

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

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

OFFICE USE ONLY

Date Received

10/5/2020 4:32:18 PM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

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

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 246-2922

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

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

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

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

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(915) 799-9927

9 REPORT TYPE

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

10 PERIOD
COVERED

Month Day Year Month Day Year
07/01/2020 THROUGH 09/24/2020

11 ELECTION

ELECTION DATE

Month Day Year
11/03/2020

ELECTION TYPE

Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DISTRICT 2 CITY REPRESENTATIVE

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME
MRS. MIRIAM J GUTIERREZ

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER 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	\$ 1926.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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

Miriam J Gutierrez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miriam J Gutierrez, this the 5 day of October, 2020, to certify which, witness my hand and seal of office.

Adriana Rosas

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

10/5/2020 4:45:08 PM

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

MRS. MIRIAM J GUTIERREZ

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

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

10/5/2020 4:45:08 PM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

07/05/2020

5 Full name of contributor

VICTOR ARMENDARI

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

6 Contributor address;

City;

State;

Zip Code

2204 HIBBERT, EPT 79903

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

07/06/2020

Full name of contributor

PRISCILLA CARRILLO

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

Contributor address;

City;

State;

Zip Code

41831 BRISTOW MANOR, ASHBURN, VA 20148

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

STUDENT

Employer (See Instructions)

Date

07/07/2020

Full name of contributor

REBECCA VILLEGAS

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

Contributor address;

City;

State;

Zip Code

3220 MCLEAN, EPT 79936

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

07/20/2020

Full name of contributor

PAUL A PEREZ

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

Contributor address;

City;

State;

Zip Code

11528 JAMES GRANT, EPT 79936

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

HOME INSPECTOR

Employer (See Instructions)

HAVEN HOME INSPECTION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

07/24/2020

5 Full name of contributor

MADELEINE HADDOX

6 Contributor address;

2711 RADFORD, EPT 79903

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

City;

State;

Zip Code

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

07/24/2020

Full name of contributor

CARMEN HADDOX

Contributor address;

2711 RADFORD, EPT 79903

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

City;

State;

Zip Code

Amount of contribution (\$)

75

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

07/24/2020

Full name of contributor

SUZANNE RODARTE

Contributor address;

3148 EDGEROCK, EPT 79935

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

City;

State;

Zip Code

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

QUALITY ASSURANCE COACH

Employer (See Instructions)

SELF EMPLOYED

Date

08/01/2020

Full name of contributor

VICTOR ARMENDARIZ

Contributor address;

2204 HIBBERT, EPT 79903

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

City;

State;

Zip Code

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

08/10/2020

5 Full name of contributor

JOSE MOLINAR

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

6 Contributor address; City; State; Zip Code

4620 SM MELLNIK, EPT 79924

7 Amount of contribution (\$)

50

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

08/12/2020

Full name of contributor

CARL ROBINSON

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

Contributor address; City; State; Zip Code

10732 TEXARKANA, EPT 79924

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

COUNTY COMMISSIONER

Employer (See Instructions)

COUNTY OF EL PASO

Date

08/12/2020

Full name of contributor

ANNETTE KOST

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

Contributor address; City; State; Zip Code

11536 LAKE ERIE, EPT 79936

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

NURSE

Employer (See Instructions)

SIERRA PROVIDENCE HEALTH NETWORK

Date

08/13/2020

Full name of contributor

JESSICA CARO

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

Contributor address; City; State; Zip Code

41831 BRISTOW MANOR, ASHBURN, VA 20148

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

TITLE PROCESSOR

Employer (See Instructions)

NWTE

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

08/14/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
ELIZABETH APODACA

6 Contributor address; City; State; Zip Code
545 SUN RAY WAY, EPT 79928

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)
VIRTUAL EMPLOYMENT SPECIALIST

9 Employer (See Instructions)
MANPOWER SOLUTIONS

Date

08/14/2020

Full name of contributor out-of-state PAC (ID#: _____)
MICHELLE DELAMOTTE

Contributor address; City; State; Zip Code
713 KAPRIZ, EPT 79932

Amount of contribution (\$)

25

Principal occupation / Job title (See Instructions)
TEACHER

Employer (See Instructions)
EPISD

Date

08/14/2020

Full name of contributor out-of-state PAC (ID#: _____)
CYNTHIA MILAZZO

Contributor address; City; State; Zip Code
2631 ALTURA, EPT 79930

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

Date

08/18/2020

Full name of contributor out-of-state PAC (ID#: _____)
RAMONA TORRES

Contributor address; City; State; Zip Code
2706 FRANKFORT, EPT 79930

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

08/21/2020

5 Full name of contributor

FERNANDO VASQUEZ

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

6 Contributor address; City; State; Zip Code

4335 EMORY, EPT 79932

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

SELF EMPLOYED

9 Employer (See Instructions)

Date

08/24/2020

Full name of contributor

IVAN JAIME

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

Contributor address; City; State; Zip Code

3414 CONDALIA CT. SAN ANTONIO, TX 78258

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

PUBLIC RELATIONS

Employer (See Instructions)

UNION PACIFIC

Date

08/24/2020

Full name of contributor

ROBERT GRIJALVA

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

Contributor address; City; State; Zip Code

3712 MONROE, EPT 79930

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

08/24/2020

Full name of contributor

STANLEY JOBE

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

Contributor address; City; State; Zip Code

1150 SOUTHVIEW DR, EPT 79928

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

JOBE MATERIALS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

08/26/2020

5 Full name of contributor

ANA QUIJANO

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

6 Contributor address; City; State; Zip Code

313 S. GLENWOOD, EPT 79905

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

PARALEGAL

9 Employer (See Instructions)

STEVE ORTEGA LAW FIRM

Date

08/27/2020

Full name of contributor

ARTURO HUERTA

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

Contributor address; City; State; Zip Code

3227 ALTURA AV., EPT 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

09/01/2020

Full name of contributor

JENNIFER CARO

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

Contributor address; City; State; Zip Code

6830 N 86TH LANE, GLENDALE, AZ 85305

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

CORPORATE TRAINER

Employer (See Instructions)

MEB MANAGEMENT

Date

09/07/2020

Full name of contributor

HECTOR DIAZ-LUNA

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

Contributor address; City; State; Zip Code

836 ROSINANTE, EPT 79922

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

PHYSICIAN/SURGEON

Employer (See Instructions)

SELF EMPLOYED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

09/10/2020

5 Full name of contributor

AIDA BLACK

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

6 Contributor address; City; State; Zip Code

3504 CAPELLA, EPT 79904

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

09/11/2020

Full name of contributor

JULIA ROMERO

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

Contributor address; City; State; Zip Code

4020 HASTINGS

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

ROMERO FINANCIAL

Date

09/11/2020

Full name of contributor

VICKIE LOPEZ

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

Contributor address; City; State; Zip Code

4020 HASTINGS, EPT 79903

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

NAIL BEAUTICIAN

Employer (See Instructions)

SELF EMPLOYED

Date

09/11/2020

Full name of contributor

DOLORES JENKINS

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

Contributor address; City; State; Zip Code

1501 BANKER RD, CANUTILLO, TX 79835

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

09/13/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
LEO DURAN
.....
6 Contributor address; City; State; Zip Code
721 WELLESLEY, EPT 799002

7 Amount of contribution (\$)

100

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

9 Employer (See Instructions)
L&J CAFE

Date

09/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
STEVE LUJAN
.....
Contributor address; City; State; Zip Code
3337 TAYLOR, EPT 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)
SALES

Employer (See Instructions)
SELF EMPLOYED

Date

09/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
ROBERT LUJAN
.....
Contributor address; City; State; Zip Code
3337 TAYLOR, EPT 79930

Amount of contribution (\$)

30

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

Date

09/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
JULIA ROMERO
.....
Contributor address; City; State; Zip Code
4020 HASTINGS, EPT 79903

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)
BUSINESS OWNER

Employer (See Instructions)
ROMERO FINANCIAL

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

09/13/2020

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

ROBERTO SALCIDO, JR

6 Contributor address; City; State; Zip Code

4718 CAPLES CIR, EPT 79903

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

09/13/2020

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

EMMA SALCIDO

Contributor address; City; State; Zip Code

4718 CAPLES CIR, EPT 79903

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

09/13/2020

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

SUZANNE RODARTE

Contributor address; City; State; Zip Code

3148 EDGEROCK, EPT 79935

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

QUALITY ASSURANCE COACH

Employer (See Instructions)

SELF EMPLOYED

Date

09/13/2020

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

ISABEL HERNANDEZ

Contributor address; City; State; Zip Code

3816 VEGA CT, EPT 79904

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

GRANTS COORDINATOR

Employer (See Instructions)

COUNTY OF EL PASO

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

09/13/2020

5 Full name of contributor

NICOLAS SALCIDO

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

6 Contributor address; City; State; Zip Code

4711 GRAHAM CT., EPT 79903

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)

STUDENT

9 Employer (See Instructions)

Date

09/13/2020

Full name of contributor

ROBERT FLORES

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

Contributor address; City; State; Zip Code

4024 PIERCE #2, EPT 79930

Amount of contribution (\$)

80

Principal occupation / Job title (See Instructions)

SELF EMPLOYED

Employer (See Instructions)

Date

09/13/2020

Full name of contributor

RICHARD ROMERO

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

Contributor address; City; State; Zip Code

1612 BOLTON, EPT 79903

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

FINANCIAL ANALYST

Employer (See Instructions)

EPISD

Date

09/13/2020

Full name of contributor

DIANA RAMIREZ

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

Contributor address; City; State; Zip Code

3609 FORT BLVD, EPT 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

FELLOW IN RESIDENCE

Employer (See Instructions)

NATIONAL WOMENS LAW CENTER

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

09/13/2020

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

GETSEMANI YANEZ

6 Contributor address; City; State; Zip Code

3609 FORT BLVD, EPT 79930

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

GOVERNMENT AFFAIRS

9 Employer (See Instructions)

AFSCME

Date

09/13/2020

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

WOODY L HUNT

Contributor address; City; State; Zip Code

PO BOX 12667, EPT 79913

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

HUNT ENTERPRISES

Date

09/13/2020

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

CYNTHIA MILAZZO

Contributor address; City; State; Zip Code

2631 ALTURA AV., EPT 79930

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

09/13/2020

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

DANTE SALCIDO

Contributor address; City; State; Zip Code

2609 FRANKFORT, EPT 79930

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

STUDENT

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

09/13/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
NATASIA SALCIDO

6 Contributor address; City; State; Zip Code
2609 FRANKFORT, EPT 79930

7 Amount of contribution (\$)

10

8 Principal occupation / Job title (See Instructions)
STUDENT

9 Employer (See Instructions)

Date

09/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
CAYLA MOLINA

Contributor address; City; State; Zip Code
2609 FRANKFORT, EPT 79930

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)
STUDENT

Employer (See Instructions)

Date

09/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
SAMANTHA SALCIDO

Contributor address; City; State; Zip Code
4718 CAPLES CIR, EPT 79903

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)
STUDENT

Employer (See Instructions)

Date

09/13/2020

Full name of contributor out-of-state PAC (ID#: _____)
MARISA SALCIDO

Contributor address; City; State; Zip Code
4711 GRAHAM CT, EPT 79903

Amount of contribution (\$)

15

Principal occupation / Job title (See Instructions)
NOT EMPLOYED

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

09/13/2020

5 Full name of contributor

CATHERINE SALCIDO

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

6 Contributor address; City; State; Zip Code

4711 GRAHAM CT, EPT 79903

7 Amount of contribution (\$)

15

8 Principal occupation / Job title (See Instructions)

STUDENT

9 Employer (See Instructions)

Date

09/13/2020

Full name of contributor

ALEXANDER SALCIDO

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

Contributor address; City; State; Zip Code

4718 CAPLES CIR, EPT 79903

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

CLERK

Employer (See Instructions)

LOWE'S

Date

09/13/2020

Full name of contributor

BRENNA ROGERS

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

Contributor address; City; State; Zip Code

3324 SHEPPARD, EPT 79904

Amount of contribution (\$)

10

Principal occupation / Job title (See Instructions)

NOT EMPLOYED

Employer (See Instructions)

Date

09/13/2020

Full name of contributor

SUZANNE DIPP

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

Contributor address; City; State; Zip Code

515 RIM RD, EPT 79902

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

DESIGN/DEVELOPMENT

Employer (See Instructions)

SISU ENVIRONMENTAL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

09/13/2020

5 Full name of contributor

DIANA M PEREZ

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

6 Contributor address; City; State; Zip Code

9947 FALKIRK, EPT 79925

7 Amount of contribution (\$)

75

8 Principal occupation / Job title (See Instructions)

REALTOR

9 Employer (See Instructions)

CALDWELL BANKER LEGACY

Date

09/13/2020

Full name of contributor

BARBARA J LEWIS

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

Contributor address; City; State; Zip Code

4848 N. STANTON #69, EPT 79902

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

09/15/2020

Full name of contributor

MIRIAN SPENCER

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

Contributor address; City; State; Zip Code

5880 HILL CITY HIGHWAY, TOLAR, TX 76476

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

TRANSPORTATION PLANNER

Employer (See Instructions)

CITY OF FORT WORTH

Date

09/15/2020

Full name of contributor

L FREDERICK FRANCIS

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

Contributor address; City; State; Zip Code

500 N. MESA, EPT 79901

Amount of contribution (\$)

1000

Principal occupation / Job title (See Instructions)

PRESIDENT/CEO

Employer (See Instructions)

WESTAR BANK

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

09/16/2020

5 Full name of contributor

GUADALUPE APONTE

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

6 Contributor address; City; State; Zip Code

2141 KING JAMES PL, EPT 79903

7 Amount of contribution (\$)

25

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

09/16/2020

Full name of contributor

SUZANNE SIFUENTES

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

Contributor address; City; State; Zip Code

1601 DAKOTA, EPT 79930

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

09/16/2020

Full name of contributor

RAMONA TORRES

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

Contributor address; City; State; Zip Code

2706 FRANKFORT, EPT 79930

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

09/17/2020

Full name of contributor

GLORIA F. ACEVES

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

Contributor address; City; State; Zip Code

3112 FEDERAL AV, EPT 79930

Amount of contribution (\$)

75

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09/10/2020

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

VICKIE LOPEZ

7 Contributor address; City; State; Zip Code

4020 HASTINGS, EPT 79903

8 Amount of Contribution \$

189.43

9 In-kind contribution description

CAMPAIGN LAWN SIGNS

Check if travel outside of Texas. Complete Schedule T.

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

NAIL BEAUTICIAN

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

SELF EMPLOYED

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

09/13/2020

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

LARRY ROMERO

Contributor address; City; State; Zip Code

3117 FILLMORE, EPT 79930

Amount of Contribution \$

270

In-kind contribution description

FOOD & BEVERAGE FOR FUNDRAISER

Check if travel outside of Texas. Complete Schedule T.

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

BUSINESS OWNER

Employer (FOR NON-JUDICIAL) (See Instructions)

ROMERO FINANCIAL

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
2

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09/13/2020

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

LEO DURAN

7 Contributor address; City; State; Zip Code

721 WELLESLEY, EPT 79902

8 Amount of Contribution \$

170

9 In-kind contribution description

FOOD &
BEVERAGE FOR
RAISER

Check if travel outside of Texas. Complete Schedule T.

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

BUSINESS OWNER

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

L&J CAFE

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

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

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$0

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
0

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$0

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

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

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

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

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

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

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

10/5/2020 4:45:08 PM

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 07/03/2020	5 Payee name GABRIEL AVILA	
6 Amount (\$) 125	7 Payee address; City; State; Zip Code 3148 EDGEROCK, EPT 79935	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR	(b) Description SOCIAL MEDIA
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/05/2020	Payee name ZOOM.US	
Amount (\$) 15.99	Payee address; City; State; Zip Code 55 ALMADEEN BLVD, SAN JOSE, CA 95113	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description CAMPAIGN COMMUNICATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/05/2020	Payee name WIX EDI PAYMENTS	
Amount (\$) 3.2	Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING FEES	Description CREDIT CARD FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 07/06/2020	5 Payee name ZOOM.US	
6 Amount (\$) 41.3	7 Payee address; City; State; Zip Code 55 ALMADEEN BLVD, SAN JOSE, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description CAMPAIGN COMMUNICATION
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/06/2020	Payee name WIX EDI PAYMENTS	
Amount (\$) 0.59	Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description CREDIT CARD FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/08/2020	Payee name OFFICE DEPOT	
Amount (\$) 86.02	Payee address; City; State; Zip Code 1111 GERONIMO, EPT 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description DISTRICT AND PRECINCT MAPS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 07/08/2020	5 Payee name TMOBILE	
6 Amount (\$) 55.84	7 Payee address; City; State; Zip Code PO BOX 37380, ALUQUERQUE, NM 87176	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description CAMPAIGN CELLPHONE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/09/2020	Payee name AMAZON.COM	
Amount (\$) 136.83	Payee address; City; State; Zip Code 440 TERRY AVE NORTH, SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description LAMINATOR AND SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/13/2020	Payee name WALMART	
Amount (\$) 9.27	Payee address; City; State; Zip Code 7555 N. MESA, EPT 79912	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description HAND SANTIZER BOTTLES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 07/13/2020	5 Payee name WALMART	
6 Amount (\$) 41.98	7 Payee address; City; State; Zip Code 5631 DYER, EPT 79904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	(b) Description REFRESHMENTS FOR VOLUNTEERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/13/2020	Payee name SAMS CLUB	
Amount (\$) 72.73	Payee address; City; State; Zip Code 9498 GATEWAY NORTH, EPT 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	Description SNACKS/ICE FOR VOLUNTEERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/15/2020	Payee name AMAZON.COM	
Amount (\$) 69.21	Payee address; City; State; Zip Code 440 TERRY AVE NORTH, SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description CORK BOARDS/PUSH PINS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 07/17/2020	5 Payee name WIX.COM	
6 Amount (\$) 35.72	7 Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description CAMPAIGN WEBSITE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/17/2020	Payee name GABRIEL AVILA	
Amount (\$) 125	Payee address; City; State; Zip Code 3148 EDGEROCK, EPT 79935	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR	Description SOCIAL MEDIA
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/18/2020	Payee name SAMS CLUB	
Amount (\$) 44.57	Payee address; City; State; Zip Code 9498 GATEWAY NORTH, EPT 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description FACE MASKS & HAND SANITIZER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 07/20/2020	5 Payee name SAMS CLUB	
6 Amount (\$) 36.13	7 Payee address; City; State; Zip Code 9498 GATEWAY NORTH, EPT 79924	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description GLOVES/CANDY FOR VOTER OUTREACH
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/20/2020	Payee name CHRISTOPHER HERNANDEZ	
Amount (\$) 300	Payee address; City; State; Zip Code 565 RIVERDALE, EPT 79907	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description VOTER DATABASE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/20/2020	Payee name RUBEN TERRAZAS	
Amount (\$) 125	Payee address; City; State; Zip Code 5106 N. LAMAR, AUSTIN, TX 78751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description LOGO DESIGN
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 07/21/2020	5 Payee name SAMS CLUB	
6 Amount (\$) 57.85	7 Payee address; City; State; Zip Code 9498 GATEWAY NORTH, EPT 79924	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description VOTER OUTREACH/GLOVES, HAND SANITIZER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/21/2020	Payee name BUILD A SIGN	
Amount (\$) 384.46	Payee address; City; State; Zip Code 11525 A STONEHOLLOW DR #100, AUSTIN, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN LAWN SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/22/2020	Payee name WALMART	
Amount (\$) 9.63	Payee address; City; State; Zip Code 5631 DYER, EPT 79904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description OFFICE SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 07/23/2020	5 Payee name DHGATE.COM	
6 Amount (\$) 125	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description VOTER OUTREACH/MASKS & HAND SANITIZER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/23/2020	Payee name USPS	
Amount (\$) 24.2	Payee address; City; State; Zip Code 5249 SANDERS AV, EPT 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description POSTAGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/23/2020	Payee name DOLLAR TREE	
Amount (\$) 10.74	Payee address; City; State; Zip Code 6351 S. DESERT BLVD, EPT 79932	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description OFFICE SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 07/29/2020	5 Payee name WIX EDI PAYMENTS	
6 Amount (\$) 3.2	7 Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description CREDIT CARD FEES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/29/2020	Payee name AMAZON.COM	
Amount (\$) 32.46	Payee address; City; State; Zip Code 440 TERRY AVE NORTH, SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description WIRE FRAMES FOR SIGNAGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 07/29/2020	Payee name RUBEN TERRAZAS	
Amount (\$) 125	Payee address; City; State; Zip Code 5601 N LAMAR #170, AUSTIN, TX 78751	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Description LOGO DESIGN
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27		2 FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)	
4 Date 07/31/2020		5 Payee name GABRIEL AVILA			
6 Amount (\$) 125		7 Payee address; City; State; Zip Code 3148 EDGEROCK, EPT 79935			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		(b) Description SOCIAL MEDIA		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ		Office sought DISTRICT 2 CITY REPR	
Date 07/31/2020		Payee name AMAZON.COM			
Amount (\$) 12.96		Payee address; City; State; Zip Code 440 TERRY AVE NORTH, SEATTLE, WA 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		Description LABELS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ		Office sought DISTRICT 2 CITY REPR	
Date 08/01/2020		Payee name FAMOUS DAVES			
Amount (\$) 40.84		Payee address; City; State; Zip Code 1135 AIRWAY BLVD, EPT 79925			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE		Description FOOD FOR VOLUNTEERS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ		Office sought DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/04/2020	5 Payee name WIX EDI PAYMENTS	
6 Amount (\$) 0.59	7 Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description CREDIT CARD FEES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/04/2020	Payee name PASEO DEL SOL	
Amount (\$) 50.05	Payee address; City; State; Zip Code 4201 ALABAMA, EPT 79930	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	Description FOOD FOR VOLUNTEERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/05/2020	Payee name ZOOM.COM	
Amount (\$) 58.67	Payee address; City; State; Zip Code 55 ALMADEEN BLVD, SAN JOSE, CA 75113	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description CAMPAIGN COMMUNICATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/05/2020	5 Payee name ZAPA GRAPHICS	
6 Amount (\$) 95.34	7 Payee address; City; State; Zip Code 3410 WICKHAM, EPT 79904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description MAGNETIC SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/05/2020	Payee name FYVEICH BANNERS	
Amount (\$) 152.24	Payee address; City; State; Zip Code 1215 N. COPIA, EPT 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SCREEN PRINTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/07/2020	Payee name SAMS CLUB	
Amount (\$) 101.73	Payee address; City; State; Zip Code 7001 GATEWAY WEST, EPT 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description OFFICE SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2020	5 Payee name SAMS CLUB	
6 Amount (\$) 129.81	7 Payee address; City; State; Zip Code 9498 GATEWAY NORTH, EPT 79924	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description OFFICE SUPPLIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/09/2020	Payee name LOWE'S	
Amount (\$) 49.62	Payee address; City; State; Zip Code 4531 WOODROW BEAN DR, EPT 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description ZIPTIES, WOOD FOR CAMPAIGN SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/10/2020	Payee name TMOBILE	
Amount (\$) 55.84	Payee address; City; State; Zip Code PO BOX 37380, ALBUQUERQUE, NM 87176	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description CAMPAIGN CELLPHONE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/10/2020	5 Payee name DOLORES JENKINS	
6 Amount (\$) 53.38	7 Payee address; City; State; Zip Code 1501 BANKER RD, CANUTILLO, TX 79835	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	(b) Description REIMBURSEMENT FOOD FOR VOLUNTEERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/10/2020	Payee name ZAPA GRAPHICS	
Amount (\$) 67.11	Payee address; City; State; Zip Code 3410 WICKHAM, EPT 79904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description BUSINESS CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/11/2020	Payee name WIX EDI PAYMENTS	
Amount (\$) 7.55	Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description CREDIT CARD FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/14/2020	5 Payee name DHGATE.COM	
6 Amount (\$) 75	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description VOTER OUTREACH/MASKS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/14/2020	Payee name GABRIEL AVILA	
Amount (\$) 175	Payee address; City; State; Zip Code 3148 EDGEROCK, EPT 79935	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR	Description SOCIAL MEDIA
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/16/2020	Payee name AMAZON.COM	
Amount (\$) 32.46	Payee address; City; State; Zip Code 440 TERRY AVE NORTH, SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description WIRE FRAMES FOR SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2020	5 Payee name WIX.COM	
6 Amount (\$) 35.72	7 Payee address; City; State; Zip Code PO BOX 40190. SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description CAMPAIGN WEBSITE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/18/2020	Payee name OFFICE DEPOT	
Amount (\$) 13	Payee address; City; State; Zip Code 1111 GERONIMO, EPT 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description COPY PAPER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/20/2020	Payee name AMAZON.COM	
Amount (\$) 9.19	Payee address; City; State; Zip Code 440 TERRY AVE NORTH, SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description LABELS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/22/2020	5 Payee name WALMART	
6 Amount (\$) 19.9	7 Payee address; City; State; Zip Code 10727 GATEWAY WEST, EPT 79935	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description OFFICE SUPPLIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/22/2020	Payee name WALMART	
Amount (\$) 39.39	Payee address; City; State; Zip Code 5631 DYER, EPT 79904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description PRINTER INK
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/23/2020	Payee name SAMS CLUB	
Amount (\$) 182.03	Payee address; City; State; Zip Code 9498 GATEWAY BLVD NORTH, EPT 79924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD/OTHER	Description PRINTER INK / VOLUNTEER APPRECIATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2020	5 Payee name WIX EDI PAYMENTS	
6 Amount (\$) 3.2	7 Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description CREDIT CARD FEES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/24/2020	Payee name OFFICE DEPOT	
Amount (\$) 28.13	Payee address; City; State; Zip Code 1111 GERONIMO, EPT 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description PRINTER INK
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/25/2020	Payee name WIX EDI PAYMENTS	
Amount (\$) 2.06	Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description CREDIT CARD FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/25/2020	5 Payee name CLEARBAGS	
6 Amount (\$) 37.09	7 Payee address; City; State; Zip Code 4949 WINDPLAY DR #100, EL DORADO, CA 95762	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description BAGS FOR DOOR HANGERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/27/2020	Payee name ZAPA GRAPHICS	
Amount (\$) 378.87	Payee address; City; State; Zip Code 3410 WICKHAM, EPT 79904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN LAWN SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/28/2020	Payee name GABRIEL AVILA	
Amount (\$) 125	Payee address; City; State; Zip Code 3148 EDGEROCK, EPT 79935	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT	Description SOCIAL MEDIA
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27		2 FILER NAME MRS. MIRIAM J GUTIERREZ		3 Filer ID (Ethics Commission Filers)	
4 Date 08/28/2020		5 Payee name SAMS CLUB			
6 Amount (\$) 64.91		7 Payee address; City; State; Zip Code 9498 GATEWAY NORTH, EPT 79924			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER		(b) Description HAND SANITIZER BOTTLES		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ		Office sought DISTRICT 2 CITY REPR	
Date 08/28/2020		Payee name SAMS CLUB			
Amount (\$) 73.5		Payee address; City; State; Zip Code 9498 GATEWAY NORTH, EPT 79924			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE		Description VOLUNTEER APPRECIATION		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ		Office sought DISTRICT 2 CITY REPR	
Date 08/29/2020		Payee name DOLLAR GENERAL			
Amount (\$) 10.83		Payee address; City; State; Zip Code 5421 MONTANA A, EPT 79903			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE		Description ICE CHESTS FOR VOLUNTEER BLOCK WALKERS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name MIRIAM "JUDY" GUTIERREZ		Office sought DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/29/2020	5 Payee name BOWIE BAKERY	
6 Amount (\$) 12.04	7 Payee address; City; State; Zip Code 901 PARK ST, EPT 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	(b) Description PASTRIES FOR VOLUNTEER BLOCK WALKERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/29/2020	Payee name ALLPRINT	
Amount (\$) 725.28	Payee address; City; State; Zip Code 7230-D GATEWAY EAST, EPT 79915	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description DOORHANGERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 09/01/2020	Payee name WIX EDI PAYMENTS	
Amount (\$) 7.55	Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description CREDIT CARD FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2020	5 Payee name WIX EDI PAYMENTS	
6 Amount (\$) 3.2	7 Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	(b) Description CREDIT CARD FEES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 09/04/2020	Payee name MARIO CARMONA	
Amount (\$) 375	Payee address; City; State; Zip Code 9307 LEONARDO, EPT 79907	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT	Description VOTER CANVASSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 09/05/2020	Payee name ZOOM.US	
Amount (\$) 58.67	Payee address; City; State; Zip Code 55 ALMADEEN BLVD, ALBUQUERQUE, NM	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description CAMPAIGN COMMUNICATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2020	5 Payee name OFFICE DEPOT	
6 Amount (\$) 24	7 Payee address; City; State; Zip Code 1111 GERONIMO, EPT 79925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING	(b) Description FUNDRAISER INVITATIONS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 09/08/2020	Payee name TMOBILE	
Amount (\$) 55.84	Payee address; City; State; Zip Code PO BOX 37380, ALBUQUERQUE, NM 87176	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description CAMPAIGN CELL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 09/11/2020	Payee name MARIO CARMONA	
Amount (\$) 375	Payee address; City; State; Zip Code 9037 LEONARDO, EPT 79907	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT	Description VOTER CANVASSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 09/11/2020	5 Payee name GABRIEL AVILA	
6 Amount (\$) 125	7 Payee address; City; State; Zip Code 3148 EDGEROCK, EPT 79925	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT	(b) Description SOCIAL MEDIA
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 09/12/2020	Payee name DHGATE.COM	
Amount (\$) 65	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description VOTER OUTREACH/MASKS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 09/16/2020	Payee name WIX EDI PAYMENTS	
Amount (\$) 14.8	Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description CREDIT CARD FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 09/17/2020	5 Payee name EL LOCO	
6 Amount (\$) 8.66	7 Payee address; City; State; Zip Code 3600 ALAMEDA, EPT 79905	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description BAGS FOR MASKS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 09/18/2020	Payee name MARIO CARMONA	
Amount (\$) 555	Payee address; City; State; Zip Code 9037 LEONARDO, EPT 79907	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT	Description VOTER CANVASSING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 09/21/2020	Payee name WIX EDI PAYMENTS	
Amount (\$) 3.2	Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description CREDIT CARD FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 09/21/2020	5 Payee name WIX.COM	
6 Amount (\$) 35.72	7 Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO,	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description CAMPAIGN WEBSITE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 09/22/2020	Payee name WIX EDI PAYMENTS	
Amount (\$) 7.55	Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description CREDIT CARD FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 09/24/2020	Payee name WIX EDI PAYMENTS	
Amount (\$) 3.2	Payee address; City; State; Zip Code PO BOX 40190, SAN FRANCISCO, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description CREDIT CARD FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 09/24/2020	5 Payee name AMAZON.COM	
6 Amount (\$) 32.4	7 Payee address; City; State; Zip Code 440 TERRY AVE NORTH, SEATTLE, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description WIRE FRAMES FOR SIGNAGE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date 08/28/2020	Payee name OFFICE DEPOT	
Amount (\$) 23.59	Payee address; City; State; Zip Code 1111 GERONIMO, EPT 79925	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description LABELS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERREZ DISTRICT 2 CITY REPR	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 0	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
--	------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

