CAMPAIGN FINANCE REPORT					COVER SHEET PG 1	
The C/OH Instruction G	uide explains how to comp		Filer ID (Ethics Commission Filers	2 Total pages f	iled:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	FIRST OS V	illegas G.	OFFICE	USEONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1308 S. Ku	apt/suite#; city; compuat St.	STATE; ZIP CODE PLAKE, TEXA \$ 857	7	PSJA FINANC 17 JAN 'Z	
5 CANDIDATE/ OFFICEHOLDER PHONE		HE NUMBER 4-1369	EXTENSION	Date Hand-delivere	d or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MR MR MS / MR	osalinia Villegas	SUFFIX	Date Processed Date Imaged	Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		noquat at	. Phare.	STATE: 785-7	ZIP CODE	
8 CAMPAIGN TREASURER PHONE		E NUMBER 34 - 136 9	EXTENSION			
9 REPORT TYPE	January 15	30th day before election 8th day before election	Runoff Exceeded Modified Reporting Limit	treasurer a (Officehold	fter campaign appointment er Only) ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day	. Year /1023	THROUGH 01	Day Yea / 15 / 2	2-5	
11 ELECTION	ELECTION DATE Month Day Year	Primary [ELECTION TY			
12 OFFICE	PSJA Brud	glaustee	13 OFFICE SOUGHT (if knd	wn)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER. CONSENT. CANDIDATES AND OFFICE	THESE EXPENDITURES MAY	TED OR POLITICAL EXPENDITURES 1AVE BEEN MADE WITHOUT THE CA REPORT THIS INFORMATION ONLY	ANDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR	
Additional Pages	GENERAL.	TEE ADDRESS	ER NAME			
ē.	СОММІТ	GO TO PA				

A90.000.00 .30	SME OF THE						
15 C/OH NAME		16 File	er ID (Ethics Cor	mmission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER 'PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ГНАМ	\$	d			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOADS)	ANS)	\$ 6	j			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE,	. TOTAL UNITEMIZED POLITICAL EXPENDITURE.					
	4. TOTAL POLITICAL EXPENDITURES		\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY	\$ 0				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	AS OF THE	\$ 0				
1	swear, or affirm, under penalty of perjury, that the accompanying report is guired to be reported by me under Title 15, Election Code.	s true and co	orrect and inclu	des all information			
	_	C					
	Calos &	July	and for	<u> </u>			
	Signature of	of Candidate	or Officeholde	F			
	Please complete either option be	low:					
(1) Affidavit	ESTELLA G GARZA Notary Public, State of Texas ID# 469101-5 My Commission Expires 11-14-2025						
NOTARY STAMP/SEA		te.					
Sworn to and subscribed	before me by Carla Villigo R. this	the 17**	day of 1	neury.			
	Which, witness my hand and seal of office.		0	n., '			
Estelle h	NOTZL ESTOlla GARZA		Notary	Tublic			
Signature of officer administer	Printed name of officer administering oath		Title of office	administering oath			
OR OR							
(2) Unsworn Declaration							
My name is	, and my date of bi	rth is		ž.			
×	, and my date of or						
iviy address is	(street) (city)	(state)	(zip code)	(country)			
Executed in	County, State of, on theday of(, ,	` '				
	Signature of C	Candidate/Offi	iceholder (Decla	arant)			

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY DIANA **OFFICEHOLDER** WRS NAME Date Received NICKNAME SUFFIX SEKNA ADDRESS / PO BOX; 4 CANDIDATE / ZIP CODE PSJA FINANCE-RCVD **OFFICEHOLDER** 602E BORE 17 JAN 24 PH4:20 MAILING **ADDRESS** Phark Tx 7857 Change of Address AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956) 655-9788 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** MLS aNDRA Date Processed NAME Date Imaged SERNA STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN 1101 W. Douglas St. Thank. TX 78577 **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE 655-1275 (9.50)REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year Dav COVERED 7/15/2023 15/2024 **THROUGH** ELECTION TYPE ELECTION DATE 11 ELECTION Other Primary Runoff Month Dav Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

1305735 W 1305						
15 C/OH NAME	C/OH NAME					
17 CONTRIBUTION TOTALS	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)	\$ 0				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
6.4.3.1.10.0.10.10.10.10.10.10.10.10.10.10.10	4. TOTAL POLITICAL EXPENDITURES	\$ &				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$				
1	wear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information				
	Dillern	a				
	Signature of Ca	indidate or Officeholder				
	d					
	Please complete either option below	v:				
۲						
1/2	ESTELLA G GARZA Notary Public, State of Texas					
	ID# 469101-5					
(1) Affidavit	My Commission Expires					
_	***************************************					
NOTARY STAMP/SEA						
	1 c	17th hanceston				
part in the same	before me by <u>Diana J. Jerna</u> this the	day of Jenus ,				
20 34 Tacortify	which, witness my hand and seal of office.	Notae Public				
Signature of officer administs	ring oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration						
(-,						
My name is	, and my date of birth is	ee				
My address is						
	(street) (city)	state) (zip code) (country)				
Executed in	County, State of, on the day of(month	n) , 20 (year) .				
	Signature of Candid	date/Officeholder (Declarant)				

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ **OFFICE USE ONLY OFFICEHOLDER** Holando MKS. NAME Date Received NICKNAME PSJA FINANCE-RCV'D ADDRESS / PO BOX; 4 CANDIDATE / 17 JAN 24 PH4:56 **OFFICEHOLDER** 1036 S. Cesan Chavez MAILING **ADDRESS** Alamo, TX78516 Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956)460-6200 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** MRS. Date Processed NAME Date Imaged STREET ADDRESS (NO PO BO STATE: 7 CAMPAIGN **TREASURER** 10365. Ceste Chavez Alamo, Tx 78516 **ADDRESS** (Residence or Business) **CAMPAIGN** TREASURER 460-6200 PHONE (954 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day 10 PERIOD Month Dav COVERED 15/2024 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Other Primary Runoff Month Day Description General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>O</i>				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s 3				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	AST DAY \$ O				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$ O				
	wear, or affirm, under penalty of perjury, that the accompanying report is to puired to be reported by me under Title 15, Election Code.	rue and correct and includes all information				
Signature of Candidate or Officeholder Please complete either option below:						
(1) Affidavit ESTELLA G GARZA Notary Public, State of Texas ID# 469101-5 My Commission Expires 11-14-2025 Sworn to and subscribed before me by						
Signature of officer admiriste		Title of officer administering oath				
(2) Unsworn Declaration						
My name is	, and my date of birth	is				
My address is						
	(street) (city)	(state) (zip code) (country)				
Executed in	County, State of , on the day of (mor	nth) , 20				
	Signature of Can	didate/Officeholder (Declarant)				

		FICEHOLDER ICE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains h	ow to complete this form.	1 Filer ID (Ethlcs Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST JORGE	MI LUIS	OFFICE USE ONLY
	NICKNAME	LAST ZAMBRANO	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO B 406 LION CT	OX: APT / SUITE #: C . SAN JUAN, TEXAS 78!	ITY; STATE; ZIP CODE 589.	PSJA FINAN 15 JAN'
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 378-3330	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR MR.	FIRST JOSE	MI F	Receipt # Amount \$
NAME	NICKNAME	LAST DE HOYOS	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS	P.O. BOX 18	(NO PO BOX PLEASE): APT / SUI 72 PHARR, TEXAS 785	TE #: CITY; 77.	STATE; ZIP CODE
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE 956	PHONE NUMBER 460-5006	EXTENSION	
9 REPORT TYPE	January 15	30th day before elec	ction Runoff	15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD	July 15	8th day before election	on Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
COVERED	Month 07	Day Year 15 / 2023	Month THROUGH 01	Day Year 15 / 2024
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any PSJA SCHOOL		13 OFFICE SOUGHT (if known)	
4 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFIC CONSENT. CANDIDATE:	CE OF POLITICAL CONTRIBUTIONS ACC CEHOLDER. THESE EXPENDITURES MA AND OFFICEHOLDERS ARE REQUIRED	CEPTED OR POLITICAL EXPENDITURES MAD AY HAVE BEEN MADE WITHOUT THE CANDID TO REPORT THIS INFORMATION ONLY IF THE	DE BY POLITICAL COMMITTEES TO SUPPORT NATE'S OR OFFICEHOLDER'S KNOWLEDGE OR BY RECEIVE NOTICE OF SUCH EXPENDITURES.
,	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASU	JRER NAME	
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS	
		GO TO PA	AGE 2	

