

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>J.</u> *MI: <u>DAVID</u> NICKNAME: _____ LAST: _____ SUFFIX: _____ <u>Gutierrez</u>	OFFICE USE ONLY <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid blue; padding: 5px; text-align: center; color: red; font-weight: bold; margin: 5px 0;">MAY 01 2015</div> Date Hand Delivered to Filers: _____ City Secretary's Office Receipt # <u>HP 5/15 @ 4:30pm CC</u> Amount _____ Date Processed <u>Prvd by dg 5/7/15</u> Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>639 MARTIN Cir</u> <u>IRVING, TEXAS 75061</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ <u>(214) 724-0144</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Celeste</u> *MI: <u>T.</u> NICKNAME: _____ LAST: _____ SUFFIX: _____ <u>Florence</u>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>5313 Valleydale Dr.</u> <u>Flower Mound, Texas 75028</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____ () <u>469-371-5159</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>4/9/2015</u> <u>5/1/2015</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5/9/2015</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>City Councilman</u> <u>District 4 - PLACE 4</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

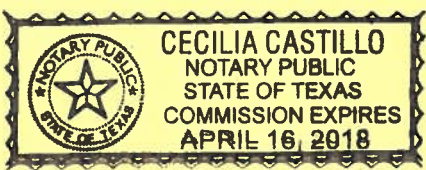
FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <i>David Gutierrez</i>	15 ACCOUNT # (Ethics Commission Filers)
--	---

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,175.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,175.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 2,272.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,272.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1097.00
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.

David Gutierrez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Gutierrez, this the 15th day of May, 20 15, to certify which, witness my hand and seal of office.

Cecilia Castillo
Signature of officer administering oath

Cecilia Castillo
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 192	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-15-2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS Democratic Party	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) 600.00 Voter File Access
6 Contributor address; City; State; Zip Code 4818 E. Ben White Suite 104 Austin, Texas		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-21-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph L. Hull	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3910 TELEPORT BLVD IRVING, TX 75039		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-13-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK ALVARDO	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4047 Echo Glen Dr Dallas, Texas 75244		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-22-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert SHEAKS	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1914 Rock Island Rd #242 IRVING, TEXAS 75060		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-26-2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Sanchez	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5309 Maple LN Colleyville, Texas 76034		(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 272	
2 FILER NAME David Gutierrez		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4-27-15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee Salazar	7 Amount of contribution (\$) \$400.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 639 HARTIN CIR IRVING, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-28-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee Salazar	Amount of contribution (\$) \$800.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 639 HARTIN CIR IRVING, TEXAS		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-28-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee Salazar	Amount of contribution (\$)	In-kind contribution description (if applicable) \$216.00 Signa Mailing Service
Contributor address; City; State; Zip Code 639 HARTIN CIR IRVING, TEXAS		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-25-15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valle Sigons	Amount of contribution (\$)	In-kind contribution description (if applicable) \$89.00 push card
Contributor address; City; State; Zip Code 108 N. MAEATHUA FRUING, TEXAS 75061		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME DAVID Gutierrez	3 ACCOUNT # (Ethics Commission Filers) 7
---------------------------	--	--

4 Date 4-25-2015	5 Payee name Jose AREALO
----------------------------	------------------------------------

6 Amount (\$) \$180.00	7 Payee address; City; State; Zip Code Irving, Texas
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARY/WAGES/Contract Labor	(b) Description (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
---	-------------------------------	---------------	-------------

Date 4-25-2015	Payee name Valle Signs
--------------------------	----------------------------------

Amount (\$) \$866.00	Payee address; City; State; Zip Code 108 N. Mae Arthur Blvd Irving, Texas 75061
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (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
---	-------------------------------	---------------	-------------

Date 4-25-2015	Payee name Valle Signs
--------------------------	----------------------------------

Amount (\$) \$292.28	Payee address; City; State; Zip Code 108 N. Mae Arthur Blvd Irving, Texas 75061
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (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
---	-------------------------------	---------------	-------------

Date 4-24-15	Payee name Home Depot
------------------------	---------------------------------

Amount (\$) \$6.76	Payee address; City; State; Zip Code 3200 W. DEWARS BLVD IRVING, TEXAS 75061
------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) metal post for 4x4 signs	Description (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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME: <i>OFFICE DEPOT</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	--------------------------------------	--

4 Date: <i>4-25-2015</i>	5 Payee name: <i>Office Depot</i>
-----------------------------	--------------------------------------

6 Amount (\$): <i>\$73.59</i>	7 Payee address; City; State; Zip Code: <i>1000 W. Airport Freeway IRVING, TEXAS 75062</i>
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description (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
---	-------------------------------	---------------	-------------

Date: <i>4-22-2015</i>	Payee name: <i>Walmart</i>
---------------------------	-------------------------------

Amount (\$): <i>\$84.37</i>	Payee address; City; State; Zip Code: <i>4100 W. Airport Fwy IRVING, TEXAS 75062</i>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (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
---	-------------------------------	---------------	-------------

Date: <i>4-28-2015</i>	Payee name: <i>SIGNA Mailing Services</i>
---------------------------	--

Amount (\$): <i>216.00</i>	Payee address; City; State; Zip Code: <i>IRVING BLVD IRVING, TEXAS</i>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising</i>	Description (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
---	-------------------------------	---------------	-------------

Date: <i>4-28-2015</i>	Payee name: <i>U S Postal Service</i>
---------------------------	--

Amount (\$): <i>\$725.00</i>	Payee address; City; State; Zip Code: <i>IRVING, TEXAS</i>
---------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED