

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 MR	FIRST ROBERT	MI S
	NICKNAME BOBBY	LAST GUTIERREZ	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	[REDACTED ADDRESS]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	[REDACTED PHONE]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST JASON	MI
	NICKNAME 	LAST BIENSKI	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	700 UNIVERSITY DR , STE 103 COLLEGE STATION, TX 77840		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(979) 219-5555		
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 7 / 1 / 26 THROUGH 9 / 24 / 26		
	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description 11 / 3 / 26 ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any)		
	CITY OF BRYAN MAYOR		
13 OFFICE SOUGHT (if known)			
	CITY OF BRYAN MAYOR		
14 NOTICE FROM POLITICAL COMMITTEE(S) 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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	☐ GENERAL	COMMITTEE ADDRESS	
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME
BOBBY GUTIERREZ

16 Filer ID (Ethics Commission Filers)

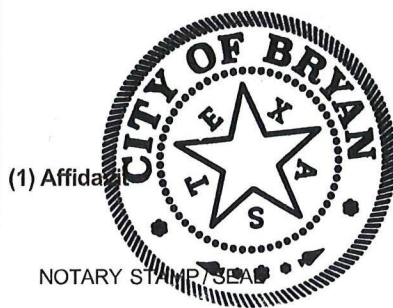
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 15.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,960.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,956.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 41,524.69
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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Bobby Gutierrez this the 5th day of October, 2026, to certify which, witness my hand and seal of office.

Melissa Bunner Melissa Bunner City Secretary
Signature of officer administering 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 _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****BOBBY GUTIERREZ****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 33,960.08
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,956.58
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,317.02
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 BOBBY GUTIERREZ		3 Filer ID (Ethics Commission Filers)
4 Date 09/18/2026	5 Full name of contributor out-of-state PAC (ID#: _____) DONALD A. ADAM 6 Contributor address; City; State; Zip Code ONE MOMENTUM BLVD, STE 1000, COLLEGE STATION, TX 77845	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions) CHAIRMAN & CEO		9 Employer (See Instructions) AMERICAN MOMENTUM BANK
Date 09/19/2026	Full name of contributor out-of-state PAC (ID#: _____) DAVID R. NORCOM Contributor address; City; State; Zip Code 4707 MIRAMONT CIRCLE, BRYAN, TX 77802	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) MANAGING PARTNER		Employer (See Instructions) HARRISON HOLDINGS LP
Date 09/10/2026	Full name of contributor out-of-state PAC (ID#: _____) KRISTOPHER AND JEANNETTE FRALEY Contributor address; City; State; Zip Code 7218 S FM 2038, BRYAN, TX 77808	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2026	Full name of contributor out-of-state PAC (ID#: _____) RONALD CLAIBORNE Contributor address; City; State; Zip Code 3509 SURRY GLEN, BRYAN TX 77808	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
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**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 BOBBY GUTIERREZ		3 Filer ID (Ethics Commission Filers)
4 Date 09/03/2026	5 Full name of contributor out-of-state PAC (ID#: _____) CASEY M. OLDHAM 6 Contributor address; City; State; Zip Code 726 N ROSEMARY DR, BRYAN, TX 77802	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions) CEO/CIO		9 Employer (See Instructions) OLDHAM GOODWIN GROUP
Date 09/10/2026	Full name of contributor out-of-state PAC (ID#: _____) HARRISON HOLDINGS LIMITED PARTNERSHIP Contributor address; City; State; Zip Code 409 E 26TH ST, BRYAN, TX 77803	Amount of contribution (\$) 10,000.00
Principal occupation / Job title (See Instructions) MANAGING PARTNER		Employer (See Instructions) HARRISON HOLDINGS LP
Date 09/10/2026	Full name of contributor out-of-state PAC (ID#: _____) DOUG AND KARA FRENCH Contributor address; City; State; Zip Code 5500 PRESTON RD, STE 250, DALLAS, TX 75205	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) STYLECRAFT
Date 09/18/2026	Full name of contributor out-of-state PAC (ID#: _____) BILL OR PEGGY LERO Contributor address; City; State; Zip Code 4421 NOTTINGHAM LN, BRYAN, TX 77802	Amount of contribution (\$) 500.00
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.		

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 BOBBY GUTIERREZ		3 Filer ID (Ethics Commission Filers)
4 Date 09/24/2026	5 Full name of contributor out-of-state PAC (ID#: WAYNE A COURREGES III 6 Contributor address; City; State; Zip Code 13410 FERRILL CREEK RD, BRYAN, TX 77808	7 Amount of contribution (\$) 10,000.00
8 Principal occupation / Job title (See Instructions) REAL ESTATE DEVELOPER		9 Employer (See Instructions) CREI PARTNERS LLC
Date 09/23/2026	Full name of contributor out-of-state PAC (ID#: SAM K MAREIDIA Contributor address; City; State; Zip Code 2909 HWY 21 WEST, BRYAN 77803	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF EMPLOYED
Date 09/18/2026	Full name of contributor out-of-state PAC (ID#: MERCEDES S GUTIERREZ Contributor address; City; State; Zip Code 2413 STAUNTON DR, BRYAN TX 77803	Amount of contribution (\$) 10.08
Principal occupation / Job title (See Instructions) ASSISTANT		Employer (See Instructions) GUTIERREZ VENTURES, INC.
Date 08/24/2026	Full name of contributor out-of-state PAC (ID#: SUSAN BINKS Contributor address; City; State; Zip Code 3011 HICKORY RIDGE CIR, BRYAN TX 77807	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A