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

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
0

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

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

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

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

Description of investment

Amount of investment (\$)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 0	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
--	------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 07/21/2020	5 Payee name DOLORES JENKINS	
6 Amount (\$) 39.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1501 BANKER RD, CANUTILLO, TX 79835	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	(b) Description FOOD FOR VOLUNTEERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	
Date 07/25/2020	Payee name DOLORES JENKINS	
Amount (\$) 13.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1501 BANKER RD, CANUTILLO, TX 79835	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT	Description FUNDRAISER ITEMS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	
Date 08/14/2020	Payee name MIRIAM GUTIERREZ	
Amount (\$) 91.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4117 CLIFTON #C, EPT 9903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description VOTER OUTREACH/GLOVES MASKS HAND SANITIZER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 08/15/2020	5 Payee name MIRIAM GUTIERREZ	
6 Amount (\$) 295 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 4117 CLIFTON #C, EPT 79903 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
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	
Date 08/18/2020	Payee name MIRIAM GUTIERREZ	
Amount (\$) 97.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 4117 CLIFTON #C, EPT 79903 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN LAWN SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	
Date 08/28/2020	Payee name MIRIAM GUTIERREZ	
Amount (\$) 11.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 4117 CLIFTON #C, EPT 79903 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	Description VOLUNTEER APPRECIATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
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4 Date 08/28/2020	5 Payee name MIRIAM GUTIERREZ
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6 Amount (\$) 53.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 4117 CLIFTON #C, EPT 79903 City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SCREEN PRINTING FOR BAGS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought	Office held
--	--	---------------	-------------

Date 09/15/2020	Payee name MIRIAM GUTIERREZ
--------------------	--------------------------------

Amount (\$) 11 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 4117 CLIFTON #C, EPT 79903 City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description POSTAGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought	Office held
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Date 09/17/2020	Payee name MIRIAM GUTIERREZ
--------------------	--------------------------------

Amount (\$) 10.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 4117 CLIFTON #C, EPT 79903 City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description BAGS FOR MASKS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME MRS. MIRIAM J GUTIERREZ	3 Filer ID (Ethics Commission Filers)
--	--	--

4 Date 09/19/2020	5 Payee name MIRIAM GUTIERREEZ
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6 Amount (\$) 130.97	7 Payee address: 4117 CLIFTON #C, EPT 79903
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	City; State; Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE	(b) Description FOOD & PASTRY FOR EPPD APPRECIATION DAY
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MIRIAM "JUDY" GUTIERRE DISTRICT 2 CITY REPRES	Office sought	Office held
--	--	---------------	-------------

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

Amount (\$)	Payee address;
<input type="checkbox"/> Reimbursement from political contributions intended	City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;
<input type="checkbox"/> Reimbursement from political contributions intended	City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 0	2 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)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City	State	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
---	---	---

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

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
-------------------------------	--	--

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

Amount (\$)	Payee address;	City	State	Zip Code
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

0

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:
0

2 FILER NAME

MRS. MIRIAM J GUTIERREZ

3 Filer ID (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

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

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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

1 C/OH NAME

MRS. MIRIAM J GUTIERREZ

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

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

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

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

A. CAMPAIGN FUNDS

Check only one:

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

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

B. ASSETS

Check only one:

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

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

Signature of Candidate

5 OFFICEHOLDER

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

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

Signature of Officeholder