# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

And the section of th			T 0 =
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr Gustavo		
IVAIVIL	NICKNAME LAST	SUFFIX	Date Received
	Gus Ruiz		CAMERON COUNTY
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; C	ITY; STATE; ZIP CODE	DEPARTMENT OF ELECTIONS & 1 VOTER REGISTRATION
OFFICEHOLDER MAILING ADDRESS	21434 Retama R	d.	10.00 JAN 28 2016
Change of Address	Harlingen, TX	78550	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	RECEIVED Compared of Party Postmanulad
PHONE	(956) 421-43m2	3	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr Robert	SUFFIX	Date Processed
	40.	W-market College and College a	Date Imaged
	Davis	Jr.	70.000
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE
ADDRESS	NOG E. Tyler Har	lingen IX '115:	50
(Residence or Business)			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(956) 564-1791		
9 REPORT TYPE	January 15 30th day before et	ection Runoff	15th day after campaign treasurer appointment
	lulus 5	ction Exceeded \$500 limit	(Officeholder Only)
	July 15 8th day before elec	ction Exceeded \$500 min	Final Report (Attach C/OH - FR)
10 PERIOD	Month . Day Year	Month	Day Year
COVERED	////6	THROUGH	21/16
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	3 / \ / \ General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)
		Cameron	County
			^
		Commissioner	Precinct 4
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Sustavo		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI NOATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH	ITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL I	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZES	AN \$ S
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,200
EXPENDITURE TOTALS	1	POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 8
	4. TOTAL	POLITICAL EXPENDITURES	\$ 15,523.75
CONTRIBUTION BALANCE	5. TOTAL I OF REF	DAY \$ 824,61	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	*36,795.22
18 AFFIDAVIT			
			perjury, that the accompanying report is ormation required to be reported by me
	IAN SALVADOR TOVA by Commission Expire April 3, 2019		didate or Officeholder
Sworn to and subsc	ribed before me,	by the said <u>Gustavu C. Ruiz</u>	, this the 27 th
day of January	4 , 20 16	to certify which, witness my hand and seal of office.	
		Juan S. Tovar	Notary
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

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### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Com	nmission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,200		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$ 11,148.36 \$ 15,523.75			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
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 FUN	NDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$		

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## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_ out-of-state PAC (ID#:\_\_\_\_\_ Full name of contributor Date Amount of contribution (\$) Loren 20 Elizar aras Contributor address; City; State; Zip Code 1-7-16 \$ 250 7/8 Hunter Dr. Harlingn 77 78550 P Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) \$ 150 Date Full name of contributor Amount of contribution (\$) Tony Mantinez Contributor address; \$ 2,000 2403 N. 10th St. Suite B. McAller TX 78501 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) \$150 28466 S Palm Court Dr. Harling To 18592 ation / Job title (See Instructions) 9 Emptoyer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) Oscar Longoria Contributor address; City; State; Zip Code 1-11-16 \$ 300 PO BOX 4224 Mission TX 78573 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) Norma Linda Alaniz Contributor address; City; State; Zip Code PO BOX 217 Aio Hondo TX 78583 Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_ Daniel Sada Contributor address; City; State; Zip Code 1-9-16 Principal occupation / Job title (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.

Revised 9/8/2015

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## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME GUSTAW C Ku 7 Amount of contribution (\$) Full name of contributor cut-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) \$1,000 504 E. St. Francis, Brownsville TX 78520 | tion / Inh title (See Instructions) | Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Date Amount of contribution (\$) \$ 500 1700 E. 28th St. Weslaro TX 78596 Employer (See II Full name of contributor Date Amount of contribution (\$) out-of-state PAC (ID#:\_ State; Zip Code Contributor address: City: Employer (See Instructions) Principal occupation / Job title (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.

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#### SCHEDULE E **LOANS** 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gustavo C. Ruiz \$ TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) 7 Name of lender out-of-state PAC (ID#:\_ Date of loan 1-4-16 8 Lender address; ls lender a financial 21434 Retama Rd. Institution? 11 Maturity date (N) 13 Employer (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION City; State; Zip Code 18 Guarantor address; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan out-of-state PAC (ID#:\_\_ 1.5-16 Lender address; City; State; Zip Code 21434 Retama Rd. Is lender a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) Name of guarantor GUARANTOR INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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#### LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gustavo C. Ruiz \$ TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) 5 Date of loan 7 Name of lender out-of-state PAC (ID#:\_\_\_ 8 Lender address; City; State; Zlp Code Is lender a financial 21434 Retama Rd Institution? 11 Maturity date Harlingon TR 78550 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION City; State; Zip Code 18 Guarantor address; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan out-of-state PAC (ID#:\_\_\_\_ Gustavo C Ruiz 1-3-16 Interest rate Lender address; City; State; Zip Code ls lender 21434 Retama Rd. a financial Institution? Maturity date Harlinga to 18550 Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) Name of guarantor **GUARANTOR** INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions)

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 9/8/2015

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### LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gustavo C. Ruiz TOTAL OF UNITEMIZED LOANS Loan Amount (\$) 5 Date of loan out-of-state PAC (ID#: a financial 21434 Retama Rd. Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions)

INFORMATION			
not applicable	18 Guarantor address; City; S	. , ,	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	·
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
1-9-16	Gustavo C. Ruiz		\$ 139,72
is lender a financial institution?	Lender address; City; S 21434 Retama Rd	itate; Zip Code	Interest rate  ///A  Maturity date
Y	Harlinger, TX 78	550	NA
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	• •
Description of Colle	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 Occupati	on (See Instructions)	Employer (See Instructions)	,

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

19 Amount Guaranteed (\$)

none

16 GUARANTOR

17 Name of guarantor

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### **LOANS**

### SCHEDULE E

		· · · · · · · · · · · · · · · · · · ·	
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E;
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Gus	taus C. Ruiz		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)
1-18-16	Gustavo C. Ruiz		\$ 36.92
6 Is lender a financial Institution?	8 Lender address; City; s 21434 Retama Rd		10 Interest rate  ///A  11 Maturity date
YN	Harlinse, TX 78	550	NA
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were	deposited into political
none		account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	Gtate; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
1-18-16	Gustavo C Rviz		\$ 17.30
Is lender a financial Institution?	Lender address; City; s 21434 Retama Rd.	State; Zip Code	Interest rate  NA
Y (N)	Harlinger 12 7855	O	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	70 / / \
Description of Colla	nteral	Check if personal funds were	deposited into political
None		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date City; State; Zip Code Expressivay 83, Harlinger, TR 78552 \$ 17.30 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE campaign material Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 1-18-16 Mc Coys Payee address; Amount (\$) 3601 W. Express way 83 Harlinger TR 7855Q Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF nther EXPENDITURE Campaign material Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Don Betos 1-9-16 Pavee address: City; State; Zip Code ha, Fenia TX 78559 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 OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

expenditure to benefit C/OH

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e.			

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

Candidate/Officeholder/Politica	
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)
10	Gustavo C RVIZ
4 Date	5 Payee name Walmant
6 Amount (\$)	7 Payee address; City; State; Zip Code
	1801 W. Lincoln Hanlinger TX 78552
\$256.55	
8	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	Gift Awards Memorics Check if Austin, TX, officeholder living expense
EXPENDITURE	
	Expense Campaign Rally Door Prize
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Office holder name Office sought / Office held
Date	Payee name
1-3-16	Bass Pro Shops
Amount (\$)	Payee address; City; State; Zip Code
\$535.78	101 Bass fro Drive Harlinger TX 78552
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
EXPENDITURE	Haventizing Expense
	Campaign Shints
Complete ONLY If direct expenditure to benefit C/O	Candidate / Office holder name Office sought Office held
Date	Payee name
1-7-16	POP A TOP
Amount (\$)	Payee address; City; State; Zlp Code
111700	906 S. F Street Harling 7 78550
4162.07	
PURPOSE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.
OF	Food Beverage Expense _ Check if Austin, TX, officeholder living expense
EXPENDITURE	
	Campaign Hally Beverages
Complete ONLY if direct expenditure to benefit C/O	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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Travel Out Of District 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 10 4 Date 5 Payee name hoad 7 Payee address; 6 Amount (\$) Templeton Avenue Comber, TX 78535 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** ☐ Check if Austin, TX, officeholder living expense EXPENDITURE  $(\neg a)$ Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code Amount (\$) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event Expense Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Items for Campaig Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Dollar Tree Stores, Inc hincoln Ave Harlinger TX 78552 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Event Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Candidate / Officeholder name 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME staro 4 Date Payee name 455 Payee address; State; Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Adventising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Santa Rosa TX 78593 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food Beverage Expense Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Benito TR 78586 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name 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
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 Salariae Allegaes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (only the property part listed above)

