FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 11 MS/MRS/MR **FIRST** CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Robert NAME SUFFIX NICKNAME LAST Gutierrez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Receipt# **ADDRESS** Change of Address Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI TREASURER NAME JASOM LAST **NICKNAME** SUFFIX BIENSKI STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CAMPAIGN Ste#100 College Station, Tx 77840 **TREASURER** 700 University Dr **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN **EXTENSION TREASURER** PHONE 219-5555 979 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) 8th day before election **Exceeded modified** Х July 15 reporting limit PERIOD Day Month Year Month Day Year COVERED **THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Primary Year Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) MAYOR OF THE CITY OF BRYAN Brazos

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 11

			44 Ellev ID					
13 C / OH NAME	Gutierrez, Robert		14 Filer ID					
15 NOTICE FROM POLITICAL COMMITTEE(S)	res made by political com he candidate's or officehe only if they receive notic	olaer's kno	owieage or					
Additional Pages	COMMITTEE TYPE GENERAL							
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER ADDRES	ss					
16 CONTRIBUTION TOTALS	TOTAL UNITEM OR GUARANTE	I IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	N PLEDGES, LOANS, CTRONICALLY)	\$	0.00			
	2. TOTAL POLITION (OTHER THAN I	5)	\$	0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00			
	4. TOTAL POLITIC	\$	1,727.27					
CONTRIBUTION BALANCE	REPORTING PE	AST DAY OF THE	\$	347.07				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	OF THE LAST DAY	\$	0.00				
	otary Stamp / SEAL ABorition of the secribed before me, by the secribed bef	said Bobby Cutierres ertify which, witness by hand and seal of office. Marul Stratke	Il information required to	be report	ed by me			
Signature of offi	icer administering	Printed name of officer administering	Tifle of officer	administe	ripgroath			

SUBTOTALS - C/OH

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

	-							
18 FIL	ER NAM							
Gutierrez, Robert								
	HEDULI ME OF	SUBTOTAL AMOUNT						
IVA	IVIE OF							
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00			
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00			
4.	X	SCHEDULE E: LOANS		\$	0.00			
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	1,727.27			
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	0.00			
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	= 7.	\$	0.00			
10	. 🗆	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$				
11	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	INS	\$				
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				

LOANS		SCHEDUI	EE
The Instruction Guide explains how to complete this form.	ges Schedule E: 1 Rpt: 5/11		
2 FILER NAME Gutierrez, Robert			
4 TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender)	9 Loan Amount (\$)	****
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code		10 Interest Rate 11 Maturity Date	
		II waterty bate	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)			
14 Description of Collateral None 15 Check if personal funds we	ere deposited	d into political account (See Instructions))
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guarante	eed (\$)
not applicable 18 Guarantor address; City; State; Zip Code		•	
20 Principal occupation 21 Employer (See Instruction	s)		
	A40 0 1 1000		
•			
Forms provided by Texas Ethics Commission www.ethics.state.tx.us		Version V4.1.0	0.d378aba

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out of District

OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID 1 Total pages Schedule F1: 2 FILER NAME Gutierrez, Robert Sch: 1/6 Rpt: 6/11 4 Date Payee name **BRAZOS VALLEY MUSEUM** 01/16/2024 Payee address; City: State; Zip Code 6 Amount (\$) 3232 BRIARCREST DR \$1,000.00 **BRYAN, TX 77802** (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **FUNDRAISER** Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name **GOOGLE G SUITE** 01/02/2024 State; Zip Code Payee address; City; Amount (\$) 1600 AMPHITHEATRE PKWY \$19.19 MOUNTAIN VIEW, CA 94043 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **BROWSER** Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name **GOOGLE G SUITE** 02/02/2024 State; Zip Code Amount (\$) Payee address; City; \$19.19 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **BROWSER** Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out of District

