Mr. Gustavo Ruiz

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ANDIDATE / 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: 23 fact
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Gustavo	C.	Date Received
	NICKNAME LAST	SUFFIX	
	Gus Ruiz		CAMERON COUNTY
4 CANDIDATE/		CITY; STATE; ZIP CODE	DEPARTMENT OF SLEGTIONS &
OFFICEHOLDER MAILING	21434 hetama Rd.		voten registration
ADDRESS	Ilali H nessa		1.15m FEB 22 2016
Change of Address	Harlinger TX 78550		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered of pate Postmarked
PHONE	(956) 421-4373		By JUACA
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # / Amount \$
NAME	Mr. Robert		Date Processed
		SUFFIX	Date Imaged
	Davis		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		ZIP CODE
ADDRESS	1106 E. Tyler Ha	rlingen 双 11853	\mathcal{O}
(Residence or Business)		v	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE.	(956) 564-1791		
	,		
9 REPORT TYPE		·	
	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment
	July 15 8th day before ele	ction Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)
	San adj Solito sidi	,	
10 PERIOD	Month Day Year	Month	Day Year
COVERED	1 /22/16	THROUGH 2/	20/16
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	S / 1 / 16 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known)
		Cameron Co	inty
			·
		Commissioner	Precinct 4
	CO TO	PAGE 2	
1	GO 10	FAGE 4	

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ANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	-avo C. hi	18	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	URES MADE BY POLITICAL COMMITTEES TO THOUT THE CANDIDATE'S OR OFFICEHOLDER'S INFORMATION ONLY IF THEY RECEIVE NOTICE		
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THANS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ \$
·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,200
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 19,397.34
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	* \$ 4,627,27
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$46,828.62
AFFIX NOTARY STAME Sworn to and subscriber day of States	ibed before me, b		
Signature of officer ac	ministering oath	Printed name of officer administering oath	Title of officer administering oath
			ı ı

FIAN SALVACOR YOVAR My Commission Excites April 3, 2019

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics C	commission Filers)
Gustava C. hvir	,
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,200
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	10,033,40
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,397,34
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	\$

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gustavo C. huiz 7 Amount of contribution (\$) Linebarger Goggan Blain + Sampson LLP 6 Contributor address; City; State; Zip Code \$1,500 Austin TX 78760 s) 9 Employer (See Instructions) P.O. BOX 17428 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) \$ 1,700 outh Bass Blue. Harlinger TR 78552 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:_ Amount of contribution (\$) Ricardo Gallaga Contributor address; City; State; Zip Code \$ 1,600 3530 Garrett Rd Harlinger TZ 78552 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) ut-of-state PAC (iD#:__ \$ 1,700 2820 Royal Palm Circle McAllen TR 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 Gustavo C. huiz 4 Date 7 Amount of contribution (\$) Robert Davis Jr. 6 Contributor address; Tyler City; State; Zip Code 650 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions)

* 3

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Date

Full name of contributor

Full name of contributor

out-of-state PAC (ID#:___

ut-of-state PAC (ID#:_

Carlos Marin
Contributor address; City; State; Zip Code

295 Calle Jacaranda Brownsuille TX 18520

Amount of contribution (\$)

Amount of contribution (\$)

1-28-16

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20007 TTT

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5205 Monto

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2.6 2000

\$ 2,500

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.

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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 Gustavo C. Kuiz 7 Amount of contribution (\$) ut-of-state PAC (ID#:_ 2-19-16 Robert Davis Jr. 6 Contributor address; City; State; Zip Code \$ 350 1106 E. Tyler Harlingen TX 78550 8 Principal occupation / Job title (See Instructions) Full name of contributor ut-of-state PAC (ID#: Date Amount of contribution (\$) \$ 350 Lake Dr. Harlingen TX 78550 Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Daniel Sada Contributor address; City; State; Zip Code \$100 S. 1st St. Harlinger TX 78550 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) \$ 250 City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code 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) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Advertising Expense

