

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: 20 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: Mr FIRST: Gustavo NICKNAME: Gus LAST: Ruiz MI: C SUFFIX: | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 21434 Retama Rd. Harlingen, TX 78550 | CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 10:00am JAN 28 2016 RECEIVED <i>[Signature]</i> Date Hand-delivered or Date Postmarked | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: (956) PHONE NUMBER: 421-4373 EXTENSION: | Receipt # | Amount \$ |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: Mr FIRST: Robert NICKNAME: Davis LAST: Davis MI: Jr. SUFFIX: | Date Processed | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1106 E. Tyler Harlingen TX 78550 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (956) PHONE NUMBER: 564-1791 EXTENSION: | | |
| 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month . Day Year Month Day Year 1 / 1 / 16 THROUGH 1 / 21 / 16 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 3 / 1 / 16 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Cameron County Commissioner Precinct 4 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Gustavo C. Ruiz 15 Filer ID (Ethics Commission Filers)

16 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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|-------------------------|---|-----------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5,200 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 15,523.75 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 824.61 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 36,795.22 |

18 AFFIDAVIT

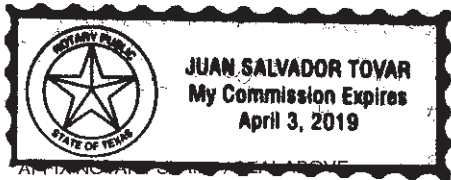
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

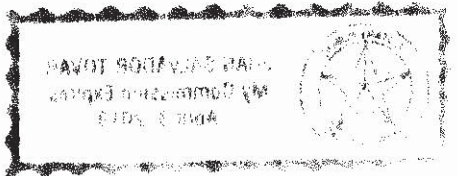
Gustavo C. Ruiz
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gustavo C. Ruiz, this the 27th day of January, 2016, to certify which, witness my hand and seal of office.

Juan S. Tovar Printed name of officer administering oath
Notary Title of officer administering oath

Signature of officer administering oath





SUBTOTALS - C/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|--------------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 5,200 |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> | SCHEDULE E: LOANS | \$ 11,148.36 |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 15,523.75 |
| 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 | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Gustavo C. Ruiz

3 Filer ID (Ethics Commission Filers)

4 Date

1-7-16

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

Ricardo Barrera

7 Amount of contribution (\$)

\$ 200

6 Contributor address; City; State; Zip Code

P.O. Box 2817 Harlingen, TX 78551

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-7-16

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

Lorenzo Elizarraras

Amount of contribution (\$)

\$ 250

Contributor address; City; State; Zip Code

718 Hunter Dr. Harlingen TX 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-7-16

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

Lisa Taylor

Amount of contribution (\$)

\$ 150

Contributor address; City; State; Zip Code

1906 E. Tyler Ave. Suite F1 Harlingen TX 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-6-16

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

Tony Martinez

Amount of contribution (\$)

\$ 2,000

Contributor address; City; State; Zip Code

2403 N. 10th St. Suite B, McAllen TX 78501

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 3 |
| 2 FILER NAME Gustavo C. Ruiz | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-18-16 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hortencia Pena 6 Contributor address; City; State; Zip Code 28466 S Palm Court Dr. Harlingen TX 78552 | 7 Amount of contribution (\$) \$150 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 1-11-16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Hongonia Contributor address; City; State; Zip Code PO Box 4224 Mission TX 78573 | Amount of contribution (\$) \$300 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1-11-16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Linda Alaniz Contributor address; City; State; Zip Code PO Box 217 Rio Hondo TX 78583 | Amount of contribution (\$) \$500 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1-8-16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Sada Contributor address; City; State; Zip Code 1318 S 1st St. Harlingen TX 78550 | Amount of contribution (\$) \$100 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Gustavo C. Ruiz

3 Filer ID (Ethics Commission Filers)

4 Date

1-8-16

5 Full name of contributor

out-of-state PAC (ID#: _____)

Fidencio Ruiz

7 Amount of contribution (\$)

\$ 50

6 Contributor address;

City; State; Zip Code

2909 Blake St. Harlingen TX 78550

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-7-16

Full name of contributor

out-of-state PAC (ID#: _____)

Cynthia Hinojosa

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

504 E. St. Francis, Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-21-16

Full name of contributor

out-of-state PAC (ID#: _____)

AC Cuellar III

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

1700 E. 28th St. Weslaco TX 78596

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

LOANS

SCHEDULE E

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 4 |
| 2 FILER NAME Gustavo C. Ruiz | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 1-4-16 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustavo C. Ruiz | 9 Loan Amount (\$) \$ 2,000 |
| 6 Is lender a financial institution? Y (N) | 8 Lender address; City; State; Zip Code 21434 Retama Rd. Harlingen TX 78550 | 10 Interest rate N/A |
| | | 11 Maturity date N/A |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 1-5-16 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustavo C. Ruiz | Loan Amount (\$) \$ 8,000 |
| Is lender a financial institution? Y (N) | Lender address; City; State; Zip Code 21434 Retama Rd. Harlingen TX 78550 | Interest rate N/A |
| | | Maturity date N/A |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input checked="" type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (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.

LOANS

SCHEDULE E

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 4 |
| 2 FILER NAME Gustavo C. Ruiz | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 1-7-16 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustavo C. Ruiz | 9 Loan Amount (\$) \$ 162.09 |
| 6 Is lender a financial institution? Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code 21434 Retama Rd. Harlingen TX 78550 | 10 Interest rate N/A |
| | | 11 Maturity date N/A |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 1-3-16 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustavo C. Ruiz | Loan Amount (\$) \$ 535.78 |
| Is lender a financial institution? Y <input checked="" type="radio"/> N | Lender address; City; State; Zip Code 21434 Retama Rd. Harlingen TX 78550 | Interest rate N/A |
| | | Maturity date N/A |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input checked="" type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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LOANS

SCHEDULE E

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 4 |
| 2 FILER NAME Gustavo C. Ruiz | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 1-7-16 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustavo C. Ruiz | 9 Loan Amount (\$) \$ 256.55 |
| 6 Is lender a financial institution? Y (N) | 8 Lender address; City; State; Zip Code 21434 Retama Rd. Harlingen TX 78550 | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 1-9-16 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustavo C. Ruiz | Loan Amount (\$) \$ 139.72 |
| Is lender a financial institution? Y (N) | Lender address; City; State; Zip Code 21434 Retama Rd. Harlingen, TX 78550 | Interest rate N/A |
| | | Maturity date N/A |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input checked="" type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (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.

LOANS

SCHEDULE E

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 4 |
| 2 FILER NAME Gustavo C. Ruiz | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 1-18-16 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustavo C. Ruiz | 9 Loan Amount (\$) \$ 36.92 |
| 6 Is lender a financial institution? Y (N) | 8 Lender address; City; State; Zip Code 21434 Retama Rd. Harlingen, TX 78550 | 10 Interest rate N/A |
| | | 11 Maturity date N/A |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 1-18-16 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustavo C. Ruiz | Loan Amount (\$) \$ 17.30 |
| Is lender a financial institution? Y (N) | Lender address; City; State; Zip Code 21434 Retama Rd. Harlingen TX 78550 | Interest rate N/A |
| | | Maturity date N/A |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input checked="" type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
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: 10 | 2 FILER NAME Gustavo C. Ruiz | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-18-16 | 5 Payee name Mc Coys | |
| 6 Amount (\$) \$17.30 | 7 Payee address; City; State; Zip Code 3601 W. Expressway 83, Harlingen, TX 78552 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) other | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign material |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 1-18-16 | Payee name Mc Coys | |
| Amount (\$) \$36.92 | Payee address; City; State; Zip Code 3601 W. Expressway 83 Harlingen TX 78552 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) other | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign material |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 1-9-16 | Payee name Don Betos | |
| Amount (\$) \$139.72 | Payee address; City; State; Zip Code 109 North Main st. ha, Feria TX 78559 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food Beverage / Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meetings with constituents |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 10 | | 2 FILER NAME Gustaw C Ruiz | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 1-7-16 | | 5 Payee name Walmart | | | |
| 6 Amount (\$) \$256.55 | | 7 Payee address; City; State; Zip Code 1801 W. Lincoln Harlingen TX 78552 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Rally Door Prize | | |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | Office sought | Office held |
| Date 1-3-16 | | Payee name Bass Pro Shops | | | |
| Amount (\$) \$535.78 | | Payee address; City; State; Zip Code 101 Bass Pro Drive Harlingen TX 78552 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Shirts | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | Office sought | Office held |
| Date 1-7-16 | | Payee name POP A TOP | | | |
| Amount (\$) \$162.09 | | Payee address; City; State; Zip Code 906 S. F Street Harlingen TX 78550 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food / Beverage Expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Rally Beverages | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 10 | 2 FILER NAME Gustavo C. Ruiz | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-11-16 | 5 Payee name Road Ranger | |
| 6 Amount (\$) \$51.50 | 7 Payee address; City; State; Zip Code 18337 Templeton Avenue Combes, TX 78535 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |

| | | |
|-------------------------------|---|---|
| Date 1-7-16 | Payee name Sams | |
| Amount (\$) \$272.35 | Payee address; City; State; Zip Code 621 N Expressway 77 Harlingen TX 78550 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items for Campaign Rally |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |

| | | |
|-------------------------------|---|---|
| Date 1-7-16 | Payee name Dollar Tree Stores, Inc. | |
| Amount (\$) \$21.65 | Payee address; City; State; Zip Code 2109 W. Lincoln Ave Harlingen TX 78552 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Items for Campaign Rally |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 10 | 2 FILER NAME Austaro C. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-18-16 | 5 Payee name Bass Pro Shops | |
| 6 Amount (\$) \$346.40 | 7 Payee address; City; State; Zip Code 101 Bass Pro Drive Harlingen TX 78552 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Shirts |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

| | | |
|-------------------------------|---|--|
| Date 1-16-16 | Payee name Santa Rosa Cafe Shop | |
| Amount (\$) \$77.78 | Payee address; City; State; Zip Code 114 North Main Santa Rosa TX 78593 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting with constituents |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

| | | |
|-------------------------------|---|--|
| Date 1-18-16 | Payee name MJ Screen Printing | |
| Amount (\$) \$40.00 | Payee address; City; State; Zip Code 250 S Williams San Benito TX 78586 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Shirts |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 10 | 2 FILER NAME Gustavo C. Ruiz | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-20-16 | 5 Payee name R6V Media Group | |
| 6 Amount (\$) \$ 1,104. ⁰¹ / ₀₀ | 7 Payee address; City; State; Zip Code 700 E. Levee St. Suite 211 Brownsville TX 78520 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consultant |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 1-20-16 | Payee name Noelia Jimenez | |
| Amount (\$) \$ 300 | Payee address; City; State; Zip Code P.O. Box 1546 La Feria TX 78559 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 1-20-16 | Payee name Betty Conde | |
| Amount (\$) \$ 300 | Payee address; City; State; Zip Code P.O. Box 552 La Feria Texas 77559 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for Campaign services |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 10 | 2 FILER NAME Gustavo C Ruiz | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 1-11-16 | 5 Payee name Ricardo Kangel | | |
| 6 Amount (\$) \$1,250 | 7 Payee address; City; State; Zip Code 111 South Milam San Benito TX 78586 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Signs | |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |

| | | | |
|-------------------------------|---|--|---------------|
| Date 1-9-16 | Payee name Jose Luis Rivera | | |
| Amount (\$) \$150 | Payee address; City; State; Zip Code P.O. Box 271 Santa Maria TX 78592 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DJ Services | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |

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|-------------------------------|--|---|---------------|
| Date 1-1-16 | Payee name Sandra heija | | |
| Amount (\$) \$800 | Payee address; City; State; Zip Code 10529 W. Clank Rd. La Feria TX 78559 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/ Contract labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor for campaign services | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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: 10 | 2 FILER NAME Gustavo C. Ruiz | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-1-16 | 5 Payee name Jose Ramon Garcia | |
| 6 Amount (\$) \$850 | 7 Payee address; City; State; Zip Code 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 | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 1-12-16 | Payee name Memorable Moments Photography | |
| Amount (\$) \$150 | Payee address; City; State; Zip Code 25975 Meredith St. La Feria TX 78559 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Pictures |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date 1-1-16 | Payee name Miguel Zavala | |
| Amount (\$) \$1,000 | Payee address; City; State; Zip Code P.O. Box 366 Santa Maria, TX 78592 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor for Campaign services |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

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| 1 Total pages Schedule F1: 10 | 2 FILER NAME Gustavo C Ruiz | 3 Filer ID (Ethics Commission Filers) |
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|--------------------------|---------------------------------------|
| 4 Date 1-19-16 | 5 Payee name Jeffery Duvall |
|--------------------------|---------------------------------------|

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| 6 Amount (\$) \$900 | 7 Payee address; City; State; Zip Code 829 W. 16 th St. Brownsville TX 78520 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services |
|---|--|--|

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

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|----------------|----------------------------|
| Date 1-3-16 | Payee name Ramon Garcia |
|----------------|----------------------------|

| | |
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| Amount (\$) \$175 | Payee address; City; State; Zip Code P.O. Box 1559 La Feria Texas 78559 |
|----------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract labor for campaign services |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|----------------|---------------------------|
| Date 1-2-16 | Payee name Betty Conde |
|----------------|---------------------------|

| | |
|----------------------|--|
| Amount (\$) \$300 | Payee address; City; State; Zip Code P.O. Box 552 La Feria TX 78559 |
|----------------------|--|

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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/contract labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor for campaign services |
|-------------------------------|---|---|

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 10 | 2 FILER NAME Gustavo C Ruiz | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date 1-4-16 | 5 Payee name Rambaldo Rivera |
|------------------|---------------------------------|

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| 6 Amount (\$) \$2,300 | 7 Payee address; City; State; Zip Code P.O. Box 271 Santa Maria, TX 78592 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | Campaign Rally Expenses | |

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

| | |
|----------------|------------------------------|
| Date 1-2-16 | Payee name Noelia Jimenez |
|----------------|------------------------------|

| | |
|----------------------|---|
| Amount (\$) \$300 | Payee address; City; State; Zip Code PO Box 1546 La Feria TX 78559 |
|----------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries / Wages / contract labor | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | contract labor for campaign services | |

| | | | |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| | |
|----------------|-------------------------------|
| Date 1-6-16 | Payee name RHU Media Group |
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|---------------------------|---|
| Amount (\$) \$3,681.71 | Payee address; City; State; Zip Code 700 E. Levee St Suite 211 Brownsville, TX 78520 |
|---------------------------|---|

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

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

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|---|---------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 10 | 2 FILER NAME Gustaw C. Ruiz | 3 Filer ID (Ethics Commission Filers) |
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| | |
|--------------------------|--------------------------------|
| 4 Date 1-19-16 | 5 Payee name Stripes |
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|--------------------------------|---|
| 6 Amount (\$) \$4.99 | 7 Payee address; City; State; Zip Code 206 Val Verde Avenue Santa Rosa TX 78593 |
|--------------------------------|---|

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

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

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| Date | Payee name |
|------|------------|

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

| | | |
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| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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| | |
|------|------------|
| Date | Payee name |
|------|------------|

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| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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