OTHER (enter a category not listed above) **Legal Services** Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID 1 Total pages Schedule F1: 2 FILER NAME Gutierrez, Robert Sch: 2/6 Rpt: 7/11 4 Date Payee name **GOOGLE G SUITE** 03/04/2024 Payee address; State; Zip Code 6 Amount (\$) \$19.19 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **BROWSER** Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name **GOOGLE G SUITE** 04/01/2024 State; Zip Code Payee address; City; Amount (\$) 1600 AMPHITHEATRE PKWY \$19.67 MOUNTAIN VIEW, CA 94043 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **BROWSER** Office sought Office held Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name **GOOGLE G SUITE** 05/02/2024 State; Zip Code Amount (\$) Payee address; City; \$23.03 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense **BROWSER** Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID				
	Sch: 3/6 Rpt: 8/11	Gutierrez, Robert				
4	Date	5 Payee name				
	06/03/2024	GOOGLE G SUITE				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$23.03	1600 AMPHITHEATRE PKWY				
		MOUNTAIN VIEW, CA 94043				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		BROWSER				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
	Date	Payee name				
	02/05/2024	HEALTH FOR ALL				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$108.00	3030 E 29TH ST				
		BRYAN, TX 77802				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee				
	Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee FUNDRAISER					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	Н				
-	Date	Payee name				
	01/16/2024	META - PPGF				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$102.53	4029357733				
		WASHINGTON, DC 20001				
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By				
	EAT LINDII ONL	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense PAYPAL GIVING FUND				
		PATTAL GIVING TOND				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide	explains how to cor	mplet	te this form.
1	Total pages Schedule F1:	2 FIL	ER NAME			3 Filer ID
	Sch: 4/6 Rpt: 9/11	Gu	itierrez, Robert			
4	The second commence of		yee name			
	04/15/2024		PERATION SAFE SHIELD		-1	The state of the s
6	Amount (\$)		yee address; City; 50 RAYMOND STOTZER PI	State; Zip Co	ae	
	\$267.80	11	SU RATIVIOND STUTZER PI	/ V V I		
	Z. WOLKEN	cc	DLLEGE STATION, TX 7784	5		
8	PURPOSE OF		tegory (See Categories listed at the top		(b)	Description Check if travel outside of Tayas Complete Schedule T
	EXPENDITURE	Co	ontributions/Donations Made andidate/Officeholder/Politica	By I Committee		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		56				FUNDRAISER
9	Complete ONLY if direct expenditure to benefit C/O		didate/Officeholder name	Office sou	ght	Office held
_	Date	Pa	yee name			
	01/31/2024		ROSPERITY BANK			
	Amount (\$)		yee address; City;	State; Zip Co	de	
	\$10.00	37	10 E 29TH ST			8
		BF	RYAN, TX 77802			
	PURPOSE	(a) Ca	ategory (See Categories listed at the to	o of this schedule)	(b)	Description
	OF EXPENDITURE Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		SERVICE CHARGE				
111	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
-	Date	Pa	ayee name			
	02/29/2024		ROSPERITY BANK			
	Amount (\$)		ayee address; City;	State; Zip Co	de	
	\$10.00	37	710 E 29TH ST			
		BRYAN, TX 77802				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		ccounting/Banking	r o. and somedule)	'	Check if travel outside of Texas. Complete Schedule T.
	LAPENDITURE					Check if Austin, TX, officeholder living expense SERVICE CHARGE
		3232.3132				
	Complete ONLY if direct		ndidate/Officeholder name	Office sou	ight	Office held
	expenditure to benefit C/O	1				
The same						

SCHEDULE F1

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID					
	Sch: 5/6 Rpt: 10/11	Gutierrez, Robert					
4	Date	5 Payee name					
	03/31/2024	PROSPERITY BANK					
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 3710 E 29TH ST BRYAN, TX 77802					
_	DUDDOOT	r.,					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SERVICE CHARGE					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	04/30/2024	PROSPERITY BANK					
	Amount (\$) \$10.00	Payee address; City; State; Zip Code \$10.00 3710 E 29TH ST BRYAN, TX 77802					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SERVICE CHARGE					
	Complete ONLY if direct expenditure to benefit C/O						
	Date Payee name						
	05/31/2024	PROSPERITY BANK					
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 3710 E 29TH ST BRYAN, TX 77802					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SERVICE CHARGE					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide expla		ges/Contract Labor	OTHER (enter a category not liste	d above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	
-	Sch: 6/6 Rpt: 11/11	Gutierrez, F					
4	Date	5 Payee name					
	06/30/2024	PROSPERI	TY BANK				
6	Amount (\$)	7 Payee addres		tate; Zip Cod	е		
	\$10.00	3710 E 29T	H ST				
		BRYAN, TX	77802				
8	PURPOSE OF	(a) Category (So Accounting)	ee Categories listed at the top of thi	s schedule)	b) DescriptionCheck if travel of	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Accounting	Darking		Check if Austin,	TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sough	ht	Office held	
	Date	Payee name					
	04/24/2024	PROSPERI	TY BANK				
	Amount (\$)	Payee addre	ss; City; S	tate; Zip Cod	е		
	\$65.64	3710 E 29T	H ST				
		BRYAN, TX	77802				
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of thi	is schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T	
	EXPENDITURE	Accounting	Darking			, TX, officeholder living expense	-
					FEE		
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office soug	ht	Office held	
L				ina atata ty us		Vanalan VII	1.0.d378aha0