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 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
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: 3	2 FILER NAME BOBBY GUTIERREZ	3 Filer ID (Ethics Commission Filers)			
4 Date 09/14/2026	5 Payee name O'REILLY AUTO PARTS				
6 Amount (\$) 72.48	7 Payee address; City; State; Zip Code 1711 S TEXAS AVE BRYAN, TX 77802 Check if individual's residence address.				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRANSPORTATION EQUIPMENT & RELATED EXPENSE	(b) Description TRAILER MAINTENANCE FOR SIGNS			
	(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 <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">Candidate / Officeholder name BOBBY GUTIERREZ</td> <td style="width:33%; text-align: center;">Office sought COB MAYOR</td> <td style="width:33%; text-align: center;">Office held COB MAYOR</td> </tr> </table>			Candidate / Officeholder name BOBBY GUTIERREZ	Office sought COB MAYOR	Office held COB MAYOR
Candidate / Officeholder name BOBBY GUTIERREZ	Office sought COB MAYOR	Office held COB MAYOR			
Date 09/15/2026	Payee name GRAINGER				
Amount (\$) 44.83	Payee address; City; State; Zip Code 1408 W VILLA MARIA RD BRYAN, TX 77801 Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN SIGN SUPPLIES			
	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/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">Candidate / Officeholder name BOBBY GUTIERREZ</td> <td style="width:33%; text-align: center;">Office sought COB MAYOR</td> <td style="width:33%; text-align: center;">Office held COB MAYOR</td> </tr> </table>			Candidate / Officeholder name BOBBY GUTIERREZ	Office sought COB MAYOR	Office held COB MAYOR
Candidate / Officeholder name BOBBY GUTIERREZ	Office sought COB MAYOR	Office held COB MAYOR			
Date 09/16/2026	Payee name WOODSON LUMBER				
Amount (\$) 10.71	Payee address; City; State; Zip Code PO BOX 3950 BRYAN, TX 77801 Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN MARKING SPRAY FOR SIGNS			
	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/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">Candidate / Officeholder name BOBBY GUTIERREZ</td> <td style="width:33%; text-align: center;">Office sought COB MAYOR</td> <td style="width:33%; text-align: center;">Office held COB MAYOR</td> </tr> </table>			Candidate / Officeholder name BOBBY GUTIERREZ	Office sought COB MAYOR	Office held COB MAYOR
Candidate / Officeholder name BOBBY GUTIERREZ	Office sought COB MAYOR	Office held COB MAYOR			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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
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: 3	2 FILER NAME BOBBY GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 09/19/2026	5 Payee name HIGHWAY 21 TRUCK STOP	
6 Amount (\$) 233.11	7 Payee address; City; State; Zip Code 2714 HWY 21 W BRYAN, TX 77802 Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRANSPORTATION EQUIPMENT & RELATED EXPENSE	(b) Description FUEL-TRANSPORTATION OF SIGNS
	(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: BOBBY GUTIERREZ Office sought: COB MAYOR Office held: COB MAYOR	
Date 09/20/2026	Payee name 7-ELEVEN	
Amount (\$) 21.37	Payee address; City; State; Zip Code 2000 S COLLEGE AVENUE BRYAN, TX 77801 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description CAMPAIGN SIGN FOOD/BEV FOR WORKERS
	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/OH	Candidate / Officeholder name: BOBBY GUTIERREZ Office sought: COB MAYOR Office held: COB MAYOR	
Date 09/20/2026	Payee name TRACTOR SUPPLY CO	
Amount (\$) 1,233.34	Payee address; City; State; Zip Code 2704 TEXAS AVE STE 1 COLLEGE STATION, TX 77840 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN SIGN SUPPLIES
	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/OH	Candidate / Officeholder name: BOBBY GUTIERREZ Office sought: COB MAYOR Office held: COB MAYOR	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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: 3	2 FILER NAME BOBBY GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2026	5 Payee name TWIN LIQUORS 069	
6 Amount (\$) 216.49	7 Payee address; City; State; Zip Code 1915 SOUTH TEXAS AVE COLLEGE STATION, TX 77840 Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	
	(b) Description CAMPAIGN FUNDRAISER	
	(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 BOBBY GUTIERREZ COB MAYOR COB MAYOR	
Date 09/23/2026	Payee name ODIS THORNTON JR	
Amount (\$) 452.42	Payee address; City; State; Zip Code 5956 CR 252 CALDWELL, TX 77836 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	
	Description CAMPAIGN SIGN WORK	
	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/OH	Candidate / Officeholder name Office sought Office held BOBBY GUTIERREZ COB MAYOR COB MAYOR	
Date 09/22/2026	Payee name JG MEDIA	
Amount (\$) 3,625.00	Payee address; City; State; Zip Code PO BOX 224423 DALLAS, TX 75222 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	
	Description MAGAZINE AD	
	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/OH	Candidate / Officeholder name Office sought Office held BOBBY GUTIERREZ COB MAYOR COB MAYOR	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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
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: 3	2 FILER NAME BOBBY GUTIERREZ	3 Filer ID (Ethics Commission Filers)						
4 Date 09/15/2026	5 Payee name GRAINGER							
6 Amount (\$) 800.82	7 Payee address; City; State; Zip Code 1408 W VILLA MARIA RD BRYAN, TX 77801 Check if individual's residence address.							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SIGN SUPPLIES						
	(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 <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: right;">Candidate / Officeholder name</td> <td style="width:33%; text-align: right;">Office sought</td> <td style="width:33%; text-align: right;">Office held</td> </tr> <tr> <td>BOBBY GUTIERREZ</td> <td>COB MAYOR</td> <td>COB MAYOR</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	BOBBY GUTIERREZ	COB MAYOR	COB MAYOR
Candidate / Officeholder name	Office sought	Office held						
BOBBY GUTIERREZ	COB MAYOR	COB MAYOR						
Date 09/21/2026	Payee name TRACTOR SUPPLY							
Amount (\$) 96.01	Payee address; City; State; Zip Code 2704 TEXAS AVE STE 1 COLLEGE STATION TX 77840 Check if individual's residence address.							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGN SUPPLIES						
	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/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: right;">Candidate / Officeholder name</td> <td style="width:33%; text-align: right;">Office sought</td> <td style="width:33%; text-align: right;">Office held</td> </tr> <tr> <td>BOBBY GUTIERREZ</td> <td>COB MAYOR</td> <td>COB MAYOR</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	BOBBY GUTIERREZ	COB MAYOR	COB MAYOR
Candidate / Officeholder name	Office sought	Office held						
BOBBY GUTIERREZ	COB MAYOR	COB MAYOR						
Date 09/21/2026	Payee name BCS CHAMBER OF COMMERCE							
Amount (\$) 150.00	Payee address; City; State; Zip Code 1733 Briarcrest Dr, Suite 200, Bryan, TX 77802 Check if individual's residence address.							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description FUNDRAISER						
	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/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: right;">Candidate / Officeholder name</td> <td style="width:33%; text-align: right;">Office sought</td> <td style="width:33%; text-align: right;">Office held</td> </tr> <tr> <td>BOBBY GUTIERREZ</td> <td>COB MAYOR</td> <td>COB MAYOR</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	BOBBY GUTIERREZ	COB MAYOR	COB MAYOR
Candidate / Officeholder name	Office sought	Office held						
BOBBY GUTIERREZ	COB MAYOR	COB MAYOR						
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
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME BOBBY GUTIERREZ	3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2026	5 Payee name TRACTOR SUPPLY CO	
6 Amount (\$) 1,040.22 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2704 TEXAS AVE STE 1 COLLEGE STATION, TX 77840 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGNAGE SUPPLIES
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BOBBY GUTIERREZ	Office sought COB MAYOR
		Office held COB MAYOR
Date 09/12/2026	Payee name SARC BRAZOS VALLEY	
Amount (\$) 276.80 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 404 JANE ST COLLEGE STATION, TX 77845 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description FUNDRAISER DONATION
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BOBBY GUTIERREZ	Office sought COB MAYOR
		Office held COB MAYOR
Date	Payee name	
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		