CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST GUSTAV	o G	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Gus Ruiz			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	The state of the s	city; state; zip code Harlinga K 78550	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION	
Change of Address			JAN 1 5 2016	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (956) 421-4373	EXTENSION	Date Hand-delivered or Date Politinaryed	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
NAME	Mr Robert		Date Processed	
	Davis	Jr.	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	1	ZIP CODE	
(Residence or Business)		100-111-30-1-10		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 564-1791	EXTENSION		
9 REPORT TYPE	January 15 30th day before el	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before elec	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	11 / 5 / 2015	THROUGH 12	31 / 15	
11 ELECTION	BLECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	ity Commissioner	
		Cameron Coun Precinct 4	Commissione-	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	C. Ruiz	1	5 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	16 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
rissinan rages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
		COMMITTEE SAMEARAN THE ACCIDENT ABBITECO			
			9		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	2. TOTAL	POLITICAL CONTRIBUTIONS			
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50		
EXPENDITURE	2 TOTAL	DOLUTION EVENDITURES OF \$100 OR LESS			
TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				
	4. TOTAL POLITICAL EXPENDITURES \$ 24,504,71				
CONTRIBUTION BALANCE	1000744 50 3000500000000000000000000000000000	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	BAY \$ 1,142.15		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* 25, 646,86		
18 AFFIDAVIT					
			erjury, that the accompanying report is rmation required to be reported by me		
			n		
	IAN SALVADOR TOVA by Commission Expire	- Rush C	Kuy		
	April 3, 2019	Signature of Cano	didate of Officeholder		
AFFIX NOTARY STAMI	-/SLALABOVE	- ₹			
			111th		
Sworn to and subscribed before me, by the said, this the, this the					
day of TANUARY , 20 16 , to certify which, witness my hand and seal of office.					
)	JUAN S. TOVAR	NOTARY		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

JUAN SALVADDR TOVAR My Commission Expires April 7, 2019



SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Comr	mission Filers)
Gustavo C Ruil	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 25,646.86
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,504.71
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	\$
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	\$

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME GUSTA	vo C. Ruiz		3 rener ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$.34
5 Date of loan 11-6-2015	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$) \$5,000
6 Is lender a financial Institution?	8 Lender address; City; s 21434 Retama Rd, 1	State: Zip Code Harlinger TR 78550	10 Interest rate N/A 11 Maturity date N/A
12 Principal occupation	J on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	State; Zip Code	19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state if	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	T	State; Zip Code Anlingen 72 78550	Interest rate N/A Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COI	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME GUSTA	vo C. Ruiz		3 س بی (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of Ioan 7 Name of Iender Out-of-state PAC (ID#:) 11-19-2015 GUSTAVO C. KVIZ			9 Loan Amount (\$) \$5,000
6 Is lender a financial Institution?	8 Lender address; City; s 21434 Retama Rd, H	anlingen 12 78550	10 Interest rate NA 11 Maturity date NA
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	·
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan 12-2-2015 Is lender a financial Institution? Y	Gustavo C Ruiz	PAC (ID#:) State; Zip Code Haningan R 18550	Loan Amount (\$) Slo, OOO Interest rate N/A Maturity date N/A
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral ·	Check if personal funds were of account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable		State; Zip Code	
Principal Occupation	on (See instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COI ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME Gustava	C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?		State; Zip Code Harlingen TR 78550	10 Interest rate NA 11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	1 10 1) 1
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	· · · · <u>·</u> · · · · · · · · · · · · · ·	19 Amount Guaranteed (\$)
not applicable		state; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan 11-20-2015 Is lender a financial Institution? Y N	Name of lender out-of-state of Gustavo C. Ruiz Lender address; City; S 21434 Retama Rd, Ha	State; Zip Code	Loan Amount (\$) \$\begin{align*} 212.34 \\ Interest rate \\ \mathcal{N} \emptyset \\ Maturity date \\ \mathcal{N} \emptyset \\ \mathcal{N} \\ \mathcal{N} \emptyset \\ \mathcal{N} \emptyset \mathcal{N} \\ \mathcal{N} \emptyset \\ \mathcal{N} \emptyset \mathcal{N} \\ \mathcal{N} \\ \mathcal{N} \emptyset \\ \mathcal{N} \\ \mathcal{N} \\ \mathcal{N} \\ \mathcal{N} \emptyset \\ \mathcal{N} \\ \math
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral .	Check if personal funds were of account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	tavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan	7 Name of lender out-of-state	9 PAC (ID#:)	9 Loan Amount (\$) \$ 400
6 Is lender a financial Institution?	8 Lender address; City; 21434 Retama Rd. H	10 Interest rate NA 11 Maturity date NA	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat	18 Guarantor address; City; ion (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL Co	OPIES OF THIS SCHEDULE AS NE	

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 Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	Qustavo C. Ruiz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
12-29-2015 6 Amount (\$)	7 Payee address; Scity; State; Zip Code	
\$34.52	117 S. Main St. La,	Feria, TX 78559
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Food / Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
		Meeting with constituents
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name -	Office sought Office held
Date 11-19-201	Payee name	
12-29-	Texas Meat Purveyor	
Amount (\$)	Payee address; City; State; Zip Code	
\$167	726 US-77 Frontage 1	Rd, Hanlingen, TX 78550
PURPOSE OF EXPENDITURE	Food Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder flying expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought / Office held
Date	Payee name	
11-20-2015 Amount (\$)	Texas Meat Pur Veyor Payee address; City; State; Zip Code	2
\$212.34	726 US-77 Frontage	Rd. Harlinsen, TX 78550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought / Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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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 Foot/Beverage Expense Glift/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 (expenses proteins a category pot listed above)

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed abo The Instruction Guide explains how to complete this form.	ve)
1 Total pages Schedule F1:	2 FILER NAME C. RVIZ 3 Filer ID (Ethics Commission	Filers)
4 Date 11-14-2015	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
O Amount (φ)		
\$480.68	3601 W. Expressway 83, Harlinger, TX 78552	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE	Check if travel outside of Texas. Complete Schedule T.	
OF	O-hock if Austin, TX, officeholder living expense	·
EXPENDITURE		
	Campaign Material	
9 Complete ONLY if direct	Candidate / Officeholder name Office sought Office held	
expenditure to benefit C/OF	DH Control of the con	
Date	Payee name	
11 15 2015		
11-15-2015	Lowes	·
Amount (\$)	Payee address; City; State; Zip Code	
2 20 12	4705 South Expressivay 77, Hanlingon, TX 78550	
\$ 78.13	1 103 South Expression, 11, Hanringon, 12, 18330	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE	Check if travel outside of Texas. Complete Schedule T.	-
OF	Check if Austlin, TX, officeholder living expense	
EXPENDITURE	Other Li Check if Austin, TX, officeholder living expense	
	Campaign Material	
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held	
expenditure to benefit C/OF		
Date	Payee name	
11-17-2015	McCoys	
Amount (\$)	Payee address; City; State; Zip Code	
- par pr	12. 11 File on Hall to AREEN	
\$ 452.55	3601 W. Express way 83, Hanlinger, TX 78552	
- 1		
	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.	}
PURPOSE OF		
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	COMPAGE]
	Campaign material	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	
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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
Credit Card Payment

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

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

Gradit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C. RUIZ 3 Filer ID (Ethics Commission Filers)
4 Date 3-20 5	5 Payee name Jett Media
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,031	2241 Dallas Ave Suite B, McAllen, TX 7859
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Expense Check If Austin, TX, officeholder living expense
	Campaign Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
Date	Payee name
11-12-2015	Sandra Leija
Amount (\$)	Payee address; City; State; Zip Code
\$ 400	10529 W. Clark Rd. La, Feria Texas 78559
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 Auslin, TX, officeholder living expense Contract labor for campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held
Date	Payee name
11-12-2015	Jose Ramon Garcia
Amount (\$)	Payee address; City; State; Zip Code
\$ 600	P.O. Box 1559 La Feria, Texas 78559
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries Wags Contract Labor Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor for Campaign Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
· · · · · · · · · · · · · · · · · · ·	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL F AS NEEDED

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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 Glit/Awards/Memorials Expense Legal Services

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C RVIZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
11-6-2015 6 Amount (\$)	R G V Media Group 7 Payee address; City; State; Zip Code	
\$1,500		211, Brownsville, Texas 78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Assemblia France	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
EXPENDITURE	Consulting Expense	
		Campaign consultant
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11-19-2015	Jett Media	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,515.50	2241 Dallas Ave Suite B,	Mc Allen, IX 78501
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adventising Expense	Description Chack if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11-21-2015	Mc Coys	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 32,45	3601 W. Expressivay 83, Har	lign, TX 78552
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	alhaa	Check if travel outside of Texes. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Other	
		Campaign Material
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<u> </u>	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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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)

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 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 700 E. Levee St., Suite 211, Brownsville, Texas 78520 \$1,500 (a) Category (See Categories listed at the top of this schedule) (b) Description ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Consulting Expense Check If Austin, TX, officeholder living expense **EXPENDITURE** Campaign Consultant Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 1-19-2015 621 N. Express way MM, Hanlinger TR 78550 \$ 124°26 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Food Beverage / Expense __ Check if Austin, TX, officeholder living expense EXPENDITURE Campaign Kally Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 621 N. Express way 77, Harlingn Tr 78550 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food Beverage Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundralsing Expense 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 FILER NAME 3 Filer ID (Ethics Commission Filers) justavo C. Kuiz 5 Payee name 4 Date 321 S.77 Sunshine Strip Hanlingn TR 78550 140.74 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Accounting Banking Check if Austin, TX, officeholder living expense OF EXPENDITURE Campaign Checks Candidate / Officeholder name Office squaht Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date H- E- B 11-17-2015 Amount (\$) City; State; Zip Code Harlingn TX 78550 1103 Morson Blud \$59.31 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF nther Check if Austin, TX, officeholder living expense EXPENDITURE いなら Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH DRI Printing Services 11-17-2015 City; State; Zip Code Amount (\$) Payee address; San Francisco, CA 94163 290 7th St. FJ. 1786 4 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense Adventising Expense **EXPENDITURE** Cards Candidate / Officeholder name Office sought Office held 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 E Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C RUIZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
11-14-2015	Rambaldo Rivera	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 1,000	P.O. Box 271 Santa Maria TR 1859	2
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Salaries / Wages / Contract habon Check if Aus	loutside of Texas. Complete Schedule T. stin, TX, officeholder living expense habor for Campaign
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office holder name Office sought	Office held
Date	Payee name	
11-14-2015	Cameron County Democratic Party	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 1,250	1008 E Elizabeth St. Brownsville, 7	EXAS 78520
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF		outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if Aus	tin, TX, officeholder living expense
		Filing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
Date	Payee name	
11-18-2015	Rhu Media Group	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,180.85	700 E. Levee St. Suite 211 Browns	ville TX 78520
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Cancillan Lynna	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense

Forms provided by Texas Ethics Commission

Complete ONLY if direct expenditure to benefit C/OH

> ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED www.ethics.state.tx.us

Candidate / Officeholder name

Office sought

Revised 9/8/2015

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expanse Contribution Speries Contribution Sp						
Consuling Expense Face F	EXPENDITURE CATEGORIES FOR BOX 8(a)					
The Instruction Guide explains how to complete this form. 1 Total pages Schedule Fi. 2 FILER NAME AUSTAND C. AUTT 2 Date 11-23-2015 5 Payee name 11-03 Mongan Blvd Hanlingh TA 78550 8 PURPOSE EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Date 11-25-2015 Amount (\$) Payee address: City: State: Zip Code Candidate / Office holder name Office sought Office sought Office hold Office Sought Office hold	Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	verhead/Rental Expense Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District			
4 Date 1/2 2015 5 Payse name 1/2 2015 6 Amount (\$) 7 Payse address; City: State; Zip Code 1/10 3 Mongan Blvd. Hanlingh TA 78550 8 PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit CiOH Date Payse name 1/2 - 2015 Amount (\$) Payse address; City: State; Zip Code 1/2 Candidate / Office holder name 1/2 - 2 - 2015 Amount (\$) Payse address; City: State; Zip Code 1/2 Category (See Categories listed at the log of this schedule) Payse address; City: State; Zip Code 1/2 Category (See Categories listed at the log of this schedule) Purpose EXPENDITURE Category (See Categories listed at the log of this schedule) Purpose EXPENDITURE Complete ONLY if direct expenditure to benefit CiOH Complete ONLY if direct expenditure to benefit CiOH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit CiOH Candidate / Officeholder name Office sought Office held Payse name Date Payse name Bis Johns BBA	Oreut Card Payment	The Instruction Guide explains how to	complete this form.			
Amount (\$) Payee address: City: State: Zip Code 103 Morgan Blvd Hanlings TA 78550 Category (See Categories listed at the top of this schedule) Check it Tavel outside of Tevas. Complete Schedule T. Check it Austin, TX, officeholder living expense Gas Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held -25-2015			3 Filer ID (Ethics Commission Filers)			
# 23.84 1103 Morgan Blvd. Hanlings TX 78550 ### PURPOSE EXPENDITURE Go Categories listed at the top of this schedule) (b) Description Check if vavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GAS. ### POSSIBLE ONLY if direct expenditure to benefit C/OH Date		1 1				
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OF EXPENDITURE OF Check if Austin, TX, officeholder living expense Gas Candidate / Officeholder name Office sought Office held Office held Office held Office held Office sought Office held Office held Office sought Office held Office held Office sought Office held	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11-25-2015 Amount (\$) Payee address; City; State; Zip Code \$73.78 Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee name Candidate / Officeholder name Date Payee name Big Johns BBQ		11	· · · · · · · · · · · · · · · · · · ·			
9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11-25-2015 Amount (\$) Payee address; City; State; Zip Code \$73.78 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Office held Office sought Office held Office held Office held	= -	1 Other				
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Amount (\$) Payee address; City; State; Zip Code \$73.78 QO 2 W. Harrison Ave. Hanlingn TX 18550 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name N-27-2015 La Michoacana Payee address; City; State; Zip Code Hanlingn TX 18550 Description Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder Itving expense Mething With Constituents Office sought Office held Date Payee name N-27-2015 Big Johns BBQ			Office sought Office held			
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\$73.78 902 W. Harrison Ave. Hanlingn 77 18552 Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Food Beverage Expense Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting With Constituents Complete ONLY if direct expenditure to benefit C/OH Date Payee name Big Johns BBQ	11-25-2015	La Michoacana				
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) FOOD Beverage Expense Check if travel outside of Texas. Complete Schedule T.	Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE FOOD Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting With Constituents Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Date Payee name 11-27-2015 Big Johns BBQ	\$73.78	902 W. Harrison Ave. H	anlingn TX 18550			
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Date Payee name 11-27-2015 Check if Austin, TX, officeholder living expense Meeting with Constituents Office sought Office held Office sought Office held Office sought Office held Office sought Office held Office held Office held Office sought Office held Office held Office sought Office held		Category (See Categories listed at the top of this schedule)	Description			
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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Payee name NAME of the constituents Office sought Office held Date Payee name NAME of the constituents Office sought Office held NAME of the constituents Office held Date Payee name		tood Beverage Expense				
Date Payee name 11-27-2015 Big Johns BBQ			Meeting with constituents			
11-27-2015 Big Johns BBQ			Office sought Office held			
	Date	Payee name				
Amount (\$) Payee address; City; State; Zip Code	11-27-2015	Big Johns BBQ				
1 01	Amount (\$)	Payee address; City; State; Zip Code				
\$ 141.59 3806°U.S. Business Harlingon 17 78552	\$ 141.59	3806 U.S. Business Harling	n 7 78552			
Category (See Categories listed at the top of this schedule) Description		Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE FOOD BEVERAGE EXPENSE Check if Austin, TX, officeholder living expense		Food Rayanaa Evan	·			
LKI LIDITOIL		1000 1 Deverage Expense				
Meeting with constituents			Meeting with constituents			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica	Timing 2	pense Travel Out Of District
Credit Card Payment	al Committee Legal Services Salaries/M The Instruction Guide explains how to c	/ages/Contract Labor Other (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
11-30-2015	H-E-B	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 54.17	1103 Morgan Blud. Hanlingen	A 78550
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	0.11	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Other	LJ Check if Austin, TX, officeholder living expense
		Gas
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11-30-2015	Miguel Zavala	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 200	P.O. Box 366 Santa Maria,	Texas 78592
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Charles In the contract	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries Wages Contract Labor	Long Check if Austin, TX, officeholder living expense Contract habor for Campaign
		Senuilles
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	1	
Date	Payee name	
11-28-2015	Jeffeny Duvall	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 500	829 W. 16th St Brownsville 7	TXNS 78520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Salanies Wages Contract hobor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	J	CONTroct habor for Campaign
		Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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 Poiling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	
1 Total pages Schedule F1:	2 FILER NAME Gustavo C. RUIZ 3 Filer ID (Ethics Commission Filers)
4 Date 11-28-2015	Jose Ramon Garcia
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$ 800	P.O. Box 1559 La Feria, Texas 78559
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries / Wages Contract Labor Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract habor for Campaign Senvices
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
Date	Payee name
11-14-2015	Miguel Zavala Payee address; City; State; Zip Code
Amount (\$)	Payee address; City; State; Zip Code
\$1,500	P.O. Box 366 Santa Maria, Texas 78592
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 Contract habor for Campaign Senvices
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
11-28-2015	Sandra Leisa
Amount (\$)	Payee address; City; State; Zip Code
\$ 800	10529 W. Clark Rd. La Feria, Texas 78559
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Scharies Wages Contract habor Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract habor for Campaign Senvices
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	3у (Gift/Awards/Men Legal Services The Instructi	norials Expense			Travel In District Travel Out Of Di Other (enter a ca	
1 Total pages Schedule F1:	2 FILER NAM	ME Cavo C.	Ruiz			3 Filer ID (E	thics Commission Filers)
4 Date	5 Payee nam						
12-7-2015	1 H-E-	R					
6 Amount (\$)	7 Payee addr		City; State;	Zip Code			
\$ 50.03	1103 M			•	TR 18550		
8	(a) Category (8	See Categories lis	sted at the top of this	s schedule)	(b) Description		
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OF	TOURID	ikuennye	Expance	;	Check if Austin	, TX, officeholder liv	ring expense
EXPENDITURE ,					meeting w	ith cons	tituents
Complete ONLY if direct expenditure to benefit C/OH		e / Officehold	er name		Office sought		Office held
Date	Payee name	e					
12-2-2015	Misu	el Zav	ela				
Amount (\$)	Payee addr		City; State;	Zip Code			
\$2,000	P.O. B	ox 366	, Santa	Maria	Texas 78	592	
	Category (S	Ge Categories list	ted at the top of this	schedule)	Description		•
PURPOSE	Calaries	Wages	1 Contrac	t habon	Check if travel outs	side of Texas. Complet	e Schedule T.
OF EXPENDITURE	J	1 0 -	1			TX, officeholder livi	
EXPENDITORIL					Contract ha	abor for	Campaign
					Services		Ţ.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/ Officeholde	∍r name		Office sought		Office held
Date	Payee name	e .					
12 12 2 1-	h 1	0					
12-11-2015	Rambo		vera		,		
Amount (\$)	Payee addre		City; State; Z	•			
\$1,000	P.O. Boy	x 271	Santa	Mari	a, Texas n	8592	
	Category (St	ee Categories listo	ed at the top of this	schedule)	Description		
PURPOSE	(alanies)	Wases	Contract	habar	Check if travel outsi	ide of Texas. Complete	Schedule T.
OF EXPENDITURE	3	ا» ر ^۳	Collons	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TX, officeholder livin	T-A 1
hart and the to the					contract ha	bor tor	Campaign
					Senuices		•
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholde	r name		Office sought		Office held
	ATTAC	CH ADDITIO	NAL COPIES	OF THIS S	CHEDULEASNEED)FI)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

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 FILER NAME 3 Filer ID (Ethics Commission Filers) Gustavo C. 5 Payee name 7 Payee address; City; Si 929 W. loth St. Brownsville , Texas 78520 00P B (a) Category (See Categories listed at the top of this schedule) (b) Description Salaries Wages / contract habou Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Contract habon for Campaign Services Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date I BC Bank 13-31-3015 Amount (\$) City; State; Zip Code 321 S. 77 Sunshine Strip Harlingen TZ 18550 \$2.40 Category (See Categories listed at the top of this schedule) Description _ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Accounting/ Banking OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY If direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Wades/Contract Labor

Candidate/Officeholder/Politica	, and the second	Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Gustavo C. Kviz	3 Filer ID (Ethics Commission Filers)
4 Date 11-5-2015	5 Payee name Silver Trevino	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$400	110 Regency Ct. Harlinger	TX 78550
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	۸۱ . ~	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Adventising Expense	Check if Austin, TX, officeholder living expense
		Magazine Adventisement
9 Complete ONLY if direct expenditure to benefit C/OF	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 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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		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