Candidate/Officeholder/Politica	*	Legal Services		Salaries/Wage		ibor i	Other (enter a cate	gory not listed above)
Credit Card Payment		The Instruction (	Guide explains	how to comp	olete this fo	orm.		
1 Total pages Schedule F1:	2 FILER N					3	Filer ID (Ethic	cs Commission Filers)
10	Gu	Stavo C. R	VIZ					·
4 Date	5 Payee na	ıme	Λ					
i-20-16	Rev	Media	LOUP					
6 Amount (\$)	7 Payee ad			Code				
01	-	Best.	ا بس	~ 11	~ 11	n		- noena
\$ 1,104.00	700	F. LEVER	57.	SUIte	dll	Drow	nsvile /	又 78520
8	(a) Category	/ (See Categories listed a	it the top of this sch	edule) (b	o) Descript			
PURPOSE	Mare	Illina L	laan th		$\equiv$		de of Texas, Complete	
OF EXPENDITURE	Cour	ulting E	yense		L Chec	ck it Austin, I	'X, officeholder Ilvin	g expense
					Cam	Daia	n Consu	iltant
9 Complete ONLY If direct		late / Officeholder n	ame		Office so		· · · · · · · · · · · · · · · · · · ·	Office held
expenditure to benefit C/Oi	Н							
Date	Payee na	ıme						
DEIG	3,02110	y						
1-20-16	l Noe	IIA TIM	INEZ					
Amount (\$)	Payee a		; State; Zip	Code				
\$300	PO B	ox 1546	ha Fe	rie T	T N	8550		
	Category	/ (See Categories listed	at the top of this sch	edule)	Descript	tion		
PURPOSE	Calan	es/Nages	1 Contres	+	Check	k if travel outsic	ie of Texas. Complete	Schedule T,
OF EXPENDITURE	Dalan	01 Na 262	1 course				X, officeholder living	
								Campaign
	142	<i>)</i>	· · · · · · · · · · · · · · · · · · ·			Senu	ICO,	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder n	ame		Office so	ught		Office held
Ovbendaro to penetr 0/01	•							
Date	Payee n	ame			<del> </del>			
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	Categor	/ (See Categories listed	at the top of this sch	edule)	Descript	tion		
PURPOSE	Cala	nies I Wage	rl last	-nact	-		ie of Texas. Complete	
OF EXPENDITURE	0000		- 1 COIL	·			X, officeholder living	· .
	emphasisis				Contra		Son for	Campaign
		201				Senu	nces	
Complete ONLY if direct		fate / Officeholder	name		Office so	ought		Office held
expenditure to benefit C/OI								
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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 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
Other (enter a category not listed above)

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) Guetavo C 4 Date hicardo hange 6 Amount (\$) III South Milam San Benito TX 78586 (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Adventising Expense OF ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Mania TX 18592 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Event Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Services Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date ha Fenia TX 78559 \_\_\_ Check if travel outside of Texas. Complete Schedule T. Salaries Wages Contract **PURPOSE** Check If Austin, TX, officeholder living expense Contract hason for Campaign OF EXPENDITURE Senuiles Candidate / Officeholder name Office sought Complete ONLY If direct Office held 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
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica	ai Committee Legal Services Salaries/Wi	ages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Gustavo C Ruiz	
4 Date	5 Payee name	
	Jose hamon Garcia	- CONTRACTOR OF THE PROPERTY O
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 850	P.O. Box 1559 ha Fenia	, Texas 78559
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Salanie Clabanal Catuat	Check if travel outside of Texas. Complete Schedule T.
OF	Salanies Wages Contract	Check if Austin, TX, officeholder fiving expense
EXPENDITURE	F is	contract labor for Campaign
	hasor	cenvices
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		-
Date	Payee name	
1-12-16	Memorable Moments Phot Payee address; City; State; Zip Code	tosraphy
Amount (\$)	Payee address; City; State; Zip Code	. /
\$150	25975 Meredith St. 1	a Feria TX 78559
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	The start of the start of	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE		gun Mg
		Event Pictures
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
	*	
	Migvel Zavala	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000	P.O. Box 366 Santa Mani	a, TX 78592
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas, Complete Schedule T.
OF	Salaries/Wagesi Contract	Check if Austin, TX, officeholder living expense
EXPENDITURE		Contract Labor for Campaign
	hason	Services Services
Complete CMIV if direct	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/Ol		
	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
Gredit Card Payment

Event Expense Fees 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
Other (entry a extension por listed above)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/M	Vages/Contract Labor Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how to o				
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C RVIZ	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Pavee address: City: State: Zip Gode				
C Amount (w)	7 Payee address; City; State; Zip Code				
4900	829 W. 16th St. Brownsv				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Salaries Wages Contract	Check if travel outside of Texas, Complete Schedule T,			
EXPENDITURE	70/	Check if Austin, TX, officeholder living expense			
	habor	Services			
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
1-2-16	Ramon Garcia				
Amount (\$)	Payee address; City; State; Zip Code				
ļ					
\$175	P.O. Box 1559 ha, Fenia	Texas 78559			
	Category (See Categories listed at the top of this schedule)	Description Check the control of the			
PURPOSE OF	Salaries / Wages/ Contract	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
EXPENDITURE	***	Contract habon for campaign			
	habor	Senvices			
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held			
expenditure to benefit C/OH					
Date	Payee name				
12-16	Letty Conde				
Amount (\$)	Payee address; City; State; Zip Code				
The same has	A n = (6A )				
3300	P.O. Box 552 ha Feria TX	77559			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Salaries/ Wages (ontred	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	2 200 100 301 (01.0.200	Check if Austin, TX, officeholder living expense			
	L ~ L ~ ~	contract habon for campaign			
Complete ONLY if direct	Candidate / Officeholder name	Senuices Office sought Office held			
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundralsing Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Poli	rees Food/Beverage Expense By Gilt/Awards/Memorials Expense lical Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District
Credit Card Payment	The Instruction Guide explain		Other (enter a category not listed above)
1 Total pages Schedule F			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Rambaldo Rivera		
6 Amount (\$)	7 Payee address; City; State; Zi	ip Code	
\$ 2,300	P.O. Box 271 Santa	Maria, TX 78	592
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Event Expense	The state of the s	utside of Texas. Complete Schedule T. n. TX, officeholder living expense
		Campaian	Rolly Brown son
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Рауее пате		
1-2-16	Noelia Jiminez		
Amount (\$)	Pavee address: City: State: 7i-	Code	
\$300	POBOX 1546 La Fenia	TK 78559	
	Category (See Categories listed at the top of this sch	hedule) Description	
PURPOSE OF	Salanies   Wages   contre	Check if travel outs	side of Texas. Complete Schedule T.
EXPENDITURE	, 50/ (8/10/2		TX, officeholder living expense
	habor	Senui	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1-6-16	Rhu Media Group	)	
Amount (\$)	Payee address; City; State; Zip	Code	
\$ 3,681.71	700 E. Levre St. Su	ite 211 Brownsu	16, TX 78520
DURROOF	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Adventisement Expense	1 1 1	de of Texas. Complete Schedule T. FX, officeholder living expense
		Campaian	Material
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	FTHIS SCHEDULE AS NEED	ED

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### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By Food/Beverage Expense Gift/Awards/Memorials Expense al Committee Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District
Credit Card Payment	The Instruction Guide explains		Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME GUSTAW C RUIZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Stripes		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$4.99	206 Val Vende Avenue	Santa Rosa T	X 78592
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE OF		Check if travel out	side of Texas, Complete Schedule T,
EXPENDITURE	Food Beverage Expense		TX, officeholder flying expense
		Beverage	J.
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
Amount (\$)	Payes adding		
γσαπ. (ψ)	Payee address; City; State; Zip	Code	
	Category		
PURPOSE	Category (See Categories listed at the top of this sche		de of Texas. Complete Schedule T,
OF EXPENDITURE			X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
,	rayeename		
Amount (\$)	Payee address; City; State; Zip C	Code	
	Category (See Categories listed at the top of this sched	-	
PURPOSE	good dategories issign at the top of this sched	F-3	
OF		7 1 1	of Texas, Complete Schedule T.
EXPENDITURE		L 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 SCHEDLE FAS NEEDS	:n

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