Event Expense Food/Beverage Expense Gift/Awards/Memorials 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gustavo C. Ruiz 17 4 Date George Rivera
7 Payee address; City; 2-20-16 City; State; Zip Code 6 Amount (\$) 2306 E. Van Buren Harlinger 7 98550 \$100 (a) Category (See Categories listed at the top of this schedule) (b) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Salaries/Wages/ Contract Contract habor for Campaign OF EXPENDITURE Serviles Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 2-4-16 \$ 1,250 P.O. Box 201 Santa Mania, TX 78592

Category (See Categories listed at the top of this schedule)

Descriptio Check if travel outside of Texas. Complete Schedule T. Salaries / Wages / Contract PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Contract habon for Compaign Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Jose hamon Garcia

Pavee address: City; State; Zip Code 1-28-16 P.O. Box 1559 ha, Fenja TX 78559

Category (See Categories listed at the top of this schedule) Description \$875 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Salaries | Wages | Contract Check if Austin, TX, officeholder living expense **EXPENDITURE** contract habor for Campaign 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 Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 6 Amount (\$) Clty; State; Zip Code 875 Rd. ha, Fenia TX 78559 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Salaries / Wages / Contract PURPOSE ___ Check if Austin, TX, officeholder living expense EXPENDITURE contract habor for campaign Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State: Zip Code Amount (\$) P.O. Box 1546 La Feria, TX 78559 Category (See Categories listed at the top of this schedule) Description \$300 ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE Salaries / Wages/ Contract Check if Austin, TX, officeholder flying expense OF **EXPENDITURE** Contract hobon for compaign Senvices Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Check if travel outside of Texas. Complete Schedule 7. Scharies/ Wages/ Contract **PURPOSE** OF ___ Check If Austin, TX, officeholder living expense EXPENDITURE contract habor for campaign 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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 4 Date Svite 211 Brownsville (b) Description 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Adventisement Expense Check if Austin, TX, officeholder living expense EXPENDITURE Material Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Dergio Amount (\$) Payee address; City; State; Zip Code \$500 Feria, Texas 78559 Check if travel outside of Texas. Complete Schedule T. PURPOSE Event Expense OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code \$500 (See Categories listed at the top of this schedule) 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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. Ruiz 4 Date 5 Payee name Miguel Zavalo 2-Ne-No 6 Amount (\$) \$ 350 Maria TK 78592 (b) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event Food Beverage Check if Austin, TX, officeholder living expense **EXPENDITURE** Expense Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name __ Check if travel outside of Texas. Complete Schedule T. Salaries | Wages | contract PURPOSE Check If Austin, TX, officeholder living expense OF EXPENDITURE Contract habor for campaign Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code 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 Other **EXPENDITURE** Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

		EXPE	NDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Legai Servic	ge Expense Viemorials Expense	Office Overb Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportation E Travel in Distric Travel Out Of D	
1 Total pages Schedule F1:	2 FILER N		Ruit			3 Filer ID (E	thics Commission Filers)
4 Date 2-18-16	5 Payee na	ime		· · · · · · · · · · · · · · · · · · ·			
6 Amount (\$)	7 Payee ac	dress;	City; State;	Zip Code			
\$ 21.58 8	103 (a) Category	Mong (See Categori	es listed at the top of th		(b) Description	SO utside of Texas. Comp	lete Schedule T.
OF					Check if Austi	n, TX, officeholder l	iving expense
EXPENDITURE	Oth	er			Campaig	in has	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeh	older name		Office sought		Office held
Date	Payee na	ıme		vanish of her help the relationship while make AP TAPE STAPE.		** , , , , , , , , , , , , , , , , , ,	
2-15-16	hett	4 Cono	le				
Amount (\$)	Payee ac	idress;	City; State;	Zip Code			
\$ 300	P.O. Bo	ox 55°	a ha,	Fenia:	TI 7855	7	
PURPOSE . O.F EXPENDITURE	, -	(es listed at the top of th 13e3 (ONE/		Check If Austin		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeh	older name		Office sought		Office held
Date	Payee na	ame					
2-12-16	han	non Cha	arci a				
Amount (\$)	Рауее ас	idress;	City; State;	Zip Code			
4 η5	P.O. B	ox 15	Sq ha	Feria	1 5 11 10	7858g	
PURPOSE OF EXPENDITURE		(See Categori	es listed at the top of th	is schedule)	\Box	utside of Texas, Compl n, TX, officeholder ii	
Complete ONLY if direct expenditure to benefit C/OF		ate / Officel	nolder name		Office sought	/	Office held

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/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/Wages/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/Politics	y Gift/Awards/Memorials Expense Printi	ing Expense Travel Out Of District
Credit Card Payment		rles/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date		
	5 Payee name	
A-111-16	Stripes	1
6 Amount (\$)	7 Payee address; City; State; Zip Coc	100
\- O - O - C -	ana rai II i	ש חפבר ז
\$ 202.50	2423 E. Tylen Harlinger	72 78550
8	(a) Category (See Categories listed at the top of this schedule	(b) Description
PURPOSE	+ 10 F.	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	tood Beverag Expense	Check if Austin, TX, officeholder living expense
	Other	Campaign Food / Glass
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	1	
Date	Payee name	
Date	, ayouriame	
2-17-16	Stripes	
Amount (\$)	Payee address; City; State; Zip Coo	le
. ,		
\$ 17.19	2423 E. Tyler Harling	en. 72 N8550
•	Category (See Categories listed at the top of this schedule) , Description _
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
, OF EXPENDITURE	0.11	Check If Austin, TX, officeholder living expense
MAN ENGINOTE	Other	
		Campaign Gas
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		
Date	Payee name	**************************************
Date	· wy so riagno	
2-17-16	Stripes	•
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82	2012 1 Tile Hadin	un 72 78550
4 0-		
BUBBCC-	Category (See Categories listed at the top of this schedule	Description Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF	*	Check if Austin, TX, officeholder living expense
EXPENDITURE	Fees	Ollow ii Andrii, 174 Ollogiining aspansa
		Atm Fees
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	l'	-
	ATTACH ADDITIONAL COPIES OF TI	HIS 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 Gitt/Awards/Memorials Expense 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 (action on the property and lifeted global)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/M	lages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethlcs Commission Filers)
_13	Gustavo C huiz	
4 Date	5 Payee name	
2-12-16	Silver Trevino	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
	1	
\$ 300	110 Regency Ct. Hanling	
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 EXPENDITURE	Adventising Expense	Check if Austin, TX, officeholder living expense
	Meser Hong Light on	Political Magazine
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI	1	
Date	Payee name	
2 111 h.	Nelda Ibarra	
<u>メートター (&)</u> Amount (\$)	Payee address; City; State; Zlp Code	
	. Ly 22 audi 2001	
\$125	631 Winchell St. Son Benito	TX 78586
	Category (See Categories listed at the top of this schedule)	, Description
PURPOSE	Salaries / Wages/ contract	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Salaries I mazest College	Check If Austin, TX, officeholder living expense
	habor	contract habon for campaign
		Senvices
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
·	11	
2-16-16	H-E-B	
Amount (\$)	Payee address; Clty; State; Zlp Gode	, , , , , , , , , , , , , , , , , , , ,
	i.	
\$100	1103 Morgan Blud, Harlinger-	R 78550
4100	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	2 202 2 201 (200 2010 2010 2010 1010 201 1010 1010	Check If travel outside of Texas. Complete Schedule T.
OF OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	1012	
	Utiles,	Campaign Gas
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	1	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Office Overhead/Rental Expense Office Overhead/Rental Expense Polling Expense Polling Expense Polling Expense Printing Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor Office (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 AUSTAGE C. HUIZ 3 Filer ID (Ethics Commission FI	lers)
4 Date 5 Payee name 2-16-16 Henrys Party Supply	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$30.14 715 hewis Ln. Hanlinger 72 78552	
(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
EXPENDITURE	
Event Expense Decorations	
9 Complete ONLY if direct	
Date Payee name	<u> </u>
2-16-16 Big M Food Store	
Amount (\$) Payee address; City; State; Zip Code	
\$ 6.65 1405 New Combes Hwy Harlingon 77 78550	
Category (See Categories listed at the top of the schedule) Description	
PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
EXPENDITURE FOOD BEVERISE EXPENSE Check if Austin, TX, officeholder living expense	
Beverager	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
Date Layou name	
2-16-16 Big M Food Store	
Amount (\$) Payee address; City; State; Zip Code	
\$ 6.65 1405 New Combes Hwy Harlinger to 78550	
Category (See Categories listed at the top of this schedule)	
PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin TV officeholder living oursess	
EXPENDITURE FOOD Severage Expense	
Beverages	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

LOANS			SCHEDULE E
TI	he Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
TOTAL OF U	JNITEMIZED LOANS		\$
Date of loan	7 Name of lender	e PAC (ID#:	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zíp Code	10 Interest rate
Y N			11 Maturity date
2 Principal occup	ation / Job title (See Instructions)	13 Employer (See Instruction	18)
4 Description of C	ollateral	15 Check if personal funds v	
——————————————————————————————————————		account (See Instructions	•
inone 6 GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; City;		19 Amount Guaranteed (\$)
6 GUARANTOR INFORMATION	18 Guarantor address; City;		19 Amount Guaranteed (\$)
6 GUARANTOR INFORMATION	18 Guarantor address; City; le pation (See Instructions)	State; Zip Code	19 Amount Guaranteed (\$)
6 GUARANTOR INFORMATION not applicab Principal Occup Date of loan Is lender a financial	18 Guarantor address; City; Dation (See Instructions) Name of lender out-of-state	State; Zip Code 21 Employer (See Instruction	19 Amount Guaranteed (\$)
6 GUARANTOR INFORMATION not applicab 0 Principal Occup Date of loan Is lender	18 Guarantor address; City; le pation (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instruction PAC (ID#:	19 Amount Guaranteed (\$) Is) Loan Amount (\$)
6 GUARANTOR INFORMATION not applicab 0 Principal Occup Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; le pation (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instruction PAC (ID#:	19 Amount Guaranteed (\$) Loan Amount (\$) Interest rate Maturity date
6 GUARANTOR INFORMATION not applicab 0 Principal Occup Date of loan Is lender a financial Institution? Y N	18 Guarantor address; City; Dation (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instruction PAC (ID#:	19 Amount Guaranteed (\$) Loan Amount (\$) Interest rate Maturity date rere deposited into political
6 GUARANTOR INFORMATION Inot applicab O Principal Occup Date of loan Is lender a financial Institution? Y N Principal occupation of Common control of Common control occupation.	18 Guarantor address; City; Dation (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instruction PAC (ID#:	19 Amount Guaranteed (\$) Loan Amount (\$) Interest rate Maturity date rere deposited into political
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6 GUARANTOR INFORMATION not applicabe not applicabe Date of loan	18 Guarantor address; City; le Dation (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instruction PAC (ID#: State; Zip Code Employer (See Instruction Check if personal funds w account (See Instructions)	19 Amount Guaranteed (\$) Loan Amount (\$) Interest rate Maturity date Maturity date Amount Guaranteed (\$)

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 Gif/Awards/Memorials Expense 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

Candidate/Officeholder/Politica	cal Committee Legal Services Salaries/V	Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	Gustavo C. Ruiz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
2-16-16	Lowes	
6 Amount (\$)	7 Payee address; City; State; Zip Code	1
\$6.17	4705 South Expressivay 77.	1100,77.0
ૄ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 EXPENDITURE		Check if Austin, TX, officeholder living expense
	Other	Campaign material
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
2-11-16	Offile Depot	
Amount (\$)	Payee address; City; State; Zip Code	
\$112.04	605 S. Expressway 83 Har	Ninga TR 78550
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	1	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1	Check if Austin, TX, officeholder living expense
	Ot Advertising Expense	Printing & Labels
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder náme	Office sought Office held
Date	Payee name	
2-1-16	ha Michoacana	
Amount (\$)	Payee address; City; State; Zip Code	11
\$ 69.30		e. Harlinger 17 78550
	Category (See Categories listed at the top of this schedule)	Description County State 5
PURPOSE OF	!	Check if fravel outside of Texas. Complete Schedule T.
EXPENDITURE	- 11n r.	LI Check if Austin, TX, officeholder living expense
	tood Beverage Expense	Campain Relly
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