CAMPAIG	N FINANCE RE	PORT		CC	OVER S	HEET PG
15 C/OH NAME	JORGE L. ZAMBRANO			16 File	r ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOAN	ZED POLITICAL CONTRI S, OR GUARANTEES OF S MADE ELECTRONICAL	FLOANS OF	AN	\$0.00	
	2. TOTAL POLITICA (OTHER THAN PLI	AL CONTRIBUTIONS EDGES, LOANS, OR GU	ARANTEES OF LOANS	S)	\$0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	ED POLITICAL EXPENDI	ITURE.		\$15.00	
	4. TOTAL POLITICA	AL EXPENDITURES			\$0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF REPORTING P	CONTRIBUTIONS MAIN ERIOD	TAINED AS OF THE LA	AST DAY	\$4,428.	53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL LAST DAY OF THE	AMOUNT OF ALL OUTS	TANDING LOANS AS (OF THE	\$0.00	
18 SIGNATURE I sv req	vear, or affirm, under penalty uired to be reported by me und	of perjury, that the according Title 15, Election Code	empanying report is true.	ue and cor	rect and inc	sludes all information
					>	
			Signature of Ca	-2		
	Pleas	e complete eith	er ontion below	A/·		
F ₂₀₀		- complete office	or obtion perov	٧.		
1) Affidavit	KRISTI FLORE Notary Public, State of Comm. Expires 01-1 Notary ID 130966	of Texas 9-2025				
NOTARY STAMP/SEAL						
	efore me by Jorge L. Zam	brano	this the	15th	day of Jar	nuary,
to certify w	nich, witness my hand and seal					
ignature of officer administerin	ner ich	en tiones			Notary	
grature of officer administerin	g oath Printed	name of officer administeri	ing oath		itle of officer	administering oath
		OR				
2) Unsworn Declaration						
y name is		ar	ad my data of high in			
y address is		, a	id my date of birth is			·
	(street)		(city) (si	tate) (zi	n code)	(country)
recuted in	County, State of	, on the	day of		, 20	(country)
		s 	(month)		(year)	
		1278	Signature of Candida	ate/Officeh	older (Decla	rant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					-	FORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains hov	w to complete this form.	1	Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST Jesus		мі А.	OFFIC	E USE ONLY
NAME	nickname Jesse	LAST Zambrano	*****	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO. 1304 Housto San Juan, T	on Way	CITY;	STATE; ZIP CODE	Đ.	PSJA FINAN 12 JAN
Change of Address	AREA CORE	PHONE NUMBER		EXTENSION		
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	588-6014		EXTENSION		ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipl #	Amount S
NAME	Mr. NICKNAME	JOE LAST		SUFFIX	Date Processed	771
		De Hoyos			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	.10	(NO PO BOX PLEASE); APT 7		Y; CITY;	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(956)	PHONE NUMBER 460-5006		EXTENSION		
9 REPORT TYPE	January 15	30th day before		Runoff Exceeded Modified	(Officehold	after campaign appointment der Only) ort (Altach C/OH - FR)
	July 15	8th day before	election	Reporting Limit		
10 PERIOD COVERED	7 ₃	Day Year 16 / 23		THROUGH 1	Day Yes	
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primar		Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	ool Board PL. 5		13 OFFICE SOUGHT (if known	5-111-	
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITUR	ES MAY	TED OR POLITICAL EXPENDITURES M. HAVE BEEN MADE WITHOUT THE CAND REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
•	SPECIFIC	COMMITTEE CAMPAIGN TR	EASUR	ER NAME		
		COMMITTEE CAMPAIGN T	REASUF	RER ADDRESS		
		GO TO	PA	GE 2		

FORM C/OH

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME Jesus A. Zambrano		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
*****************	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 10.00
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 2,650.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15. Election Code.	and correct and includes all information
		72
		ndidate or Officeholder
(1) Affidavit	Please complete either option below	CLARISSA LUCIO Notary Public, State of Texas Comm. Expires 01-06-2025 Notary ID 132853214
NOTARY STAMP/SEAL		
Sworn to and subscribed b	pefore me by JESUS A. Zumbrana this the	12 day of Jan
20 <u>JU</u> , to certify w	hich, witness my hand and seal of office.	
C.J.	Clarissa Lucio	notary
Signature of officer administeri		Title of officer administering oath
	OR	
2) Unsworn Declaration	n	
/ly name is	, and my date of birth is _	
		ate) (zip code) (country)
xecuted in	County, State of, on the day of(month)	. 20
	Signature of Candida	te/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					ORM C/OH HEET PG 1	
The C/OH Instruction G	duide explains how	to complete this form.	1 Filer ID (Ethics Com	mission Filers)	2 Total pages f	led
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	Jesús.		МІ	OFFICE	USEONLY
NAME	NICKNAME JPSSP	Vela	Jr.	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	Ellis Ave.,		ZIP CODE 78516		PSJA FINANC 18 JAN '24
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 7	87 - 6888	EXTENSION		Date Hand-delivere Receipt #	d or Date Postmarked
6 CAMPAIGN	MS (MRS) MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	NICKNAME	Idolina		SUFFIX	Date Processed	
		Vela			Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;		STATE;	ZIP CODE
TREASURER ADDRESS	933 We	st Ellis Are.	Alamo.	TX	7851	6
(Residence or Business)		2112115 11111252	EVTENCION			
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) 7	PHONE NUMBER	extension 956 - 491 -	6888	>	
9 REPORT TYPE	January 15	30th day before 6			15th day a	fter campaign appointment
	July 15	8th day before ele	schon	ed Modified ng Limit		ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	ar
COVERED	07	/15 / 2023		- SO - X	0 51 0/6 4544	.024
11 ELECTION	ELECTION DA	Year Primary	Runoff	ECTION TYPE Other Description		
	11/03/	2020 General	Special			
12 OFFICE	OFFICE HELD (if any) School Tr	ustee Place 6	13 OFFICE SOU	JGHT (if knowr	n)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WIT.	HOUT THE CAN	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			AD .
GO TO PAGE 2						

OAIMI 7110						
15 C/OH NAME	Jesus "Jesse" Vela, Jr. 16 File	r ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28, 307, 89				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 45,609.78				
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 150. 12				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$				
18 SIGNATURE I swear, or affirm under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code. Signature of Candidate or Officeholder						
(1) Affidavit	GLORIA RAMIREZ Notary Public, State of Texas ID# 382725-6 My Commission Expires 08-17-2024					
	by which, witness my hand and seal of office. Gloria Panirer this the 1881	day of January. Johan Public Title of officer administering oath				
(2) Unsworn Declara	tion					
My name is	and my date of birth is					
iviy addicas is		(zip code) (country)				
Executed in	County, State of on the day of (month)					
	Signature of Candidate/Offi	ceholder (Declarant)				

SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Com						
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
3.		\$ 28,307.					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.		SCHEDULE E: LOANS					
5.	\checkmark	\$45,609. ⁷⁸					
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7,5		\$					
8.		\$					
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	s 11,426. ⁵³			
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$				
116		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT						ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethic	cs Commission Filers)	2 Total pages fi 17	led:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mrs.	FIRST Cynthia		мі А .	OFFICE	USEONLY
NAME	NICKNAME	LAST Gutierrez,		SUFFIX MBA-HCA	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		city; stati	78589		PSJA FINANCE 15 JAN '24
Change of Address	AREA CODE	PHONE NUMBER	FYTE	NSION		
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 515				Date Hand-delivered	d or Date Postmarked Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ	Keceipt #	Amount \$
TREASURER NAME	Mrs.	Maria		А.	Date Processed	
	NICKNAME Pena	LAST		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; C	ITY;	STATE;	ZIP CODE
TREASURER ADDRESS	116 E. Gard	denia St.,	N	/IcAllen,	٦	ΓX 7801
(Residence or Business)		BUONE NUMBER	EVIC	NSION		
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) 33	1 9883	EXTE	NSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff		ifter campaign appointment ler Only)
	July 15	8th day before ele	500011 1	Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 07	Day Year / 2023	THROUGH	Month	Day Yes 01 1,5	ar 2024
			1111100011	/		
11 ELECTION	ELECTION DA Month Day	TE Year Primary	Runoff	Other Description		
	/ N / A	General	Special	7		
12 OFFICE	OFFICE HELD (if any)		13 OFFI	CE SOUGHT (if known)	
	PSJA ISD Sc	nool Board Trustee P	Pl. 7	N/A		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MA	DE WITHOUT THE CANI	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	3		
GO TO PAGE 2						

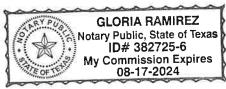
a in the second of the second

FORM C/OH

	- 500	ANCE REPORT	CO	VER S	HEET PG 2		
15 C/OH NAME	ynth	ia A. Gutierrez	16 Filer	ID (Ethics C	Commission Filers)		
17 CONTRIBUTION TOTALS	1,	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00		
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00		
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00		
	4.	TOTAL POLITICAL EXPENDITURES		\$	0.00		
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LASS OF REPORTING PERIOD	T DAY	\$	50.00		
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00		
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder							

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL Sworn to and subscribed before me by Cynthia A.	Gutier Kins The 15th day of January
20 21 to certify which, witness my hand and seal of office. Signature of officer administering on the printed name of officer as	Ramirez Notary Publi
OR	
(2) Unsworn Declaration	
My name isCynthia A. Gutierrez	, and my date of birth is
My address is 400 W. 12th St., San Juan, TX 78589	(-it-) (-t-t-) (-in-pade) (opunta)
(street) Executed in Hidalgo County, State of Texas, or	(city) (state) (zip code) (country) on the15th of January (year) .24
	Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME	mmiss	ion Filers)				
	Cynthia A. Gu	tierrez					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDUL	EA1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00		
2.	SCHEDUL	EA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3.	SCHEDULI	E B: PLEDGED CONTRIBUTIONS		\$	0.00		
4.	SCHEDULI	EE: LOANS		\$	0.00		
5.	SCHEDULI	E F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00		
6.	SCHEDULI	E F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7.	SCHEDULI	E F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0.00		
8.	SCHEDULI	E F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9.	SCHEDULI	E G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	0.00		
10.	SCHEDULE	E H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00		
11	SCHEDULE	EI: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00		
12.	SCHEDULI	E K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	0.00		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.										
	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:									
2	FILER NAME		3 Filer ID (Ethics Commission Filers)							
	Cynth	a A. Gutierrez								
4	Date		ate PAC (ID#:)	7 Amount of contribution (\$)						
		6 Contributor access City;	0.00							
8	Principal occu	oation / Job title (See Instructions)	9 Employer (See Instruc	tions)						
	Date	Full name of contributor	Amount of contribution (\$)							
		Contributor address; City;	State; Zip Code							
	Principal occup	ation / Job title (See Instructions)	tions)							
	Date	_	ate PAC (ID#:)	Amount of contribution (\$)						
		Contributor address; City;	State; Zíp Code							
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)						
	Date	Full name of contributor ☐ out-of-st	ate PAC (ID#)	Amount of contribution (\$)						
		Contributor address; City;	State; Zip Code							
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)						
	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

If the requested information is not applicable, DO NOT include this page in the report.						
Th	e Instruction Guide explains how to complete this form		1 Total pages Schedule A2:			
² FILER NAMI	⊧ hia A. Gutierrez		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	IONS	\$ 0.00			
5 Date	6 Full name of contributor ul-of-state PAC (ID#:	ode	8 Amount of 9 In-kind contribution Contribution \$ description			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor □ out-of-state PAC (ID#: Contributor address; City; State;	Zip	Code	Amount of In-kind contribution Contribution \$ description		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)		Law firm	n 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 T If contributor is out-of-state PAC, please see Instruct	THIS ion g	SCHEDI Juide for	JLE AS NEEDED additional reporting requirements.		

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Cynthia A. Gutierrez 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date Amount 9 In-kind contribution 6 Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) In-kind contribution Date Amount Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description State; Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#: Pledge \$ description State; Zip Code Pledgor address; City; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date Full name of pledgor out-of-state PAC (ID#: description Pledge \$ Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cynthia A. Gutierrez 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan Name of lender out-of-state PAC (ID#:_ 10 Interest rate 6 Is lender State; Zip Code a financial Institution? 11 Maturity date Ν 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:__ Interest rate State; Zip Code Is lender Lender address: City: a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable Employer (See Instructions) Principal Occupation (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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Cynthia A Gutierrez 4 Date State; Zip Code City; 6 Amount (\$) 7 Payee address; (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code City; Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE

Office held

Check if Austin, TX, officeholder living expense

Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	If the requested information is not applicable, DO NOT include this page in the report.								
	ii alo ioquosios illiciniation io not applicable; De ite i tito and page in the applicable;								
EXPENDITURE CATEGORIES FOR BOX 10(a)									
4	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services The Instruction	orials Expense	Office Over Polling Exp Printing Exp Salaries/Wa		Trans Trave Trave	tation/Fundraising sportation Equipment In District In Out Of District r (enter a category r	nt & Related Expense
1	Total pages Schedule F2:	2 FILER	NAME				3 File	r ID (Ethics Cor	nmission Filers)
	1	Cyn	<u>thia Α. Gι</u>	<u>utierrez</u>					
4	TOTAL OF UNITEM	1IZED UN	IPAID INCUF	RRED OBLI	IGATIONS	6	\$	0.00	
5	Date	6 Payee	name						
7	Amount (\$)	8 Payee	address;			City;		State;	Zip Code
			4// X						
9	TYPE OF EXPENDITURE		Political		Non-Poli	tical			
10		(a) Catego	ry (See Categories li	isted at the top of the	is schedule)	(b) Description			
	PURPOSE								
	OF EXPENDITURE								
		(c)	Check if travel outside	e of Texas. Complete	Schedule T.	Check if Au	ustin, TX, o	fficeholder living ex	pense
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ndidate / Officeh	older name	0	ffice sought		Office held	i
	Date	Payee	name						
	Amount (\$)	Payee	address;			City;		State;	Zip Code
	TYPE OF EXPENDITURE		Political		Non-Po	litical			
	PURPOSE OF EXPENDITURE	Catego	ory (See Categories I	listed at the top of th	iis schedule)	Description			
			Check if travel outsi	ide of Texas. Complet	te Schedule T.	Check if /	Austin, TX,	officeholder living	expense
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

·						
T	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:				
	ie instruction Guide explains now to complete this form.	11				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
C	ynthia A. Gutierrez					
4 Date	5 Name of person from whom investment is purchased					
	NI/A					
	N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	6 Address of person from whom investment is purchased; Ci	ty; State; Zip Code				
	7 Description of investment					
	Description of investment					
	8 Amount of investment (\$)					
	Altiount of investment (\$)					
Date	Name of person from whom investment is purchased					
	Address of person from whom investment is purchased; Cit	y; State, Zip Code				
	Address of person from whom livestifiers is purchased,	y, State, Zip Seas				
	Description of investment					
	Amount of investment (\$)					
,						
	ATTACH ADDITIONAL CODIES OF THIS SCHEDING	E AS NEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) Cynthia A Gutierrez 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 8 Payee address; City; Zip Code 7 Amount (\$) State; N/A TYPE OF Political Non-Political **EXPENDITURE** (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; Zip Code Amount (\$) Payee address; State: TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

