

# 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: <b>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Ms.</b> FIRST <b>Vanessa</b> MI <b>m</b> NICKNAME LAST SUFFIX <b>Gutierrez</b>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>1010 monte Vista Dr Lockhart TX 78644</b>	<b>RECEIVED</b> Date Received <b>MAR 2 2026</b> CITY OF <b>Lockhart</b>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 787-0344</b>	Date Received or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>MRS. Brooke</b> MI <b>a</b> NICKNAME LAST SUFFIX <b>Payne</b>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>315 Bois Darc St Lockhart TX 78644</b>	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 348-3171</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>1 / 29 / 2026</b> <b>THROUGH</b> <b>3 / 1 / 2026</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 31 / 20</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			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 <u>Vanessa M Gutierrez</u>		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,132.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,552.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is Vanessa M Gutierrez, and my date of birth is 09/16/1986

My address is 1010 Monte Vista Dr., Lockhart, TX, 78644, USA

Executed in Caldwell County, State of TX, on the 2 day of March, 2026

Signed by:

[Signature]  
Signature of Candidate/Officeholder (Declarant)

C9BCE9AF06EB432

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>Brooke Payne</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,132.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1,552.33</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### Certificate Of Completion

Envelope Id: 8C88EB63-39E9-476A-9129-F9C09B96D8F3  
Subject: Complete with Docusign: LOCKHRT-TX-RTL COP\_20260302\_100618.pdf  
Source Envelope:  
Document Pages: 1 Signatures: 1  
Certificate Pages: 4 Initials: 0  
AutoNav: Enabled  
Envelopeld Stamping: Enabled  
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed

Envelope Originator:  
Brooke Payne  
3160 Crow Canyon Road Suite 400  
San Ramon, CA 94583  
bpayne@cmgfi.com  
IP Address: 140.209.215.175

### Record Tracking

Status: Original  
3/2/2026 6:30:56 AM

Holder: Brooke Payne  
bpayne@cmgfi.com

Location: DocuSign

### Signer Events

Vanessa M Gutierrez  
ness78644@gmail.com  
Security Level: Email, Account Authentication  
(None)

### Signature

Signed by:  
  
C9BCF9AF06EB432...

### Timestamp

Sent: 3/2/2026 6:33:29 AM  
Resent: 3/2/2026 6:51:25 AM  
Viewed: 3/2/2026 9:39:37 AM  
Signed: 3/2/2026 9:42:03 AM

Signature Adoption: Drawn on Device  
Using IP Address: 2a04:4e41:3a02:1051::4227:3051  
Signed using mobile

Electronic Record and Signature Disclosure:  
Accepted: 3/2/2026 9:39:37 AM  
ID: a3e42e5e-5ad4-42b5-ba18-a13ef3cc5821

### In Person Signer Events

### Signature

### Timestamp

### Editor Delivery Events

### Status

### Timestamp

### Agent Delivery Events

### Status

### Timestamp

### Intermediary Delivery Events

### Status

### Timestamp

### Certified Delivery Events

### Status

### Timestamp

### Carbon Copy Events

### Status

### Timestamp

### Witness Events

### Signature

### Timestamp

### Notary Events

### Signature

### Timestamp

### Envelope Summary Events

### Status

### Timestamps

Envelope Sent	Hashed/Encrypted	3/2/2026 6:33:29 AM
Envelope Updated	Security Checked	3/2/2026 6:51:24 AM
Certified Delivered	Security Checked	3/2/2026 9:39:37 AM
Signing Complete	Security Checked	3/2/2026 9:42:03 AM
Completed	Security Checked	3/2/2026 9:42:03 AM

### Payment Events

### Status

### Timestamps

### Electronic Record and Signature Disclosure

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, CMG Mortgage Retail (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact CMG Mortgage Retail:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [vendorapprovals@cmgfi.com](mailto:vendorapprovals@cmgfi.com)

**To advise CMG Mortgage Retail of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [vendorapprovals@cmgfi.com](mailto:vendorapprovals@cmgfi.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

**To request paper copies from CMG Mortgage Retail**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [vendorapprovals@cmgfi.com](mailto:vendorapprovals@cmgfi.com) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with CMG Mortgage Retail**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to [vendorapprovals@cmgfi.com](mailto:vendorapprovals@cmgfi.com) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify CMG Mortgage Retail as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CMG Mortgage Retail during the course of your relationship with CMG Mortgage Retail.

**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: <u>7</u>
2 FILER NAME <u>Brooke Payne (Vanessa Mautier)</u>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brooke Payne</u>	7 Amount of contribution (\$) <u>250.00</u>
	6 Contributor address; City; State; Zip Code <u>315 Bois Darc Lockhart TX 78644</u> <u>St</u>	
8 Principal occupation / Job title (See Instructions) <u>Residential Mortgage originator</u> <u>Loan</u>		9 Employer (See Instructions) <u>CMG Home Loans</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sandra Gravel</u>	Amount of contribution (\$) <u>100.00</u>
<u>1/29/26</u>	Contributor address; City; State; Zip Code <u>145 Old Lockhart Rd</u> <u>Lockhart TX 78644</u>	
Principal occupation / Job title (See Instructions) <u>Veterinarian</u>		Employer (See Instructions) <u>Harmony Path Vet Clinic</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Aimee Cook</u>	Amount of contribution (\$) <u>40.00</u>
<u>1/29/26</u>	Contributor address; City; State; Zip Code <u>13924 Edna Maxine <del>Lockhart</del> 78617</u> <u>W2112 Del Valle TX</u>	
Principal occupation / Job title (See Instructions) <u>Director of Client Success</u>		Employer (See Instructions) <u>Civitech</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rebecca Carter</u>	Amount of contribution (\$) <u>20.00</u>
<u>1/29/26</u>	Contributor address; City; State; Zip Code <u>3979 US 82E PMS TX 75462</u>	
Principal occupation / Job title (See Instructions) <u>Insurance Agent</u>		Employer (See Instructions) <u>Allstate</u>

**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: 7

2 FILER NAME

Brooke Payne (Vanessa M. Gutierrez)

3 Filer ID (Ethics Commission Filers)

4 Date

1/30/26

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

Sara Scudary

6 Contributor address; City; State; Zip Code

2545 Fox Ridge Ashboro Road NC 27205

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

Lawyer

9 Employer (See Instructions)

Private Firm

Date

1/30/26

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

Amanda Traphagen

Contributor address; City; State; Zip Code

902 Monte Vista Lockhart TX 78644 Drive

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Content Management Analyst

Employer (See Instructions)

Walters Kluwer

Date

1/30/26

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

Stephen Gray

Contributor address; City; State; Zip Code

902 Monte Vista Lockhart TX 78644 Dr.

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Communications

Employer (See Instructions)

VT Austin

Date

1/30/26

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

Meagan Gordon

Contributor address; City; State; Zip Code

151 Rikardson Austin TX 78640 #43

Amount of contribution (\$)

10.00

Principal occupation / Job title (See Instructions)

Photographer

Employer (See Instructions)

Meg Alexandria

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: <u>7</u>
2 FILER NAME <u>Brooke Payne (Vanessa M. Gutierrez)</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/30/26</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Vanessa Walker</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>1008 Way Lane Allen TX 75013</u>		
8 Principal occupation / Job title (See Instructions) <u>Communications Director</u>		9 Employer (See Instructions) <u>Dallas County Dental Society</u>
Date <u>2/2/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Dana Azum</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>2500 Butler National Dr. Pflugerville TX 78660</u>		
Principal occupation / Job title (See Instructions) <u>Engineer</u>		Employer (See Instructions) <u>Arrow Electronics</u>
Date <u>2/6/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Mary Lou Weather</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>513 San Jacinto Lockhart TX 78644 St.</u>		
Principal occupation / Job title (See Instructions) <u>N/A</u>		Employer (See Instructions) <u>N/A</u>
Date <u>2/9/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Jen Kerr</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code <u>7500 S IH 35 #616 Austin TX 78745</u>		
Principal occupation / Job title (See Instructions) <u>Hairstresser</u>		Employer (See Instructions) <u>SELF</u>

**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: <b>7</b>
2 FILER NAME <b>Brooke Payne (Vanessa M Gutierrez)</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/9/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donna Blair</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>4020 S Industrial Dr #170 Austin TX 78744</b>		
8 Principal occupation / Job title (See Instructions) <b>Realtor</b>		9 Employer (See Instructions) <b>Blairfield</b>
Date <b>2/9/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa House</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>900 Clearfork St Lockhart TX 78644</b>		
Principal occupation / Job title (See Instructions) <b>Photographer</b>		Employer (See Instructions) <b>Lisa House Photography</b>
Date <b>2/10/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leigha Struthers</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>1600 State Park Rd Lockhart TX 78644</b>		
Principal occupation / Job title (See Instructions) <b>SELF</b>		Employer (See Instructions) <b>SELF</b>
Date <b>2/10/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nic Goddard</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>210 Atacosa Lockhart TX 78644</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>State Bar of Texas</b>

--	--

**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: <u>7</u>
2 FILER NAME <u>Brooke Payne (Vanessa Gutierrez)</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/11/26</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Martha Doiese</u>	7 Amount of contribution (\$) <u>10.00</u>
6 Contributor address; City; State; Zip Code <u>710 S. Hackberry Luling TX 78648</u>		
8 Principal occupation / Job title (See Instructions) <u>Retail</u>		9 Employer (See Instructions) <u>Luling Lavender Fields</u>
Date <u>2/11/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Elizabeth Bray</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>3736 Bee Caves Rd Austin TX 78746</u>		
Principal occupation / Job title (See Instructions) <u>Finance Director</u>		Employer (See Instructions) <u>SELF</u>
Date <u>2/11/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jessica Morris</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>312 Belmont Place Lockhart TX 78644</u>		
Principal occupation / Job title (See Instructions) <u>Accountant</u>		Employer (See Instructions) <u>TX DOT</u>
Date <u>2/11/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Max Nancy</u>	Amount of contribution (\$) <u>27.00</u>
Contributor address; City; State; Zip Code <u>P.O. Box 4740 Austin TX 78765</u>		
Principal occupation / Job title (See Instructions) <u>Owner</u>		Employer (See Instructions) <u>Plum Creek Records</u>

**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: <b>7</b>
2 FILER NAME <b>Brooke Payne (Vanessa M Gutierrez)</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/11/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert O'Hara</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>518 NECHES ST. LOCKHART TX 78644</b>		
8 Principal occupation / Job title (See Instructions) <b>Field Applications Engineer</b>		9 Employer (See Instructions) <b>General</b>
Date <b>2/12/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Lewis</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>911 San Jacinto Lockhart TX 78644 ST.</b>		
Principal occupation / Job title (See Instructions) <b>Account Executive</b>		Employer (See Instructions) <b>WALK ME</b>
Date <b>2/14/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Can Marshall</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1312 BICKER Rd Austin TX 78704</b>		
Principal occupation / Job title (See Instructions) <b>Writer</b>		Employer (See Instructions) <b>SUF</b>
Date <b>2/18/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Carol Christensen</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>1011 Monte Vista Lockhart TX 78644 Dr.</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		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: <b>7</b>
2 FILER NAME <b>Brooke Payne (Vanessa Mbutiwezi)</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/21/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kelsie Jones</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>1105 Orange Lockhart TX 78644</b>		
8 Principal occupation / Job title (See Instructions) <b>Owner</b>		9 Employer (See Instructions) <b>Moonstone Baking</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

1042

# 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: 2	2 FILER NAME Brooke Payne (Vernessa M Gutierrez)	3 Filer ID (Ethics Commission Filers)
---------------------------------	---	---------------------------------------

4 Date 2/13/2026	5 Payee name Alex Cody
---------------------	---------------------------

6 Amount (\$) 500.00	7 Payee address: 922 Merritt Dr.	City: Lockhart	State: TX	Zip Code 78644
-------------------------	-------------------------------------	-------------------	--------------	-------------------

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/13/2026	Payee name Printing Solutions
-------------------	----------------------------------

Amount (\$) 730.69	Payee address: 113 E. San Antonio St.	City: Lockhart	State: TX	Zip Code 78644
-----------------------	--	-------------------	--------------	-------------------

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/26/26	Payee name Printing Solutions
-----------------	----------------------------------

Amount (\$) 258.18	Payee address: 113 E. San Antonio St	City: Lockhart	State: TX	Zip Code 78644
-----------------------	---	-------------------	--------------	-------------------

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2022

# 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
- 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 F1: 2      2 FILER NAME Brook Payne (Vanessa Mautienc)      3 Filer ID (Ethics Commission Filers)

4 Date 2/11/20      5 Payee name Sage Capital Bank

6 Amount (\$) 25.96      7 Payee address; City; State; Zip Code  
P.O. Box 1940 Gonzales TX 78629

8 PURPOSE OF EXPENDITURE

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

9 Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date 2/27/20      Payee name Sage Capital Bank

Amount (\$) 10.00      Payee address; City; State; Zip Code  
P.O. Box 1940 Gonzales TX 78629

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<u>Accounting/Banking</u>	<u>Service fee (monthly)</u>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input checked="" 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      Payee name

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

PURPOSE OF EXPENDITURE

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

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED