS

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
1

2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ MRS MIRIAM J GUTIERREZ

5 Date

11/13/2020

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

ZAPA GRAPHICS

7 Contributor address; City; State; Zip Code

3410 WICKHAM, EPT 79904

8 Amount of Contribution \$

150

9 In-kind contribution description

5 X 20 CAMPAIGN BANNER

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

BUSINESS OWNER

11 Employer (FOR NON-JUDICIAL) (See Instructions)

ZAPA GRAPHICS

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  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

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**

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

City Clerk Dept.  
12/4/2020 4:21:15 PM

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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.**

City Clerk Dept.  
12/4/2020 4:21:15 PM

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
0

2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

6 Is lender a financial Institution?  
  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender a financial Institution?  
  
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>		<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>10/25/2020</b>		<b>5</b> Payee name <b>AMAZON.COM</b>			
<b>6</b> Amount (\$) <b>55.14</b>		<b>7</b> Payee address; City; State; Zip Code <b>440 TERRY AVE NORTH, SEATTLE, WA 98109</b>			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>OTHER</b>		<b>(b)</b> Description <b>VOTER OUTREACH/MASKS</b>		
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>		Office sought <b>DISTRICT 2 CITY REPR</b>	Office held
Date <b>10/25/2020</b>	Payee name <b>ALLPRINT</b>				
Amount (\$) <b>4000</b>	Payee address; City; State; Zip Code <b>7230-D GATEWAY EAST, EPT 79915</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		Description <b>MAILERS</b>		
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>		Office sought <b>DISTRICT 2 CITY REPR</b>	Office held
Date <b>10/29/2020</b>	Payee name <b>EL LOCO</b>				
Amount (\$) <b>12.93</b>	Payee address; City; State; Zip Code <b>3600 ALAMEDA, EPT 79905</b>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		Description <b>VOTER OUTREACH/BAGS FOR MASKS</b>		
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>		Office sought <b>DISTRICT 2 CITY REPR</b>	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/30/2020</b>	<b>5</b> Payee name <b>MARIO CARMONA</b>	
<b>6</b> Amount (\$) <b>600</b>	<b>7</b> Payee address; City; State; Zip Code <b>9037 LEONARDO, EPT 79907</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES/CONTRACT LABOR</b>	<b>(b)</b> Description <b>VOTER CANVASSING</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR</b>	
Date <b>11/05/2020</b>	Payee name <b>ZOOM.COM</b>	
Amount (\$) <b>15.99</b>	Payee address; City; State; Zip Code <b>55 ALMADEN BLVD, SAN JOSE, CA 95113</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description <b>CAMPAIGN COMMUNICATION</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR</b>	
Date <b>11/05/2020</b>	Payee name <b>MARIO CARMONA</b>	
Amount (\$) <b>480</b>	Payee address; City; State; Zip Code <b>9037 LEONARDO, EPT 79907</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES/CONTRACT LABOR</b>	Description <b>VOTER CANVASSING</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/07/2020</b>	<b>5</b> Payee name <b>AMAZON.COM</b>	
<b>6</b> Amount (\$) <b>81</b>	<b>7</b> Payee address; City; State; Zip Code <b>440 TERRY AVE NORTH, SEATTLE, WA 98109</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>OTHER</b>	<b>(b)</b> Description <b>VOTER OUTREACH/MASKS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/07/2020</b>	Payee name <b>TMOBILE</b>	
Amount (\$) <b>55.84</b>	Payee address; City; State; Zip Code <b>PO BOX 37380, ALBUQUERQUE, NM 87176</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description <b>CAMPAIGN CELLPHONE</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/13/2020</b>	Payee name <b>ZAPA GRAPHICS</b>	
Amount (\$) <b>548.43</b>	Payee address; City; State; Zip Code <b>3410 WICKHAM, EPT 79904</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>CAMPAIGN 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/06/2020</b>	<b>5</b> Payee name <b>GABRIEL AVILA</b>	
<b>6</b> Amount (\$) <b>150</b>	<b>7</b> Payee address; City; State; Zip Code <b>3148 EDGEROCK, EPT 79935</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES/CONTRACT LABOR</b>	<b>(b)</b> Description <b>SOCIAL MEDIA</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office sought <b>CITY REPRESENTATIVE</b>
<b>Date</b> <b>11/13/2020</b>	<b>Payee name</b> <b>GABRIEL AVILA</b>	
<b>Amount (\$)</b> <b>250</b>	<b>Payee address; City; State; Zip Code</b> <b>3148 EDGEROCK, EPT 789935</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES/CONTRACT LABOR</b>	Description <b>CAMPAIGN COORDINATION</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>
<b>Date</b> <b>11/14/2020</b>	<b>Payee name</b> <b>CASA PIZZA</b>	
<b>Amount (\$)</b> <b>37.71</b>	<b>Payee address; City; State; Zip Code</b> <b>1200 CHELSEA, EPT 79903</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	Description <b>FOOD FOR VOLUNTEERS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/17/2020</b>	<b>5</b> Payee name <b>LOWE'S HOME IMPROVEMENT</b>	
<b>6</b> Amount (\$) <b>32.45</b>	<b>7</b> Payee address; City; State; Zip Code <b>4531 WOODROW BEAN, EPT 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>ZIP TIES FOR SIGNS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/17/2020</b>	Payee name <b>AMAZON.COM</b>	
Amount (\$) <b>37.3</b>	Payee address; City; State; Zip Code <b>440 TERRY AVE NORTH, SEATTLE, WA 98109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>VOTER OUTREACH/MASKS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/17/2020</b>	Payee name <b>AMAZON.COM</b>	
Amount (\$) <b>59.53</b>	Payee address; City; State; Zip Code <b>440 TERRY AVE NORTH, SEATTLE, WA 98109</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>METAL FRAMES FOR SIGNAGE</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/17/2020</b>	<b>5</b> Payee name <b>AIRPORT PRINTING</b>	
<b>6</b> Amount (\$) <b>298.77</b>	<b>7</b> Payee address; City; State; Zip Code <b>7 LEIGH FISHER, EPT 79906</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>DOORHANGERS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/18/2020</b>	Payee name <b>SAMS CLUB</b>	
Amount (\$) <b>48.57</b>	Payee address; City; State; Zip Code <b>7001 GATEWAY WEST, EPT 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>VOTER OUTREACH/FACEMASKS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/18/2020</b>	Payee name <b>OFFICE DEPOT</b>	
Amount (\$) <b>16.22</b>	Payee address; City; State; Zip Code <b>1111 GERONIMO, EPT 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description <b>STAPLER/STAPLES</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/18/2020</b>	<b>5</b> Payee name <b>EPMP</b>	
<b>6</b> Amount (\$) <b>3483.3</b>	<b>7</b> Payee address; City; State; Zip Code <b>1144 VISTA DE ORO #A, EPT 79935</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>MAILOUTS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office sought <b>CITY REPRESENTATIVE</b>
Date <b>11/19/2020</b>	Payee name <b>ZAPA GRAPHICS</b>	
Amount (\$) <b>200</b>	Payee address; City; State; Zip Code <b>3410 WICKHAM, EPT 79904</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>CAMPAIGN 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>
Date <b>11/19/2020</b>	Payee name <b>LOWE'S HOME IMPROVEMENT</b>	
Amount (\$) <b>20.09</b>	Payee address; City; State; Zip Code <b>4531 WOODROW BEAN, EPT 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>WOOD FOR CAMPAIGN 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/20/2020</b>	<b>5</b> Payee name <b>SAMS CLUB</b>	
<b>6</b> Amount (\$) <b>61.82</b>	<b>7</b> Payee address; City; State; Zip Code <b>9498 GATEWAY NORTH, EPT 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	<b>(b)</b> Description <b>SNACKS FOR POLL SITTERS/VOLUNTEERS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office sought <b>CITY REPRESENTATIVE</b>
<b>Date</b> <b>11/17/2020</b>	<b>Payee name</b> <b>WIX.COM</b>	
<b>Amount (\$)</b> <b>35.72</b>	<b>Payee address; City; State; Zip Code</b> <b>PO BOX 40190, SAN FRANCISCO, CA</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>CAMPAIGN WEBSITEE</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>
<b>Date</b> <b>11/20/2020</b>	<b>Payee name</b> <b>MARIO CARMONA</b>	
<b>Amount (\$)</b> <b>1380</b>	<b>Payee address; City; State; Zip Code</b> <b>9037 LEONARDO, EPT 79907</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>WAGES/SALARIES/CONTRACT LABOR</b>	Description <b>VOTER CANVASSING</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/20/2020</b>	<b>5</b> Payee name <b>EL DIARIO DE EL PASO</b>	
<b>6</b> Amount (\$) <b>1030</b>	<b>7</b> Payee address; City; State; Zip Code <b>1801 TEXAS AVE, EPT 79901</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>POLITICAL ADVERTISEMENT</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office sought <b>CITY REPRESENTATIVE</b>
Date <b>11/20/2020</b>	Payee name <b>GABRIEL AVILA</b>	
Amount (\$) <b>250</b>	Payee address; City; State; Zip Code <b>3148 EDGEROCK, EPT 79935</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES/CONTRACT LABOR</b>	Description <b>CAMPAIGN COORDINATION</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>
Date <b>11/21/2020</b>	Payee name <b>MARINA GENERA</b>	
Amount (\$) <b>50</b>	Payee address; City; State; Zip Code <b>4425 MOBILE, EPT 79903</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES/CONTRACT LABOR</b>	Description <b>VOTER CANVASSING</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/23/2020</b>	<b>5</b> Payee name <b>EL LOCO</b>	
<b>6</b> Amount (\$) <b>14.28</b>	<b>7</b> Payee address; City; State; Zip Code <b>3600 ALAMEDA AV, EPT 79905</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>OTHER</b>	<b>(b)</b> Description <b>BAGS FOR MASKS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office sought <b>CITY REPRESENTATIVE</b>
Date <b>11/23/2020</b>	Payee name <b>SAMS CLUB</b>	
Amount (\$) <b>44.27</b>	Payee address; City; State; Zip Code <b>7001 GATEWAY WEST, EPT 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>VOTER OUTREACH/MASKS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>
Date <b>11/24/2020</b>	Payee name <b>CHRIS HERNANDEZ</b>	
Amount (\$) <b>177</b>	Payee address; City; State; Zip Code <b>565 RIVERDALE, EPT 79907</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>VOTER DATABASE</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/24/2020</b>	<b>5</b> Payee name <b>EPMP</b>	
<b>6</b> Amount (\$) <b>136</b>	<b>7</b> Payee address; City; State; Zip Code <b>1144 VISTA DE ORO, EPT 79935</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>PUSH CARDS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/25/2020</b>	Payee name <b>SAMS CLUB</b>	
Amount (\$) <b>29.16</b>	Payee address; City; State; Zip Code <b>7001 GATEWAY WEST, EPT 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>VOTER OUTREACH/MASKS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/25/2020</b>	Payee name <b>3 GARCIA'S</b>	
Amount (\$) <b>31</b>	Payee address; City; State; Zip Code <b>4032 HAYES, EPT 79930</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	Description <b>FOOD FOR POLL SITTERS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/25/2020</b>	<b>5</b> Payee name <b>VILLAGE INN</b>	
<b>6</b> Amount (\$) <b>24.98</b>	<b>7</b> Payee address; City; State; Zip Code <b>4757 HONDO PASS, EPT 79904</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	<b>(b)</b> Description <b>FOOD FOR POLL SITTERS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office sought <b>CITY REPRESENTATIVE</b>
Date <b>11/25/2020</b>	Payee name <b>SAMS CLUB</b>	
Amount (\$) <b>84.75</b>	Payee address; City; State; Zip Code <b>9498 GATEWAY NORTH, EPT 79924</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	Description <b>SNACKS FOR POLL SITTERS/VOLUNTEERS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>
Date <b>11/27/2020</b>	Payee name <b>MARIO CARMONA</b>	
Amount (\$) <b>1050</b>	Payee address; City; State; Zip Code <b>9037 LEONARDO, EPT 79907</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES/CONTRACT LABOR</b>	Description <b>VOTER CANVASSING</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/27/2020</b>	<b>5</b> Payee name <b>GABRIEL AVILA</b>	
<b>6</b> Amount (\$) <b>250</b>	<b>7</b> Payee address; City; State; Zip Code <b>3148 EDGEROCK</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES/CONTRACT LABOR</b>	<b>(b)</b> Description <b>CAMPAIGN COORDINATION</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/28/2020</b>	Payee name <b>SAMS CLUB</b>	
Amount (\$) <b>29.16</b>	Payee address; City; State; Zip Code <b>7001 GATEWAY NORTH, EPT 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>VOTER OUTREACH/MASKS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/28/2020</b>	Payee name <b>EL LOCO</b>	
Amount (\$) <b>17.23</b>	Payee address; City; State; Zip Code <b>3600 ALAMEDA AV, EPT 79905</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>BAGS FOR MASKS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/28/2020</b>	<b>5</b> Payee name <b>WHATABURGER</b>	
<b>6</b> Amount (\$) <b>16.92</b>	<b>7</b> Payee address; City; State; Zip Code <b>3500 DYER, EPT 79930</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	<b>(b)</b> Description <b>FOOD FOR POLL SITTERS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office sought <b>CITY REPRESENTATIVE</b>
Date <b>11/29/2020</b>	Payee name <b>TEXAS ROADHOUSE</b>	
Amount (\$) <b>37.19</b>	Payee address; City; State; Zip Code <b>10729 GATEWAY WEST, EPT 79935</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEVERAGE</b>	Description <b>FOOD FOR POLL SITTERS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office sought <b>CITY REPRESENTATIVE</b>
Date <b>11/30/2020</b>	Payee name <b>EL PASO INC</b>	
Amount (\$) <b>45</b>	Payee address; City; State; Zip Code <b>120 PORFIRIO DIAZ, EPT 79902</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>NEWSPAPER SUBSCRIPTION</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office sought <b>CITY REPRESENTATIVE</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/30/2020</b>	<b>5</b> Payee name <b>MIRIAM GUTIERREZ</b>	
<b>6</b> Amount (\$) <b>700.68</b>	<b>7</b> Payee address; City; State; Zip Code <b>4117 CLIFTON #C, EPT 79903</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>REIMBURSEMENT</b>	<b>(b)</b> Description <b>REIMBURSEMENT FOR POLITICAL EXPENDITURE MADE FROM PERSONAL FUNDS ON AUGUST 11</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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/30/2020</b>	Payee name <b>EPMP</b>	
Amount (\$) <b>96.34</b>	Payee address; City; State; Zip Code <b>1144 VISTA DE ORO #A, EPT 79935</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>PUSH CARDS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/30/2020</b>	Payee name <b>EPMP</b>	
Amount (\$) <b>2860.87</b>	Payee address; City; State; Zip Code <b>1144 VISTA DE ORO #A, EPT 79935</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>MAILOUTS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/30/2020</b>	<b>5</b> Payee name <b>SAMS CLUB</b>	
<b>6</b> Amount (\$) <b>136.08</b>	<b>7</b> Payee address; City; State; Zip Code <b>7001 GATEWAY WEST, EPT 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>OTHER</b>	<b>(b)</b> Description <b>VOTER OUTREACH/MASKS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/30/2020</b>	Payee name <b>WALMART</b>	
Amount (\$) <b>4.81</b>	Payee address; City; State; Zip Code <b>7101 GATEWAY WEST, EPT 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description <b>PRINTING LABELS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	
Date <b>11/30/2020</b>	Payee name <b>USPS</b>	
Amount (\$) <b>11</b>	Payee address; City; State; Zip Code <b>3011 E YANDELL, EPT 79903</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>POSTAGE</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ CITY REPRESENTATIVE</b>	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/01/2020</b>	<b>5</b> Payee name <b>SAMS CLUB</b>	
<b>6</b> Amount (\$) <b>38.88</b>	<b>7</b> Payee address; City; State; Zip Code <b>7001 GATEWAY WEST, EPT 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>OTHER</b>	<b>(b)</b> Description <b>VOTER OUTREACH/MASKS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office sought <b>CITY REPRESENTATIVE</b>
Date <b>12/02/2020</b>	Payee name <b>SAMS CLUB</b>	
Amount (\$) <b>38.88</b>	Payee address; City; State; Zip Code <b>7001 GATEWAY WEST, EPT 79925</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OTHER</b>	Description <b>VOTER OUTREACH/MASKS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>CITY REPRESENTATIVE</b>
Date <b>11/18/2020</b>	Payee name <b>CHICOS TACOS</b>	
Amount (\$) <b>52.89</b>	Payee address; City; State; Zip Code <b>3401 DYER, EPT 79930</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/BEV</b>	Description <b>FOOD FOR VOLUNTEERS</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office held <b>DISTRICT 2 CITY REPR</b>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1: <b>18</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/02/2020</b>	<b>5</b> Payee name <b>MIRIAM GUTIERRE</b>	
<b>6</b> Amount (\$) <b>141.35</b>	<b>7</b> Payee address; City; State; Zip Code <b>4117 CLIFTON AVE APT C EPT 79903,</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>REIMBURSEMENT</b>	<b>(b)</b> Description <b>REIMB FOR PERSONAL FUNDS USED FOR CAMPAIGN EXPENSES</b>
	<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 <b>MIRIAM "JUDY" GUTIERREZ</b>	Office sought <b>DISTRICT 2 CITY REPR</b>
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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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 0	<b>2</b> FILER NAME MRS MIRIAM J GUTIERREZ	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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<b>5</b> Date	<b>6</b> Payee name
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<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

<b>10</b> PURPOSE OF EXPENDITURE	<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	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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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:

0

2 FILER NAME

MRS MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 0	<b>2</b> FILER NAME MRS MIRIAM J GUTIERREZ	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address;	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <b>4</b>	<b>2</b> FILER NAME MRS MIRIAM J GUTIERREZ	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/18/2020	<b>5</b> Payee name DOLORES JENKINS
-----------------------------	--

<b>6</b> Amount (\$) 52.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: 1501 BANKER RD, CANUTILLO, TX 79835 City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	<b>(b)</b> Description FOOD FOR VOLUNTEERS
	<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 MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought	Office held
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Date 11/18/2020	Payee name DOLORES JENKINS
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Amount (\$) 29.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1501 BANKER RD, CANUTILLO, TX 79835 City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER	Description FACE MASKS
	<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 MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought	Office held
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Date 11/20/2020	Payee name DOLORES JENKINS
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Amount (\$) 29.16 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1501 BANKER RD, CANUTILLO, TX 79835 City; State; Zip Code
---	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER	Description FACE MASKS
	<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 MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <b>4</b>	<b>2</b> FILER NAME MRS MIRIAM J GUTIERREZ	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/25/2020	<b>5</b> Payee name DOLORES JENKINS	
<b>6</b> Amount (\$) 38.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1501 BANKER RD, CANUTILLO, TX 79835	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER	<b>(b)</b> Description FACE MASKS
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	
Date 11/30/2020	Payee name DOLORES JENKINS	
Amount (\$) 38.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1501 BANKER RD, CANUTILLO, TX 79835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description FACE MASKS
	<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 MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	
Date 10/31/2020	Payee name MIRIAM GUTIERREZ	
Amount (\$) 20.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4117 CLIFTON #C, EPT 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	Description FOOD FOR VOLUNTEERS
	<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 MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <b>4</b>	<b>2</b> FILER NAME MRS MIRIAM J GUTIERREZ	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/10/2020	<b>5</b> Payee name MIRIAM GUTIERREZ	
<b>6</b> Amount (\$) 17.11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: 4117 CLIFTON AVE APT C EPT 79903, City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER	<b>(b)</b> Description BAGS FOR MASKS
	<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought Office held
Date 11/13/2020	Payee name MIRIAM GUTIERREZ	
Amount (\$) 16.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 4117 CLIFTON AVE APT C EPT 79903, City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	Description FOOD FOR VOLUNTEERS
	<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 MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought Office held
Date 11/17/2020	Payee name MIRIAM GUTIERREZ	
Amount (\$) 35.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 4117 CLIFTON AVE APT C EPT 79903, City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	Description FOOD FOR VOLUNTEERS
	<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 MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <b>4</b>	<b>2</b> FILER NAME MRS MIRIAM J GUTIERREZ	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/19/2020	<b>5</b> Payee name MIRIAM GUTIERREZ
-----------------------------	---

<b>6</b> Amount (\$) 16.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: 4117 CLIFTON AVE APT C EPT 79903, City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	<b>(b)</b> Description FOOD FOR VOLUNTEERS
	<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 MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought	Office held
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Date 11/23/2020	Payee name MIRIAM GUTIERREZ
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Amount (\$) 35.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 4117 CLIFTON AVE APT C, EPT 79903 City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE	Description FOOD FOR VOLUNTEERS
	<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 MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought	Office held
--	--	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

# SCHEDULE H

### 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.

<b>1</b> Total pages Schedule H: <b>0</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<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	Business name	
Amount (\$)	Business 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	Business name	
Amount (\$)	Business 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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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <b>0</b>	<b>2</b> FILER NAME <b>MRS MIRIAM J GUTIERREZ</b>	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address;	City	State	Zip Code
----------------------	-------------------------	------	-------	----------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
---	---	---

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

Date	Payee name
------	------------

Amount (\$)	Payee address;	City	State	Zip Code
-------------	----------------	------	-------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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

## SCHEDULE K

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule K:  
**0**

**2** FILER NAME

MRS MIRIAM J GUTIERREZ

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Name of person from whom amount is received

**8** Amount (\$)

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

**7** 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

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

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:  
**0**

2 FILER NAME  
**MRS MIRIAM J GUTIERREZ**

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

MRS MIRIAM J GUTIERREZ

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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