* = N N N

Event Expense Fees
Food/Beverage Expense
Cif/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politi Credit Card Payment		Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	² FILER NAME Cynthia A. Gutierrez		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	•	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	N/A		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	PED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME Cynthia A. Gutierrez 4 Date 5 Business name State; Zip Code 6 Amount (\$) 7 Business address; City; (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Zip Code City: State: Business address: Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Business name Date Zip Code Amount (\$) Business address: City: State: Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

	The Instruction Guide explains how to com	plete this form.						
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
1	Cynthia A. Gutierrez							
4 Date	5 Payee name							
6 Amount (\$)	7 Payee address;	City State Zip Code						
	N/A							
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						
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						
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						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

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

SCHEDULE K

	If the requested information is not applicable, DO NOT include this page in the report.							
	The	dule K:						
2	FILER NAME	s Commission Filers)						
4	Date	Cynthia A. Gutierrez 5 Name of person from whom amount is received						
		7 Purpose for which amount is received	political contribution	returned to filer				
	Date	Name of person from whom amount is received		Amount (\$)				
		Address of person from whom amount is received; City; Sta	tte; Zip Code					
		Purpose for which amount is received Check if	political contribution	returned to filer				
	Date	Name of person from whom amount is received		Amount (\$)				
		Address of person from whom amount is received; City; Sta	te; Zip Code					
		Purpose for which amount is received Check if	political contribution	returned to filer				
	Date	Name of person from whom amount is received		Amount (\$)				
		Address of person from whom amount is received; City; Sta	ate; Zip Code					
		Purpose for which amount is received Check if	political contribution	returned to filer				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.							
The Instru	ction Guide	1 Total pages Schedule T:					
² FILER NAME C	ynthia <i>i</i>	A. Gu	tierrez		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	*			/ Payee			
5 Contribution / Expendi	ture reported	on:					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel	7 Name of	person(s)	traveling				
	8 Departur	e city or n	ame of departure loca	ation V/A	0		
	9 Destinati	on city or	name of destination lo	ocation			
10 Means of transportati	10 Means of transportation						
Name of Contributor /	Corporation	or Labor C	Organization / Pledgor	/ Payee			
Contribution / Expend	iture reported	l on:					
Schedule A2	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of	f person(s)	traveling				
	Departu	re city or n	ame of departure loca	ation			
	Destinat	ion city or	name of destination l	ocation			
Means of transportati	on	Purpo	ose of travel (including	g name of conference,	seminar, or other event)		
Name of Contributor /	Corporation	or Labor C	Organization / Pledgor	/ Payee			
Contribution / Expend	iture reported	on:					
Schedule A2	Schedu	ıle B [Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu	ıle F4 [Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling						
	Departu	re city or n	ame of departure loc	ation			
	Destination city or name of destination location						
Means of transportati	ion	Purpo	ose of travel (including	g 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" ••							
_	CIOLIN		2 Filer ID (Ethics Commission Filers)					
1	C/OH N		(2.1.00)					
3	SIGNA	synthia A. Gutierrez						
3	SIGNA	IURE						
	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.							
		Signatur	re of Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER						
	•• Com	plete A & B below <i>only</i> if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Chec	only one:						
	X	I do not have unexpended contributions or unexpended interest or income earned from	om 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 filling 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							
	X	only one: I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.					
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to					
		S	Signature of Candidate					
5	OFFIC	EHOLDER						
	•• Com	plete this section <i>only</i> if you are an officeholder ••						
	\square	I am aware that I remain subject to filing requirements applicable to an officeholder who offile. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as					
		S	ignature of Officeholder					