# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	J.	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received 10/5/2020 4:32:18 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 4117 CLIFTON, #C EL PASO	CITY; STATE; ZIP CODE , TX 79903	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 915 ) 246-2922	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MS. DOLORES	M	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	JENKINS		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 1501 BANKER RD., CANUTIL		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	area code Phone NUMBER (915) 799-9927	EXTENSION	
9 REPORT TYPE	January 15 South day before a	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07/01/2020	Month THROUGH 09/24	Day Year /2020
11 ELECTION	ELECTION DATE Month Day Year Primary 11/03/2020 General	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known DISTRICT 2 CITY	
GO TO PAGE 2			

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

14 C/OH NAME

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

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
MRS. MIRIAM J G	GUTIERREZ		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	INTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPEND DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE IN DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	L. UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN DES, LOANS, OR GUARANTEES OF LOANS, OR RIBUTIONS MADE ELECTRONICALLY)	\$ 0
	-	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8840
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6913.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		<sup>t DAY</sup> \$ 1926.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		<sup>тне</sup> \$ 0
18 AFFIDAVIT			· · · · · · · · · · · · · · · · · · ·
			perjury, that the accompanying report is formation required to be reported by me
		Miriam J Gutierrez	
		Signature of Car	ndidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
		Miriam I Gutierrez	
Sworn to and subsc day_of_October		by the said Miriam J Gutierrez to certify which, witness my hand and seal of office	, this the <u>5</u>
	Ac	lriana Rosas	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER NAME

#### MRS. MIRIAM J GUTIERREZ

20 Filer ID (Ethics Commission Filers)

MRS. MIRIAM J GUTIERREZ	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8840
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 629.43
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <b>0</b>
4. SCHEDULE E: LOANS	\$ <b>0</b>
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6913.63
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <b>0</b>
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>0</b>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <b>0</b>
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 754.06
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <b>0</b>
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>0</b>
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<sup>\$</sup> 0

MONETARY	POLITICAL	CONTRIBUTIONS
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The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1:         15			
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
MRS. MIRIA	M J GUTIERREZ		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)
	VICTOR ARMENDARI	,	
07/05/2020	6 Contributor address; City; Stat	e; Zip Code	100
	2204 HIBBERT, EPT 79903		
8 Principal occu RETIRED	pation / Job title (See Instructions) 9 E	mployer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
	PRISCILLA CARRILLO		
07/06/2020	Contributor address; City; Stat	te; Zip Code	10
0170072020	41831 BRISTOW MANOR, ASHBURN, V	A 20148	
Principal occup	ation / Job title (See Instructions)	nployer (See Instruct	ions)
Date	Full name of contributor	)	Amount of contribution (\$)
07/07/2020	REBECCA VILLEGAS Contributor address; City; Stat	e; Zip Code	100
01/01/2020	3220 MCLEAN, EPT 79936		
Principal occup	ation / Job title (See Instructions)	mployer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
	PAUL A PEREZ		
07/20/2020	Contributor address; City; Stat	te; Zip Code	100
	11528 JAMES GRANT, EPT 79936		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)		
HOME INSP	ECTOR HAV	/EN HOME INS	SPECTION
	ATTACH ADDITIONAL COPIES OF THE If contributor is out-of-state PAC, please see Instruction		

MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15
2 FILER NAME MRS. MIRIA	M J GUTIERREZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor MADELEINE HADDOX	: (ID#:)	7 Amount of contribution (\$)
07/24/2020	6 Contributor address; City; 2711 RADFORD, EPT 79903	State; Zip Code	200
8 Principal occu RETIRED	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor CARMEN HADDOX	; (ID#:)	Amount of contribution (\$)
07/24/2020	Contributor address; City; 2711 RADFORD, EPT 79903	State; Zip Code	75
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
07/24/2020	SUZANNE RODARTE Contributor address; City; 3148 EDGEROCK, EPT 79935	State; Zip Code	10
	bation / Job title (See Instructions)	Employer (See Instruction SELF EMPLOYED	
Date	Full name of contributor VICTOR ARMENDARIZ	: (ID#:)	Amount of contribution (\$)
08/01/2020	Contributor address; City; 2204 HIBBERT, EPT 79903	State; Zip Code	250
Principal occup RETIRED	bation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS N	IEEDED

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

MONETARY	POLITICAL	CONTRIBUTIONS
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The	The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1:         15			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
MRS. MIRIA	M J GUTIERREZ			
4 Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
	JOSE MOLINAR			
08/10/2020	6 Contributor address; City;	State; Zip Code	50	
00/10/2020	4620 SM MELLNIK, EPT 79924	· ·		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
RETIRED	, , , , , , , , , , , , , , , , , , ,		,	
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	CARL ROBINSON			
08/12/2020	Contributor address; City;	State; Zip Code	100	
00/12/2020	10732 TEXARKANA, EPT 79924			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
COUNTY CC	OMMISSIONER	COUNTY OF EL P	ASO	
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	ANNETTE KOST			
08/12/2020	Contributor address; City;	State; Zip Code	250	
	11536 LAKE ERIE, EPT 79936			
	ation / Job title (See Instructions)	Employer (See Instruc	-	
NURSE		SIERRA PROVIDE	NCE HEALTH NETWORK	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	JESSICA CARO			
08/13/2020	Contributor address; City;	State; Zip Code	100	
	41831 BRISTOW MANOR, ASHBUR	N, VA 20148		
	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
TITLE PROC	ESSOR	NWTE		
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru			

MONETARY	POLITICAL	CONTRIBUTIONS	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2 FILER NAME	M J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ELIZABETH APODACA	) <b>7</b> Amount of contribution (\$)
08/14/2020	6 Contributor address;City;State;545 SUN RAY WAY, EPT79928	Zip Code 25
		ployer (See Instructions) POWER SOLUTIONS
Date	Full name of contributor	) Amount of contribution (\$)
08/14/2020	MICHELLE DELAMOTTE Contributor address; City; State; 713 KAPRIZ, EPT 79932	Zip Code 25
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
08/14/2020	CYNTHIA MILAZZO Contributor address; City; State; 2631 ALTURA, EPT 79930	Zip Code 50
Principal occup	Pation / Job title (See Instructions) Em	ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: RAMONA TORRES	) Amount of contribution (\$)
08/18/2020		Zip Code 50
Principal occup	eation / Job title (See Instructions)	ployer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see Instruction gu	

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15
2 FILER NAME	M J GUTIERREZ		3 Filer ID (Ethics Commission Filers)
4 Date 08/21/2020	5       Full name of contributor       out-of-state PAC (ID#:)         FERNANDO VASQUEZ         6       Contributor address;       City;         4335 EMORY, EPT 79932		7 Amount of contribution (\$)
8 Principal occu SELF EMPL	pation / Job title (See Instructions) OYED	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
08/24/2020	IVAN JAIME Contributor address; City; 3414 CONDALIA CT. SAN ANTONIO	State; Zip Code D, TX 78258	100
Principal occup PUBLIC REL	ation / Job title (See Instructions) ATIONS	Employer (See Instruc UNION PACIFIC	tions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
08/24/2020	ROBERT GRIJALVA Contributor address;City;3712 MONROE, EPT79930	State; Zip Code	50
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
08/24/2020	STANLEY JOBE Contributor address; City; 1150 SOUTHVIEW DR, EPT 79928	State; Zip Code	1000
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       BUSINESS OWNER     JOBE MATERIALS			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instr	uction guide for additional	reporting requirements.

The Instruction Guide explains how to complete this form.       1       Total pages Schedule At: 15         2       FILER NAME       3       Filer ID (Ethics Commission Filers)         MRS. MIRIAM J GUTIERREZ       3       Filer ID (Ethics Commission Filers)         4       Date       5       Full name of contributor ANA QUIJANO       0       0         08/26/2020       6       Contributor address:       City;       State;       Zip Code       100         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of contribution (\$)         PARALEGAL       State;       Zip Code       100       3227 ALTURA AV., EPT 79930       100         08/27/2020       Gontributor address;       City;       State;       Zip Code       100         08/27/2020       Gontributor address;       City;       State;       Zip Code       100         08/27/2020       JENNIFER CARO       Contributor address;       City;       State;       Zip Code       100         09/01/2020       Full name of contributor       out-of-table PKC (IDF	MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
MRS. MIRIAL J GUTIERREZ       4       Date       5       Full name of contributor       0ut-of-state PAC (IDF       7       Amount of contribution (\$)         08/26/2020       6       Contributor address;       City;       State;       Zip Code       100         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Terve ORTEGA LAW FIRM         Date       Full name of contributor       out-of-state PAC (IDE;       State;       Zip Code         08/27/2020       ARTURO HUERTA       Contributor address;       City;       State;       Zip Code         08/27/2020       ARTURO HUERTA       Contributor address;       City;       State;       Zip Code       100         08/27/2020       ARTURO HUERTA       Contributor address;       City;       State;       Zip Code       100         08/27/2020       ARTURO HUERTA       Contributor address;       City;       State;       Zip Code       100         08/27/2020       Full name of contributor       out-of-state PAC (IDE;       Amount of contribution (\$)       100         09/07/2020       Full name of contributor       out-of-state PAC (IDE;       Amount of contribution (\$)       100         09/001/2020       JENNIFER CARO       Diftee Instructions)	The	Instruction Guide explains how to complete this	s form.	
08/26/2020       ANA QUIJANO       1000000000000000000000000000000000000	—	M J GUTIERREZ		<b>3</b> Filer ID (Ethics Commission Filers)
08/26/2020         6 Contributor address; 313 S. GLENWOOD, EPT 79905         State; Zip Code 313 S. GLENWOOD, EPT 79905         100           8 Principal occupation / Job title (See Instructions) PARALEGAL         9 Employer (See Instructions) STEVE ORTEGA LAW FIRM           Date         Full name of contributor         0ut-of-state PAC (DE:	4 Date		C (ID#:)	7 Amount of contribution (\$)
PARALEGAL       STEVE ORTEGA LAW FIRM         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of contribution (\$)         08/27/2020       ARTURO HUERTA       Intervention (\$)       Amount of contribution (\$)         08/27/2020       Contributor address;       City;       State;       Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#:	08/26/2020	6 Contributor address; City;	State; Zip Code	100
ARTURO HUERTA       Contributor address;       City;       State;       Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         RETIRED       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/01/2020       Contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         09/01/2020       Contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         CORPORATE TRAINER       Employer (See Instructions)       Mes MANAGEMENT         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/07/2020       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/07/2020       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribut	-			-
08/27/2020       Contributor address;       City;       State;       Zip Code       100         227 ALTURA AV., EPT 79930       Employer (See Instructions)       Employer (See Instructions)       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/01/2020       JENNIFER CARO       Intermediate Contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       City;       State;       Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100         CORPORATE TRAINER       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/07/2020       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/07/2020       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/07/2020 <td>Date</td> <td></td> <td>C (ID#:)</td> <td>Amount of contribution (\$)</td>	Date		C (ID#:)	Amount of contribution (\$)
RETIRED       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/01/2020       JENNIFER CARO       100       100         Contributor address;       City;       State;       Zip Code       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       100       100         CORPORATE TRAINER       Employer (See Instructions)       MEB MANAGEMENT       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/07/2020       Full name of contributor       contributor address;       City;       State;       Zip Code         09/07/2020       Full name of contributor       city;       State;       Zip Code       500         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)       500	08/27/2020	Contributor address; City;	State; Zip Code	100
09/01/2020       JENNIFER CARO Contributor address;       City;       State;       Zip Code       100         09/01/20200       6830 N 86TH LANE, GLENDALE, AZ 85305       Employer (See Instructions) MEB MANAGEMENT       100         Principal occupation / Job title (See Instructions)       Employer (See Instructions) MEB MANAGEMENT       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       State; Zip Code         09/07/2020       Contributor address;       City;       State; Zip Code         09/07/2020       State; Zip Code       500         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		pation / Job title (See Instructions)	Employer (See Instruc	tions)
09/01/2020       Contributor address;       City;       State;       Zip Code       100         08/01/2020       6830 N 86TH LANE, GLENDALE, AZ 85305       Employer (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       MEB MANAGEMENT         CORPORATE TRAINER       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         09/07/2020       HECTOR DIAZ-LUNA       Amount of contribution (\$)         09/07/2020       Contributor address;       City;       State;       Zip Code         836 ROSINANTE, EPT 79922       Employer (See Instructions)       State;       State;	Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
CORPORATE TRAINER       MEB MANAGEMENT         Date       Full name of contributor       out-of-state PAC (ID#:)         HECTOR DIAZ-LUNA       Amount of contribution (\$)         09/07/2020       Contributor address;       City;         State; Zip Code       500         836 ROSINANTE, EPT 79922       Employer (See Instructions)	09/01/2020	Contributor address; City;		100
09/07/2020       HECTOR DIAZ-LUNA Contributor address;       City;       State;       Zip Code       500         836 ROSINANTE, EPT 79922       Employer (See Instructions)       Employer (See Instructions)				•
09/07/2020     Contributor address;     City;     State;     Zip Code     500       836 ROSINANTE, EPT 79922     Principal occupation / Job title (See Instructions)     Employer (See Instructions)     Employer (See Instructions)	Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	09/07/2020	Contributor address; City;	State; Zip Code	500
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED

10/5/2020 4:45:08 PM

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
MRS. MIRIA	M J GUTIERREZ		
4 Date	5 Full name of contributor	e PAC (ID#:)	7 Amount of contribution (\$)
-		e PAC (ID#)	
	AIDA BLACK		
09/10/2020	6 Contributor address; City;	State; Zip Code	100
	3504 CAPELLA, EPT 79904		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
RETIRED			
Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
	JULIA ROMERO		
09/11/2020	Contributor address; City;	State; Zip Code	100
	4020 HASTINGS		
	ation / Job title (See Instructions)		
BUSINESS (	DWNER	ROMERO FINANO	
Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
	VICKIE LOPEZ		
09/11/2020	Contributor address; City;	State; Zip Code	100
09/11/2020	4020 HASTINGS, EPT 79903		100
	ation / Job title (See Instructions)	Employer (See Instruct	-
NAIL BEAUT	ICIAN	SELF EMPLOYED	)
Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
	DOLORES JENKINS		
09/11/2020	Contributor address; City;	State; Zip Code	100
03/11/2020	1501 BANKER RD, CANUTILLO	TX 70835	100
1301 BANKER RD, CANOTIELO, TX 73033			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
		IES OF THIS SCHEDULE AS I	
	If contributor is out-of-state PAC, please see	Instruction guide for additional	reporting requirements.

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
MRS. MIRIA	M J GUTIERREZ		
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
	LEO DURAN		
00/40/0000		State: Zin Cada	100
09/13/2020	6 Contributor address; City;	State; Zip Code	100
	721 WELLESLY, EPT 799002		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
BUSINESS (	DWNER	L&J CAFE	
Date	Full name of contributor Out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	STEVE LUJAN		
00/40/0000	Contributor address; City;	State; Zip Code	100
09/13/2020			100
	3337 TAYLOR, EPT 79930		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
SALES		SELF EMPLOYED	
Date	Full name of contributor		
Dale		; (ID#:)	Amount of contribution (\$)
	ROBERT LUJAN		
09/13/2020	Contributor address; City;	State; Zip Code	30
	3337 TAYLOR, EPT 79930		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
RETIRED			
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	JULIA ROMERO		
09/13/2020	Contributor address; City;	State; Zip Code	1000
	4020 HASTINGS, EPT 79903		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
BUSINESS (		ROMERO FINANC	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instru	uction guide for additional	reporting requirements.

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15
2 FILER NAME	M J GUTIERREZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ROBERTO SALCIDO, JR		7 Amount of contribution (\$)
09/13/2020	6 Contributor address; City; 4718 CAPLES CIR, EPT 79903	State; Zip Code	100
8 Principal occu RETIRED	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		; (ID#:)	Amount of contribution (\$)
09/13/2020	EMMA SALCIDO Contributor address; City; 4718 CAPLES CIR, EPT 79903	State; Zip Code	100
Principal occup	bation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
09/13/2020	SUZANNE RODARTE Contributor address; City; 3148 EDGEROCK, EPT 79935	State; Zip Code	10
	bation / Job title (See Instructions)	Employer (See Instruc SELF EMPLOYED	
Date		: (ID#:)	Amount of contribution (\$)
09/13/2020	ISABEL HERNANDEZ Contributor address; City; 3816 VEGA CT, EPT 79904	State; Zip Code	100
	Dation / Job title (See Instructions)	Employer (See Instruc COUNTY OF EL P	-

10/5/2020 4:45:08 PM

MONETARY	POLITICAL	CONTRIBUTIONS
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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
_	M J GUTIERREZ		
4 Date		C (ID#:)	7 Amount of contribution (\$)
09/13/2020	NICOLAS SALCIDO 6 Contributor address; City; 4711 GRAHAM CT., EPT 79903	State; Zip Code	10
8 Principal occu STUDENT	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
09/13/2020	ROBERT FLORESContributor address;City;4024 PIERCE #2, EPT 79930	State; Zip Code	80
Principal occup	ation / Job title (See Instructions) DYED	Employer (See Instruc	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
09/13/2020	RICHARD ROMERO Contributor address; City;	State; Zip Code	50
	1612 BOLTON, EPT 79903		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
09/13/2020	DIANA RAMIREZ Contributor address; City; 3609 FORT BLVD, EPT 79930	State; Zip Code	100
	ation / Job title (See Instructions) RESIDENCE	Employer (See Instruction NATIONAL WOME	tions) ENS LAW CENTER
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instru		

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
MRS. MIRIA	M J GUTIERREZ		
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
		(ID#:)	
	GETSEMANI YANEZ		
09/13/2020	<b>6</b> Contributor address; City;	State; Zip Code	100
	3609 FORT BLVD, EPT 79930		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
•		AFSCME	
Date	Full name of contributor 🗌 out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	WOODY L HUNT		
09/13/2020	Contributor address; City;	State; Zip Code	1000
09/13/2020	PO BOX 12667, EPT 79913		1000
	FO BOX 12007, EFT 79913		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
BUSINESS (	)WNER	HUNT ENTERPRIS	SES
<b>D</b> :			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	CYNTHIA MILAZZO		
09/13/2020	Contributor address; City;	State; Zip Code	50
03/13/2020	2631 ALTURA AV., EPT 79930		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
RETIRED			
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	DANTE SALCIDO		
09/13/2020	Contributor address; City;	State; Zip Code	10
09/13/2020	2600 EDANKEODT EDT 70020		10
	2609 FRANKFORT, EPT 79930		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, please see Instru	uction guide for additional	reporting requirements.

MONETARY	POLITICAL	CONTRIBUTIONS
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			1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this	form.	15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
MRS. MIRIA	M J GUTIERREZ		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	NATASIA SALCIDO		
09/13/2020	6 Contributor address; City;	State; Zip Code	10
	2609 FRANKFORT, EPT 79930		
8 Principal occu STUDENT	pation / Job title (See Instructions)	9 Employer (See Instruc	l :tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	CAYLA MOLINA		
00/40/0000	Contributor address; City;	State; Zip Code	40
09/13/2020	2609 FRANKFORT, EPT 79930		10
	2009   KANKI OKT, ET 1 79950		
Principal occup STUDENT	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)		Amount of contribution (\$)
	SAMANTHA SALCIDO		
09/13/2020	Contributor address; City;	State; Zip Code	10
00,10,2020	4718 CAPLES CIR, EPT 79903		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
	MARISA SALCIDO		
09/13/2020	Contributor address; City;	State; Zip Code	15
	4711 GRAHAM CT, EPT 79903		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	itions)
	ATTACH ADDITIONAL COPIES (		
	If contributor is out-of-state PAC, please see Instru	action guide for additional	reporting requirements.

MONETARY	POLITICAL	CONTRIBUTIONS
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The	The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1:         15				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
MRS. MIRIA	M J GUTIERREZ				
4 Date	5 Full name of contributor	// <b>.</b>	7 Amount of contribution (\$)		
4 Duto		(ID#:)			
	CATHERINE SALCIDO				
09/13/2020	<b>6</b> Contributor address; City;	State; Zip Code	15		
	4711 GRAHAM CT, EPT 79903				
-	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
STUDENT					
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	ALEXANDER SALCIDO				
09/13/2020	Contributor address; City;	State; Zip Code	10		
09/13/2020		, <u></u>	10		
	4718 CAPLES CIR, EPT 79903				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
CLERK		LOWE'S			
	1				
Date	Full name of contributor   Image: out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	BRENNA ROGERS				
09/13/2020	Contributor address; City; State; Zip Code		10		
09/13/2020	3324 SHEPPARD, EPT 79904		10		
	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
NOT EMPLO	DYED				
Date	Full name of contributor	(ID)//	Amount of contribution (f)		
Dato		(ID#:)	Amount of contribution (\$)		
	SUZANNE DIPP				
09/13/2020	Contributor address; City;	State; Zip Code	250		
	515 RIM RD, EPT 79902				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	VELOPMENT	SISU ENVIRONME			
			IEEDED		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

MONETARY	POLITICAL	CONTRIBUTIONS
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The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1:         15				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
MRS. MIRIA	M J GUTIERREZ			
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
	DIANA M PEREZ			
09/13/2020	6 Contributor address; City;	State; Zip Code	75	
	9947 FALKIRK, EPT 79925			
8 Principal occu REALTOR	pation / Job title (See Instructions)	9 Employer (See Instruct CALDWELL BANK		
Date	Full name of contributor Out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
	BARBARA J LEWIS			
09/13/2020	Contributor address; City;	State; Zip Code	50	
00/10/2020	4848 N. STANTON #69, EPT 79902	2		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor Out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
	MIRIAN SPENCER			
09/15/2020	Contributor address; City;	State; Zip Code	100	
09/15/2020	5880 HILL CITY HIGHWAY, TOLAR	, TX 76476		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
TRANSPOR	TATION PLANNER	CITY OF FORT W	ORTH	
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
	L FREDERICK FRANCIS			
00/45/0000	Contributor address; City;	State; Zip Code	1000	
09/15/2020		, <b>-</b>	1000	
	500 N. MESA, EPT 79901			
Principal occupation / Job title (See Instructions) Employer (See Instructions) WESTAR BANK			tions)	
		1		
	ATTACH ADDITIONAL COPIES ( If contributor is out-of-state PAC, please see Instr			

MONETARY	POLITICAL	CONTRIBUTIONS
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The	The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1:         15				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
MRS. MIRIA	M J GUTIERREZ				
4 Date	5 Full name of contributor	(ID)),	7 Amount of contribution (\$)		
-		(ID#:)			
	GUADALUPE APONTE				
09/16/2020	<b>6</b> Contributor address; City;	State; Zip Code	25		
	2141 KING JAMES PL, EPT 79903				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
RETIRED					
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	SUZANNE SIFUENTES				
09/16/2020	Contributor address; City;	State; Zip Code	50		
09/10/2020	1601 DAKOTA, EPT 79930	•	50		
	1001 DANOTA, EFT 79930				
	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
RETIRED					
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	RAMONA TORRES				
00/16/2020	Contributor address; City; State; Zip Code 100				
09/16/2020	2700 EDANKEODT EDT 70020		100		
	2706 FRANKFORT, EPT 79930				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	GLORIA F. ACEVES				
00/17/0000	Contributor address; City;	State; Zip Code	75		
09/17/2020	-		75		
	3112 FEDERAL AV, EPT 79930				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	IFEDED		
	If contributor is out-of-state PAC, please see Instru				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
MRS. MIRI	AM J GUTIERREZ			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: VICKIE LOPEZ	)	8 Amount of Contribution \$ 9 In-kind contribution description CAMPAIGN LAWN 189.43 SIGNS	
09/10/2020	7 Contributor address; City; State; 4020 HASTINGS, EPT 79903	Zip Code	189.43 SIGNS	
40			Check if travel outside of Texas. Complete Schedule T.	
NAIL BEAU	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/13/2020	Full name of contributor LARRY ROMERO Contributor address; City; State; 3117 FILLMORE, EPT 79930	Zip Code	Amount of Contribution \$ In-kind contribution description FOOD & 270 BEVERAGE FOR FIINDRAISER Check if travel outside of Texas. Complete Schedule T.	
Principal occ BUSINESS	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		ployer (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 firn	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruct			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:		
		2		
<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)		
	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
		bornono	Φ	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description	
	LEO DURAN		FOOD &	
09/13/2020	· · · · · · · · · · · · · · · · · · ·	Zip Code	170 BEVERAGE FOR	
	721 WELLESLY, EPT 79902	1	Check if travel outside of Texas. Complete Schedule T.	
BUSINESS		11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description	
	Contributor address; City; State;			
	Contributor address; City; State;	Zip Code		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	Check if travel outside of Texas. Complete Schedule T. er (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	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDI	ULE AS NEEDED	
	If contributor is out-of-state PAC, please see Instruct			

# PLEDGED CONTRIBUTIONS

### SCHEDULE B

т	he Instruction Guide explains how to complete this	form.	1 Total pages Sched	lule B:
2 FILER NAM	ЛЕ		3 Filer ID (Ethics C	Commission Filers)
MRS. MIR	IAM J GUTIERREZ			
4 TOTAL C	OF UNITEMIZED PLEDGES		\$0	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)		8 Amount of Pledge \$	9 In-kind contribution description
	<b>7</b> Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T
10 Principal of	ccupation / Job title (See Instructions)	<b>11</b> Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	ate; Zip Code		
			Check if travel outs	ide of Texas. Complete Schedule T
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution
	Pledgor address; City; Sta	ate; Zip Code		· · ·
			Check if travel outs	ide of Texas. Complete Schedule T
Principal or	ccupation / 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		
				ide of Texas. Complete Schedule T
Principal oc	cupation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES		-	
	If contributor is out-of-state PAC, please see Inst	ruction guide for	additional reporting	g requirements.

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 0
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
MRS. MIRIAM	J GUTIERREZ		
4 TOTAL OF UN	NITEMIZED LOANS		\$0
5 Date of loan	7 Name of lender out-of-state PAC (ID#:)		9 Loan Amount (\$)
<ul> <li>6 Is lender a financial Institution?</li> <li>Y N</li> </ul>	8 Lender address; City; State; Zip Code		10 Interest rate     11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	lateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state I	PAC (ID#: )	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	I
Description of Coll	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

SCHEDULE E

LOANS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	now to complete this form.	
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/03/2020	GABRIEL AVILA		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
125	3148 EDGEROCK, EPT 79935		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schu SALARIES/WAGES/CONTRAC LABOR		ΙΑ
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought DISTRICT 2 CITY	Office held
Date	Payee name		
07/05/2020	ZOOM.US		
Amount (\$)	Payee address;	City;	State; Zip Code
15.99	55 ALMADEEN BLVD, SAN JOS	SE, CA 95113	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schere OFFICE OVERHEAD		OMMUNICATION
	Check if travel outside of Texas. Complete Sched	dule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR
Date	Payee name		
07/05/2020	WIX EDI PAYMENTS		
Amount (\$)	Payee address;	City;	State; Zip Code
3.2	PO BOX 40190, SAN FRANCIS	CO, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schere ACCOUNTING/BANKING FEES		D FEES
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought DISTRICT 2 CITY	Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	ing Fees Office Overhead/Rental Expense nse Food/Beverage Expense Polling Expense nations Made By Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains h	now to complete this form.		
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		<b>3</b> Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
07/06/2020	ZOOM.US			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
41.3	55 ALMADEEN BLVD, SAN JO	SE, CA 95113		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD (b) Description CAMPAIGN COMMUNICATION			
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought DISTRICT 2 CITY	Office held	
Date	Payee name			
07/06/2020	WIX EDI PAYMENTS			
Amount (\$)	Payee address;	City;	State; Zip Code	
0.59	PO BOX 40190, SAN FRANCIS	SCO, CA		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche ACCOUNTING/BANKING	dule) Description CREDIT CAR	D FEES	
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	<sup>1</sup> MIRIAM "JUDY" GUTIERREZ	<b>DISTRICT 2 CITY</b>	REPR	
Date	Payee name			
07/08/2020	OFFICE DEPOT			
Amount (\$)	Payee address;	City;	State; Zip Code	
86.02	1111 GERONIMO, EPT 79925			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheen PRINTING	,	D PRECINCT MAPS	
	Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought DISTRICT 2 CITY	Office held	
	ATTACH ADDITIONAL COPIES OF	E THIS SCHEDULE AS NEE	-DFD	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	now to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
27	MRS. MIRIAM J GUTIERREZ		
4 Date	5 Payee name TMOBILE		
07/08/2020 6 Amount (\$)	7 Payee address;	City;	State; Zip Code
55.84	PO BOX 37380, ALUQUERQUE		, _p
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch OFFICE OVERHEAD	edule) (b) Description CAMPAIGN C	ELLPHONE
	(c) Check if travel outside of Texas. Complete Scher	dule T. Check if Aust	in, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought DISTRICT 2 CITY	Office held
Date	Payee name		
07/09/2020	AMAZON.COM		
Amount (\$)	Payee address;	City;	State; Zip Code
136.83	440 TERRY AVE NORTH, SEA	TTLE, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche OFFICE OVERHEAD	· · ·	AND SUPPLIES
	Check if travel outside of Texas. Complete Scher	dule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	<b>DISTRICT 2 CITY</b>	REPR
Date	Payee name		
07/13/2020	WALMART		
Amount (\$)	Payee address;	City;	State; Zip Code
9.27	7555 N. MESA, EPT 79912		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche OTHER	· · · ·	ZER BOTTLES
	Check if travel outside of Texas. Complete Scher	dule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought DISTRICT 2 CITY	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains	how to complete this form.			
<b>1</b> Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)		
27	MRS. MIRIAM J GUTIERREZ				
4 Date					
07/13/2020 6 Amount (\$)	VALMART 7 Pavee address;	City;	State; Zip Code		
41.98	5631 DYER, EPT 79904	Oity,			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE (b) Description REFRESHMENTS FOR VOLUNTEERS				
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought	Office held		
Date	Payee name				
07/13/2020	SAMS CLUB				
Amount (\$)	Payee address;	City;	State; Zip Code		
72.73	9498 GATEWAY NORTH, EPT	79924			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch FOOD & BEVERAGE	-	FOR VOLUNTEERS		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	<sup>1</sup> MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR		
Date	Payee name				
	-				
07/15/2020	AMAZON.COM				
Amount (\$)	Payee address;	City;	State; Zip Code		
69.21	440 TERRY AVE NORTH, SEA	ATTLE, WA 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch OFFICE OVERHEAD	<i>,</i>	DS/PUSH PINS		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR		
	ATTACH ADDITIONAL COPIES C	F THIS SCHEDULE AS NEI	EDED		

### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees         O           Food/Beverage Expense         Performance           y         Gift/Awards/Memorials Expense         Performance	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.			
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
07/17/2020	WIX.COM				
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code		
35.72	PO BOX 40190, SAN FRANCIS	CO, CA			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING (b) Description CAMPAIGN WEBSITE				
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought DISTRICT 2 CITY	Office held REPR		
Date	Payee name				
07/17/2020	GABRIEL AVILA				
Amount (\$)	Payee address;	City;	State; Zip Code		
125	3148 EDGEROCK, EPT 79935				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched SALARIES/WAGES/CONTRAC LABOR		IA		
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
experiature to benefit C/O	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR		
Date	Payee name				
07/18/2020	SAMS CLUB				
Amount (\$)	Payee address;	City;	State; Zip Code		
44.57	9498 GATEWAY NORTH, EPT	79924			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched $OTHER$		& HAND SANITIZER		
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1: 27		AME IRIAM J GUTIERREZ	,		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na		-			
07/20/2020	SAMS C	CLUB				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
36.13	9498 G	ATEWAY NORTH, EF	PT 7992	24		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER (b) Description GLOVES/CANDY FOR VOTER OUTREACH					DTER
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		late / Officeholder name 1 "JUDY" GUTIERRE	z dis	Office sought TRICT 2 CITY	REPR	Office held
Date	Payee na	ame				
07/20/2020	CHRIST	OPHER HERNANDE	Z			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
300	565 RIV	ERDALE, EPT 7990	7			
PURPOSE OF EXPENDITURE	Category OTHER	V (See Categories listed at the top of this	schedule)	Description	ABASE	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	<sup>⁺</sup> MIRAN	I "JUDY" GUTIERRE	Z DIS	TRICT 2 CITY	REPR	
Date	Payee n	ame				
07/20/2020	RUBEN	TERRAZAS				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
125	5106 N.	LAMAR, AUSTIN, T	X 7875	1		
PURPOSE OF EXPENDITURE	Category CONSU	' (See Categories listed at the top of this : LTING	schedule)	Description	N	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	MIRIA	M "JUDY" GUTIERRE	Z DIS	TRICT 2 CITY	REPR	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains I	how to complete this form.			
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
07/21/2020	SAMS CLUB				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
57.85	9498 GATEWAY NORTH, EPT	79924			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER (b) Description VOTER OUTREACH/GLOVES, HAND SANITIZER				
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought DISTRICT 2 CITY	Office held		
Date	Payee name				
07/21/2020	BUILD A SIGN				
Amount (\$)	Payee address;	City;	State; Zip Code		
384.46	11525 A STONEHOLLOW DR a	#100, AUSTIN, TX 7	78758		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche ADVERTISING	edule) Description CAMPAIGN L	AWN SIGNS		
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	<sup>1</sup> MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR		
Date	Payee name				
07/22/2020	WALMART				
Amount (\$)	Payee address;	City;	State; Zip Code		
9.63	5631 DYER, EPT 79904				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche OFFICE OVERHEAD	OFFICE SUP	PLIES		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
07/23/2020	DHGATE.COM			
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code	
125				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch ADVERTISING		REACH/MASKS & HAND	
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	n, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought DISTRICT 2 CITY	Office held	
Date	Payee name			
07/23/2020	USPS			
Amount (\$)	Payee address;	City;	State; Zip Code	
24.2	5249 SANDERS AV, EPT 7992	24		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	edule) Description POSTAGE		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR	
Date	Payee name			
07/23/2020	DOLLAR TREE			
Amount (\$)	Payee address;	City;	State; Zip Code	
10.74	6351 S. DESERT BLVD, EPT	79932		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche OFFICE OVERHEAD	OFFICE SUP	PLIES	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains	s how to complete this form.		
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
07/29/2020	WIX EDI PAYMENTS			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
3.2	PO BOX 40190, SAN FRANC	ISCO, CA		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s ACCOUNTING/BANKING	(b) Description CREDIT CAR	D FEES	
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Z DISTRICT 2 CITY	Office held	
Date	Payee name			
07/29/2020	AMAZON.COM			
Amount (\$)	Payee address;	City;	State; Zip Code	
32.46	440 TERRY AVE NORTH, SE	ATTLE, WA 98109		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so ADVERTISING		ES FOR SIGNAGE	
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	<sup>↑</sup> MIRIAM "JUDY" GUTIERREZ	Z DISTRICT 2 CITY	REPR	
Date	Payee name			
07/29/2020	RUBEN TERRAZAS			
Amount (\$)	Payee address;	City;	State; Zip Code	
125	5601 N LAMAR #170, AUSTIN	I, TX 78751		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so CONSULTING	bescription LOGO DESIG	N	
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	Z DISTRICT 2 CITY	REPR	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees         Offin           Food/Beverage Expense         Poll           y         Gift/Awards/Memorials Expense         Print	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how	w to complete this form.			
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
07/31/2020	GABRIEL AVILA				
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code		
125	3148 EDGEROCK, EPT 79935				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR (b) Description SOCIAL MEDIA				
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Aus	tin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought DISTRICT 2 CITY	Office held		
Date	Payee name				
07/31/2020	AMAZON.COM				
Amount (\$)	Payee address;	City;	State; Zip Code		
12.96	440 TERRY AVE NORTH, SEAT	TLE, WA 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul OFFICE OVERHEAD	e) Description			
	Check if travel outside of Texas. Complete Schedule	eT. Check if Aus	tin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR		
Date	Payee name				
08/01/2020	FAMOUS DAVES				
Amount (\$)	Payee address;	City;	State; Zip Code		
40.84	1135 AIRWAY BLVD, EPT 7992	5			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul FOOD & BEVERAGE	-	OLUNTEERS		
	Check if travel outside of Texas. Complete Schedule	eT. Check if Aust	tin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	MRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		1
08/04/2020	WIX EDI PAYMENTS		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
0.59	PO BOX 40190, SAN FRANCI	SCO, CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s ACCOUNTING/BANKING	chedule) (b) Description CREDIT CAR	D FEES
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought	Office held
Date	Payee name		
08/04/2020	PASEO DEL SOL		
Amount (\$)	Payee address;	City;	State; Zip Code
50.05	4201 ALABAMA, EPT 79930		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sc FOOD & BEVERAGE		OLUNTEERS
	Check if travel outside of Texas. Complete Sch	hedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	<sup>↑</sup> MIRIAM "JUDY" GUTIERREZ	Z DISTRICT 2 CITY	REPR
Date	Payee name		
08/05/2020	ZOOM.COM		
Amount (\$)	Payee address;	City;	State; Zip Code
58.67	55 ALMADEEN BLVD, SAN JO	DSE, CA 75113	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sc OFFICE OVERHEAD	,	COMMUNICATION
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

### SCHEDULE F1

		EXPENDITURE CAT	EGORIESI	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Exp		Travel In District Travel Out Of Distr	ipment & Related Expense
Credit Card Payment		The Instruction Guide expla	ains how to c	omplete this form.		
1 Total pages Schedule F1:					3 Filer ID (Ethi	cs Commission Filers)
27	MRS. M	<b>IRIAM J GUTIERRE</b>	Z			
4 Date	5 Payee na	ame				
08/05/2020	ZAPA G	RAPHICS				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
95.34	3410 W	ICKHAM, EPT 7990	4			
8 PURPOSE OF EXPENDITURE	(a) Categor ADVER	y (See Categories listed at the top of th	nis schedule)	(b) Description MAGNETIC S	SIGNS	
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Aust	tin, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OI		late / Officeholder name M "JUDY" GUTIERR	EZ DIS	Office sought TRICT 2 CITY	REPR	Office held
Date	Payee na	ame				
08/05/2020	FYVEIC	HBANNERS				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
152.24	1215 N.	COPIA, EPT 79903	3			
PURPOSE OF EXPENDITURE	Category ADVER	V (See Categories listed at the top of thi TISING	s schedule)	Description SCREEN PRI	INTING	
	П	Check if travel outside of Texas. Complete	e Schedule T.	Check if Aust	tin, TX, officeholder livir	ng expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	<sup>⊢</sup> MRIAN	1 "JUDY" GUTIERRE	EZ DIS	C	REPR	
Date	Payee n	ame				
08/07/2020	SAMS C	CLUB				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
101.73	7001 GA	ATEWAY WEST, EP	T 79925	5		
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this OVERHEAD	s schedule)	Description OFFICE SUP	PLIES	
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Aust	in, TX, officeholder livir	ng expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	MIRIAN	M "JUDY" GUTIERRI	EZ DIS	TRICT 2 CITY	REPR	
	AT	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explai	ns how to complete this form.			
<b>1</b> Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
27	MRS. MIRIAM J GUTIERREZ	7			
4 Date	5 Payee name				
08/07/2020	SAMS CLUB				
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code		
129.81	9498 GATEWAY NORTH, EF	PT 79924			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD (b) Description OFFICE SUPPLIES				
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aust	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name MIRIAM "JUDY" GUTIERRE	Office sought	Office held		
Date	Payee name				
08/09/2020	LOWE'S				
Amount (\$)	Payee address;	City;	State; Zip Code		
49.62	4531 WOODROW BEAN DR	, EPT 79924			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this ADVERTISING		OD FOR CAMPAIGN		
	Check if travel outside of Texas. Complete	Schedule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERRE	Z DISTRICT 2 CITY	REPR		
Date	Payee name				
08/10/2020	TMOBILE				
Amount (\$)	Payee address;	City;	State; Zip Code		
55.84	PO BOX 37380, ALBUQUER	QUE, NM 87176			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this OFFICE OVERHEAD	schedule) Description CAMPAIGN C	ELLPHONE		
	Check if travel outside of Texas. Complete	Schedule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERRE	Z DISTRICT 2 CITY	REPR		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		<b>3</b> Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
08/10/2020	DOLORES JENKINS				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
53.38	1501 BANKER RD, CANUTILL	O, TX 79835			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE VOLUNTEERS				
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF					
Date	Payee name				
08/10/2020	ZAPA GRAPHICS				
Amount (\$)	Payee address;	City;	State; Zip Code		
67.11	3410 WICKHAM, EPT 79904				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch ADVERTISING	edule) Description BUSINESS C	ARDS		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	tin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	<sup>1</sup> MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR		
Date	Payee name				
08/11/2020	WIX EDI PAYMENTS				
Amount (\$)	Payee address;	City;	State; Zip Code		
7.55	PO BOX 40190, SAN FRANCIS	SCO, CA			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch ACCOUNTING/BANKING	edule) Description CREDIT CAR	D FEES		
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees         Offic           Food/Beverage Expense         Poll           y         Gift/Awards/Memorials Expense         Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense tting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how	w to complete this form.				
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
08/14/2020	DHGATE.COM					
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code			
75						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         ADVERTISING       VOTER OUTREACH/MASKS					
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Austi	n, TX, officeholder living expense			
9 Complete         ONLY if direct         Candidate / Office holder name         Office sought         Office held           9 complete         ONLY if direct         MIRIAM "JUDY" GUTIERREZ         DISTRICT 2 CITY REPR         Office held						
Date	Payee name					
08/14/2020	GABRIEL AVILA					
Amount (\$)	Payee address;	City;	State; Zip Code			
175	3148 EDGEROCK, EPT 79935					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul SALARIES/WAGES/CONTRACT LABOR	· ·	IA			
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austi	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
experiature to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR			
Date	Payee name					
08/16/2020	AMAZON.COM					
Amount (\$)	Payee address;	City;	State; Zip Code			
32.46	440 TERRY AVE NORTH, SEAT	TLE, WA 98109				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul ADVERTISING		S FOR SIGNS			
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austi	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF 1					
	ALIAGUADDI I UNAL CUFIED UF I					

#### SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		<b>3</b> Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
08/17/2020	WIX.COM			
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code	
35.72	PO BOX 40190. SAN FRANCIS	SCO, CA		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch ADVERTISING	(b) Description CAMPAIGN V	VEBSITE	
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought DISTRICT 2 CITY	Office held	
Date	Payee name			
08/18/2020	OFFICE DEPOT			
Amount (\$)	Payee address;	City;	State; Zip Code	
13	1111 GERONIMO, EPT 79925			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche OFFICE OVERHEAD	edule) Description COPY PAPER	2	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	<b>DISTRICT 2 CITY</b>	REPR	
Date	Payee name			
08/20/2020	AMAZON.COM			
Amount (\$)	Payee address;	City;	State; Zip Code	
9.19	440 TERRY AVE NORTH, SEA	TTLE, WA 98109		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche OFFICE OVERHEAD	edule) Description		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE F1

	EXPENDITURE CATEGO	DRIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees C Food/Beverage Expense G Gift/Awards/Memorials Expense G	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/22/2020	WALMART		
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
19.9	10727 GATEWAY WEST, EPT	79935	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch OFFICE OVERHEAD	(b) Description OFFICE SUPI	PLIES
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ	Office sought DISTRICT 2 CITY	Office held
Date	Payee name		
08/22/2020	WALMART		
Amount (\$)	Payee address;	City;	State; Zip Code
39.39	5631 DYER, EPT 79904		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche OFFICE OVERHEAD	edule) Description PRINTER INK	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	<b>DISTRICT 2 CITY</b>	REPR
Date	Payee name		
	-		
08/23/2020	SAMS CLUB		
Amount (\$)	Payee address;	City;	State; Zip Code
182.03	9498 GATEWAY BLVD NORTH	I, EPT 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche OFFICE OVERHEAD/OTHER		( / VOLUNTEER DN
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED

#### SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explain	is how to complete this form.			
1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		1		
08/24/2020	WIX EDI PAYMENTS				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
3.2	PO BOX 40190, SAN FRANC	ISCO, CA			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this ACCOUNTING/BANKING	schedule) (b) Description CREDIT CAR	D FEES		
	(C) Check if travel outside of Texas. Complete S	chedule T. Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         MIRIAM "JUDY" GUTIERREZ       DISTRICT 2 CITY REPR					
Date	Payee name				
08/24/2020	OFFICE DEPOT				
Amount (\$)	Payee address;	City;	State; Zip Code		
28.13	1111 GERONIMO, EPT 7992	5			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s OFFICE OVERHEAD	Richedule) Description PRINTER INF	ζ		
	Check if travel outside of Texas. Complete S	chedule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	<sup>+</sup> MIRIAM "JUDY" GUTIERRE	Z DISTRICT 2 CITY	REPR		
Date	Payee name				
08/25/2020	WIX EDI PAYMENTS				
Amount (\$)	Payee address;	City;	State; Zip Code		
2.06	PO BOX 40190, SAN FRANC	ISCO, CA			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s ACCOUNTING/BANKING	chedule) Description CREDIT CAR	D FEES		
	Check if travel outside of Texas. Complete S	chedule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERRE	Z DISTRICT 2 CITY	REPR		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Ciedii Cald Faymeni	The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		<b>3</b> Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
08/25/2020	CLEARBAGS					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
37.09	4949 WINDPLAY DR #100, EL	DORADO, CA 9576	62			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING (b) Description BAGS FOR DOOR HANGERS					
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense			
9 Complete ONLY if direct       Candidate / Office holder name       Office sought       Office held         9 complete ONLY if direct       Candidate / Office holder name       Office sought       Office held         MIRIAM "JUDY" GUTIERREZ       DISTRICT 2 CITY REPR       Office held						
Date	Payee name					
08/27/2020	ZAPA GRAPHICS					
Amount (\$)	Payee address;	City;	State; Zip Code			
378.87	3410 WICKHAM, EPT 79904					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche ADVERTISING	edule) Description CAMPAIGN L	AWN SIGNS			
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR			
Date	Payee name					
08/28/2020	GABRIEL AVILA					
Amount (\$)	Payee address;	City;	State; Zip Code			
125	3148 EDGEROCK, EPT 79935	5				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schu SALARIES/WAGES/CONTRAC		IA			
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	n, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
08/28/2020	SAMS CLUB					
6 Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code			
64.91	9498 GATEWAY NORTH, EPT	79924				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER (b) Description HAND SANITIZER BOTTLES					
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	tin, TX, officeholder living expense			
9 Complete ONLY if direct         Candidate / Office holder name         Office sought         Office held           expenditure to benefit C/OH         MIRIAM "JUDY" GUTIERREZ         DISTRICT 2 CITY REPR         Office held						
Date	Payee name					
08/28/2020	SAMS CLUB					
Amount (\$)	Payee address;	City;	State; Zip Code			
73.5	9498 GATEWAY NORTH, EPT	79924				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche FOOD & BEVERAGE	,	APPRECIATION			
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	tin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	<b>DISTRICT 2 CITY</b>	REPR			
Date	Payee name					
08/29/2020	DOLLAR GENERAL					
Amount (\$)	Payee address;	City;	State; Zip Code			
10.83	5421 MONTANA A, EPT 79903					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche FOOD & BEVERAGE		FOR VOLUNTEER BLOCK			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Exp		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
<b>1</b> Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethic	s Commission Filers)
27	MRS. M	IIRIAM J GUTIERREZ	-			
4 Date	5 Payee na					
08/29/2020		BAKERY		<u>Oitau</u>	Oteter	Zia O a da
6 Amount (\$) 12.04	7 Payee a 901 PA	RK ST, EPT 79901		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE WALKERS					EER BLOCK
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct         Candidate / Office holder name         Office sought         Office held           expenditure to benefit C/OH         MIRIAM "JUDY" GUTIERREZ         DISTRICT 2 CITY REPR         Office held						Office held
Date	Payee na	ame				
08/29/2020	ALLPR	INT				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
725.28	7230-D GATEWAY EAST, EPT 79915					
PURPOSE OF EXPENDITURE	Categor ADVER	y (See Categories listed at the top of this TISING	schedule)	Description DOORHANG	ERS	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct	Candio	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	<sup>⊣</sup> MIRIA	M "JUDY" GUTIERRE	Z DIS	TRICT 2 CITY	REPR	
Dette	Payee n					
Date 09/01/2020						
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
7.55	PO BO	K 40190, SAN FRANC	SISCO, (	-		
PURPOSE OF EXPENDITURE		/ (See Categories listed at the top of this : INTING/BANKING	schedule)	Description CREDIT CAR	D FEES	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct	Candio	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	MIRIA	M "JUDY" GUTIERRE	Z DIS	TRICT 2 CITY	REPR	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

#### SCHEDULE F1

	EXPENDITURE CATEC	GORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explain	s how to complete this form.			
1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		1		
09/02/2020	WIX EDI PAYMENTS				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
3.2	PO BOX 40190, SAN FRANC	ISCO, CA			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this ACCOUNTING/BANKING	schedule) (b) Description CREDIT CAR	DFEES		
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, TX, officeholder living expense		
9 Complete ONLY if direct         Candidate / Office holder name         Office sought         Office held           expenditure to benefit C/OH         MIRIAM "JUDY" GUTIERREZ         DISTRICT 2 CITY REPR         Office held					
Date	Payee name				
09/04/2020	MARIO CARMONA				
Amount (\$)	Payee address;	City;	State; Zip Code		
375	9307 LEONARDO, EPT 7990	7			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so SALARIES/WAGES/CONTRA		VASSING		
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	<sup>+</sup> MIRIAM "JUDY" GUTIERRE	Z DISTRICT 2 CITY	REPR		
Date	Payee name				
09/05/2020	ZOOM.US				
Amount (\$)	Payee address;	City;	State; Zip Code		
58.67	55 ALMADEEN BLVD, ALBUC	QUERQUE, NM			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so OFFICE OVERHEAD		COMMUNICATION		
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	MIRIAM "JUDY" GUTIERRE	Z DISTRICT 2 CITY	REPR		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

		EXPENDITURE CATE	<b>GORIES</b> F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	F F Vy G	vent Expense ees ood/Beverage Expense ift/Awards/Memorials Expense egal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explai	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAM	1E			3 Filer ID (Ethic	s Commission Filers)
27	MRS. MIF	RIAM J GUTIERREZ	-			
4 Date	5 Payee nam					
09/08/2020	OFFICE D					
6 Amount (\$)	<b>7</b> Payee addr	ess;		City;	State;	Zip Code
24	1111 GEF	RONIMO, EPT 7992	25			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING (b) Description FUNDRAISER INVITATIONS					
	(c) Cr	eck if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF						
Date	Payee name	e				
09/08/2020	TMOBILE					
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
55.84	PO BOX 3	37380, ALBUQUER	QUE, N	M 87176		
PURPOSE OF EXPENDITURE		See Categories listed at the top of this DVERHEAD	schedule)	Description CAMPAIGN C	ELL	
	Cr	eck if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate	e / Officeholder name		Office sought		Office held
expenditure to benefit C/OF		"JUDY" GUTIERRE		TRICT 2 CITY	RFPR	
	1					
Date	Payee nam	e				
09/11/2020	MARIO C	ARMONA				
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
375	9037 LEC	NARDO, EPT 7990	07			
PURPOSE OF EXPENDITURE		ee Categories listed at the top of this a S/WAGES/CONTRA		Description	/ASSING	
	Ch	eck if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct		e / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	MIRIAM	"JUDY" GUTIERRE	ZDIS	TRICT 2 CITY	REPR	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees C Food/Beverage Expense F y Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
09/11/2020	GABRIEL AVILA				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
125	3148 EDGEROCK, EPT 79925	5			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch SALARIES/WAGES/CONTRAC		NA		
	(C) Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         MIRIAM "JUDY" GUTIERREZ       DISTRICT 2 CITY REPR					
Date	Payee name				
09/12/2020	DHGATE.COM				
Amount (\$)	Payee address;	City;	State; Zip Code		
65					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche ADVERTISING		REACH/MASKS		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	tin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	<sup>1</sup> MIRIAM "JUDY" GUTIERREZ	<b>DISTRICT 2 CITY</b>	REPR		
Date	Payee name				
09/16/2020	WIX EDI PAYMENTS				
Amount (\$)	Payee address;	City;	State; Zip Code		
14.8	PO BOX 40190, SAN FRANCIS	SCO, CA			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche ACCOUNTING/BANKING	Description CREDIT CAR	D FEES		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	<sup>1</sup> MIRIAM "JUDY" GUTIERREZ	DISTRICT 2 CITY	REPR		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

-----

		EXPENDITURE CATE	GORIES	-OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment		The Instruction Guide explair	is how to c	omplete this form.		
<b>1</b> Total pages Schedule F1:					3 Filer ID (Ethic	cs Commission Filers)
27	MRS. M	IRIAM J GUTIERREZ				
4 Date	5 Payee na					
09/17/2020	EL LOC	0				
6 Amount (\$)	7 Payee ad	ldress;		City;	State;	Zip Code
8.66	3600 AL	AMEDA, EPT 79905				
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	ADVER	TISING		BAGS FOR M	IASKS	
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	tin, TX, officeholder livin	ig expense
9 Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	<sup>+</sup> MIRIAN	M "JUDY" GUTIERRE	Z DIS	TRICT 2 CITY	REPR	
Date	Payee na	ime				
09/18/2020	MARIO	CARMONA				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
555	9037 LE	ONARDO, EPT 7990	)7			
		(See Categories listed at the top of this s ES/WAGES/CONTRA		Description	ASSING	
PURPOSE OF	0, 12, 11 1					
EXPENDITURE						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF		M "JUDY" GUTIERRE	Z DIS	TRICT 2 CITY	REPR	
Date	Payee na	ame				
09/21/2020	WIX ED	I PAYMENTS				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
3.2	РО ВОХ	( 40190, SAN FRANC	ISCO, (	CA		
PURPOSE		(See Categories listed at the top of this s	chedule)	Description CREDIT CAR	D FEES	
OF						
LAFENDITUKE						
		Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	MIRIAN	/I "JUDY" GUTIERRE	Z DIS	TRICT 2 CITY	REPR	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	F y G	vent Expense ees ood/Beverage Expense sift/Awards/Memorials Expense egal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment		The Instruction Guide explain	s how to c	omplete this form.				
1 Total pages Schedule F1:					3 Filer ID (Ethic	s Commission Filers)		
27	MRS. MIF	RIAM J GUTIERREZ						
4 Date	5 Payee nam							
09/21/2020	WIX.CON			0.11		71.0.1		
6 Amount (\$)	7 Payee addr	7 Payee address; City; State; Zip Code						
35.72	PO BOX 4	PO BOX 40190, SAN FRANCISCO,						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)       (b) Description         ADVERTISING       CAMPAIGN WEBSITE							
EXPENDITURE								
	(c) Cł	neck if travel outside of Texas. Complete S	chedule T.	Check if Aust	in, TX, officeholder livin	g expense		
9 Complete ONLY if direct         Candidate / Officeholder name         Office sought         Office held           expenditure to benefit C/OH         MIRIAM "JUDY" GUTIERREZ         DISTRICT 2 CITY REPR         Office held						Office held		
Date	Payee nam	e						
09/22/2020	WIX EDI	PAYMENTS						
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code		
7.55	PO BOX 40190, SAN FRANCISCO, CA							
PURPOSE OF EXPENDITURE		See Categories listed at the top of this s	chedule)	Description CREDIT CAR	D FEES			
		neck if travel outside of Texas. Complete S	chedule T.	Check if Austi	in, TX, officeholder living	a expense		
Complete ONLY if direct		e / Officeholder name		Office sought		Office held		
expenditure to benefit C/OF	4	"JUDY" GUTIERRE	Z DIS	Ū.	REPR			
Date	Payee nam	e						
09/24/2020	WIX EDI I	PAYMENTS						
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code		
3.2	PO BOX 4	40190, SAN FRANC	ISCO, (	CA				
PURPOSE OF EXPENDITURE		ee Categories listed at the top of this s	chedule)	Description CREDIT CAR	D FEES			
	Ch	eck if travel outside of Texas. Complete Se	chedule T.	Check if Austi	in, TX, officeholder living	g expense		
Complete ONLY if direct	Candidate	e / Officeholder name		Office sought		Office held		
expenditure to benefit C/OF	MIRIAM	"JUDY" GUTIERRE	Z DIS	TRICT 2 CITY	REPR			
	ATTA	CH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains	how to complete this form.	1		
1 Total pages Schedule F1: 27	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		<b>3</b> Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
09/24/2020	AMAZON.COM				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
32.4	440 TERRY AVE NORTH, SE	ATTLE, WA 98109			
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description			
PURPOSE	ADVERTISING	WIRE FRAME	S FOR SIGNAGE		
OF EXPENDITURE					
	(C) Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
08/28/2020	OFFICE DEPOT				
Amount (\$)	Payee address;	City;	State; Zip Code		
23.59	1111 GERONIMO, EPT 7992	5			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci OFFICE OVERHEAD	nedule) Description			
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Aust	n, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF		0			
Data	Payee name				
Date	Fayee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	nedule) Description			
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# UNPAID INCURRED OBLIGATIONS

		EXPENDITURE CATI	EGORIES FOR BOX 10(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide expl	ains how to complete this form.	
1 0	Total pages Schedule F2:	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERRE	Z	3 Filer ID (Ethics Commission Filers)
	TOTAL OF UNITEN	/IZED UNPAID INCURRED OBI		\$0
5	Date	6 Payee name		
7	Amount (\$)	8 Payee address;	City;	State; Zip Code
9	TYPE OF EXPENDITURE	Political	Non-Political	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	this schedule) (b) Description	
		(C) Check if travel outside of Texas. Complete	te Schedule T. Check if Au	ustin, TX, officeholder living expense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
	Date	Payee name		
	Amount (\$)	Payee address;	City;	State; Zip Code
	TYPE OF EXPENDITURE	Political	Non-Political	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description	
		Check if travel outside of Texas. Compl	ete Schedule T. Check if /	Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

#### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

		1 Total pages Schedule F3:
Т	he Instruction Guide explains how to complete this form.	0
2 FILER NAME	M 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; Cir	ty; 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; Cit	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED

EXPENDITU	RES MADE BY CRED	IT CARD	SCHEDULE F4
	EXPENDITURE CATEGOR	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Of Food/Beverage Expense Pro y Gift/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$0
5 Date	6 Payee name		1
<b>7</b> Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche     (c) Check if travel outside of Texas. Complete Scher     Candidate / Officeholder name		ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF			
PURPOSE	Political           Category (See Categories listed at the top of this sche	Non-Political adule) Description	
OF	Check if travel outside of Texas. Complete Sche	dule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED

Forms provided by Texas Ethics Commission

10/5/2020 4:45:08 PM

## SCHEDULE G

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ov Polling E Printing E Salaries/	xpense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
	1			complete this form.	1	
1 Total pages Schedule G: 4		ME RIAM J GUTIERREZ			3 Filer ID (Ethics	Commission Filers)
4 <sub>Date</sub> 07/21/2020	5 Payee nar DOLORE	S JENKINS			1	
6 Amount (\$) 39.73 Reinbursement from political contributions intended	7 Payee add 1501 BA	<sup>dress;</sup> NKER RD, CANUTIL	LO, TX	79835 <sup>City;</sup>	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this BEVERAGE	schedule)	(b) Description FOOD FOR V	OLUNTEERS	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name I "JUDY" GUTIERRE	DISTR	Office sought ICT 2 CITY RE	PRES	Office held
Date 07/25/2020	Payee nar	ne S JENKINS				
Amount (\$) 13.65 Reimbursement from political contributions intended	Payee add 1501 BA	<sup>dress:</sup> NKER RD, CANUTIL	LO, TX	79835 <sup>City;</sup>	State;	Zip Code
PURPOSE OF EXPENDITURE	Category EVENT	(See Categories listed at the top of this	schedule)	FUNDRAISER	RITEMS	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name // "JUDY" GUTIERRE	DISTR	Office sought ICT 2 CITY RE	PRES	Office held
Date	Payee nar	ne				
08/14/2020		GUTIERREZ				
Amount (\$) 91.04 Reimbursement from political contributions intended	Payee add 4117 CLI	FTON #C, EPT 9903	3	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category ADVERT	(See Categories listed at the top of this ISING	schedule)	Description VOTER OUTF HAND SANITI		ES MASKS
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name /I "JUDY" GUTIERRE	DISTR	Office sought ICT 2 CITY RE	PRES	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## SCHEDULE ${f G}$

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guide explai	ns now to	complete this form.		
<ol> <li>Total pages Schedule G:</li> <li>4</li> </ol>		AIAM J GUTIERREZ			3 Filer ID (Ethics	Commission Filers)
4 <sub>Date</sub> 08/15/2020	5 Payee nam MIRIAM C	ÖUTIERREZ				
6 Amount (\$) 295 Reimbursement from political contributions intended	7 Payee add 4117 CLIF	TON #C, EPT 7990	)3	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING (b) Description HAND SANITIZER BOTTLES			S		
_	(c) C	neck if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name "JUDY" GUTIERRE	DISTR	Office sought	PRES	Office held
Date 08/18/2020	Payee nam	。 GUTIERREZ				
Amount (\$) 97.42 Reimbursement from political contributions intended	Payee add 4117 CLII	TON #C, EPT 7990	)3	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category ADVERTI	(See Categories listed at the top of this s SING	schedule)	CAMPAIGN L	AWN SIGNS	
	Check if travel outside of Texas. Complete Schedule T.			n, TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/		te / Officeholder name	DISTR	Office sought	PRES	Office held
Date	Payee nam	e				
08/28/2020	MIRIAM G	GUTIERREZ				
Amount (\$) 11.08 Reimbursement from political contributions intended	Payee add 4117 CLIF	TON #C, EPT 7990	)3	City;	State;	Zip Code
PURPOSE OF EXPENDITURE		See Categories listed at the top of this s BEVERAGE	schedule)	Description VOLUNTEER	APPRECIATIO	N
	C	neck if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name "JUDY" GUTIERRE	DISTR	Office sought	PRES	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## SCHEDULE ${f G}$

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       ons Made By     Gift/Awards/Memorials Expense		e <sup>r</sup> head/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	1					
1 Total pages Schedule G: 4		RIAM J GUTIERREZ			3 Filer ID (Ethics	Commission Filers)
4 <sub>Date</sub> 08/28/2020	5 Payee nar MIRIAM	GUTIERREZ				
6 Amount (\$) 53.51 Reimbursement from political contributions intended	7 Payee add 4117 CLI	FTON #C, EPT 7990	)3	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category ADVERT	(See Categories listed at the top of this s	chedule)	(b) Description SCREEN PRIM	NTING FOR B	AGS
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living e	expense
9	Candid	ate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES						
Date 09/15/2020	Payee nar	ne GUTIERREZ				
Amount (\$) 11 Reimbursement from political contributions intended	Payee add 4117 CLI	FTON #C, EPT 7990	)3	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category OTHER	(See Categories listed at the top of this s	schedule)	POSTAGE		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austir	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name /I "JUDY" GUTIERRE	DISTR	Office sought	PRES	Office held
Date	Payee nar	ne				
09/17/2020	MIRIAM	GUTIERREZ				
Amount (\$) 10.66 Reimbursement from political contributions intended	Payee add 4117 CLI	fress; FTON #C, EPT 7990	)3	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category OTHER	(See Categories listed at the top of this s	chedule)	BAGS FOR M	ASKS	
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name /I "JUDY" GUTIERRE	DISTR	Office sought	PRES	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## SCHEDULE ${f G}$

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor <b>how to complete this form.</b>	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G: 4	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)		
4 <sub>Date</sub> 09/19/2020	<sup>5</sup> Payee name MIRIAM GUTIERREEZ		I		
6 Amount (\$) 130.97 Reimbursement from political contributions intended	7 Payee address; 4117 CLIFTON #C, EPT 79903 City; State; Zip				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE APPRECIATION DAY				
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	edule) Description			
	Check if travel outside of Texas. Complete Sched	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
Date	Payee name				
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description			
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED		

	MADE FROM POLITICAL ITIONS TO A BUSINESS C	DF C/OH	SCHEDULE H
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees         Offic           Food/Beverage Expense         Poll           By         Gift/Awards/Memorials Expense         Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H:	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule		
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule	) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEE	DED

#### SCHEDULE |

	The Instruction Guide explains how to cor	inplete this form.		
I Total pages Schedule I	<sup>2</sup> FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Co	ommission Filers)
1 Date	5 Payee name	·		
<b>6</b> Amount (\$)	7 Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See in required.)	instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See i required.)	instructions regarding type o	f information

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

SCHEDULE K

The	The Instruction Guide explains how to complete this form.					
2 FILER NAME	M J GUTIERREZ	3 Filer ID (Ethics Commi	ssion Filers)			
		0	۸			
4 Date	5 Name of person from whom amount is received	8	Amount (\$)			
	<b>6</b> Address of person from whom amount is received; City; Sta	e; Zip Code				
	7 Purpose for which amount is received Check if	political contribution returne	d to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	te; Zip Code				
	Purpose for which amount is received Check if	political contribution returne	d to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta					
	Purpose for which amount is received Check if	political contribution returne	d to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	te; Zip Code				
	Purpose for which amount is received Check if	political contribution returne	d to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED				

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

SCHEDULE T

The Instru	uction Guide	explains	s how to complete	this form.	1 Total pages Schedule T: 0	
<sup>2</sup> FILER NAME MRS. MIRIAM J	GUTIERF	REZ			3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /			Organization / Pledgo	r / Payee		
5 Contribution / Expend	5 Contribution / Expenditure reported on:					
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	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 Departur	re city or r	name of departure loc	ation		
	9 Destinati	on city or	name of destination	location		
10 Means of transportati	ion	11 Purp	ose of travel (includin	g name of conference	, seminar, or other event)	
Name of Contributor /	Corporation	or Labor (	Organization / Pledgc	or / Payee		
Contribution / Expend	liture reported	l on:				
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of	person(s	) traveling			
	Departu	re city or r	name of departure loc	cation		
	Destinat	ion city or	name of destination	location		
Means of transportat	ion	Purp	ose of travel (includir	ng name of conference	e, seminar, or other event)	
Name of Contributor /	/ Corporation	or Labor (	Organization / Pledgo	or / Payee		
Contribution / Expend	liture reported	l on:				
Schedule A2	Schedu	lle B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu	Ile F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of	person(s	) traveling			
	Departu	re city or r	name of departure loc	cation		
	Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)				e, seminar, or other event)		
	ΓA	TACH A	DDITIONAL COPIE	S OF THIS SCHEDU	ILE AS NEEDED	

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

SIGNATURE	t have unexpended contributions or unexpended interest or in unexpended contributions or unexpended interest or income of convert unexpended political contributions or unexpended al use. I also understand that I must file an annual report ended contributions or unexpended interest or income earned of al report. Further, I understand that I must dispose of unexpe e earned on political contributions in accordance with the require	I also understand that I may not accept any campaign rer appointment on file. Signature of Candidate / Officeholder Signature of Candidate / Officeholder earned from political contributions. I understand that I interest or income earned on political contributions to of unexpended contributions and that I may not retain on political contributions longer than six years after filing nded political contributions and unexpended interest or
I do not expect a ing a report as a contributions or         FILER WHO I         • Complete A         A.       CAMF         I do not         I have         may n         persor         unexport         Check only of         I do not	A final report terminates my campaign treasurer appointment. make any campaign expenditures without a campaign treasure SNOTAN OFFICEHOLDER & B below only if you are not an officeholder. •• AIGN FUNDS one: t have unexpended contributions or unexpended interest or in unexpended contributions or unexpended interest or income of convert unexpended political contributions or unexpended al use. I also understand that I must file an annual report ended contributions or unexpended interest or income earned of al report. Further, I understand that I must dispose of unexpended earned on political contributions in accordance with the require	I also understand that I may not accept any campaign rer appointment on file. Signature of Candidate / Officeholder Signature of Candidate / Officeholder earned from political contributions. I understand that interest or income earned on political contributions to of unexpended contributions and that I may not retain on political contributions and that I may not retain on political contributions and unexpended interest of
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persor	ain assets purchased with political contributions or interest or hay not convert assets purchased with political contributions of al use. I also understand that I must dispose of assets purch ments of Election Code, § 254.204.	or interest or other income from political contributions to
		Signature of Candidate
OFFICEHOLI	IFR	
	is section only if you are an officeholder ••	
file. I an officeho	are that I remain subject to filing requirements applicable to an on n also aware that I will be required to file reports of unexpended Ider, I retain political contributions, interest or other income from tributions or interest or other income from political contribution	contributions if, after filing the last required report as an political contributions, or assets purchased with politi-