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

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

Contributions/Donations Made E Candidate/Officeholder/Politica			Travel Out Of District Other (enter a category not listed above)
Gredit Card Payment	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F1:	: 2 FILER NAME GUSTAVO C. RUIZ	3	Filer ID (Ethlos Commission Filers)
4 Date	5 Payee name IBC Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code	ie	
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\$10	3215 77 Sunshine		yn 12 78550
8	(a) Category (See Categories listed at the top of this schedule)		Trues Consolita Pahadula T
PURPOSE OF	,		e of Texas. Complete Schedule T. X, officeholder living expense
EXPENDITURE	I h		, unovinion aring expense
	Accounting/Bankins	Fees	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1-20-11.	Sams Club		
Amount (\$)	Payee address; City; State; Zip Code	e	
·	- 11 1.	- DAFF	
\$ 266,93	621 US 77 Harlinger	TR 78550	
,	Category (See Categories listed at the top of this schedule)	Description	***************************************
PURPOSE			of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX,	, officeholder living expense
	Food Revenue Expense	Campaig	n Rellv
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
- 4-			
Date	Payee name		
1-2011	/ N r n ·		
Amount (\$)	Payee address; City; State; Zip Code		
177	1 11	اسا	
\$ 300	11103 Morgan Blud. H	anlinen TX	78550
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			of Texas, Complete Schedule T.
EXPENDITURE	n N.	Check if Austin, TX,	officeholder living expense
	Uther	1 Gas	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIEC OF TU		_
	ATTACH ADDITIONAL COPIES OF THI	'S SCHEDULE AS NEEDE'	D

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 Gustavo 4 Date 6 Amount (\$) 7 Pavee address: City; State: Zip Code Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name hestaurant Payee address; arlinen TZ Category (See Categories listed at the top of this schedule) Check If travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check If Auslin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address: City; State; Zlp Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE 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 Gilt/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salarles/Venes/Contract Lebor

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

	Candidate/Officeholder/Political Committee Legal Services Salarles/Wages/Contract Labor Other (enter a category not listed above)					
Credit Card Payment		The Instru	ction Guide exp	lains how to d	complete this form.	
1 Total pages Schedule F1:	: 11	me Staw (L KUIL			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee nam	ie f	lonat			
6 Amount (\$)	7 Payee add	ress;	City; State;	Zip Code		
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8	(a) Category (see Categories	listed at the top of th	нь вслеаше)	(b) Description	outside of Texas. Complete Schedule T.
PURPOSE OF						in, TX, officeholder living expense
EXPENDITURE			grave.			- ,
, ·	Advent	Sina	Expense		Campaia	n Material - printing Office held
9 Complete ONLY If direct	Candidat	e / Offiseho			Office sought	Office held
expenditure to benefit C/Oi	H					
Date	Payee nam	9				
1-29-11-	Toxa	· Ma	at Pur	Mashine		
Amount (\$)	Payee add	ress:	ak Pur City; State;	Zip Code		
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& 33.40	726/	V. EX	Press way	יין,	Hanlinga T	TR 18550
	Category (8	See Categories	listed at the top of th	is schedule)	Description	•
PURPOSE OF					<u>-</u>	utside of Texas. Complete Schedule T.
EXPENDITURE	ı					t, TX, officeholder living expense
	Food /	2 OLLONA	& Expen	(a	Camani	Relly
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/ Officehol		<u>ye</u>	Office sought	gn Relly Office held
Date	Payee nam	e	·····			
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1-29-16	11	NON	heaa	VP.		
Amount (\$)	Payee addr			Zip Code		
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<u> </u>	Category (S	ee Categories I	lated at the top of thi	s schedule)	Description	1000
PURPOSE			,-14,- 4, 11,- 1- p -, 11,1			itside of Texas. Complete Schedule T.
OF					 7	, TX, officeholder living expense
EXPENDITURE	Garden .	₽ ™				1.
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Complete ONLY If direct		/ Officehol	der name		Office sought	Office held
expenditure to benefit C/OH						
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	ALIA		UNAL GOPIE	5 UF 1 MIS S	CHEDULE AS NEE	:חבח

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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 Poiling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic		Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	
1 Total pages Schedule F1:	2 FILEH NAME CLUSTAVO C. RUIZ	3 Filer ID (Ethics Commission Filers)
4 Date 2-8-16	5 Payee name Miavel 2 avala	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,500	P.O. Box 366 Santa	Maria Texas 78592
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	Salaries/ Wages/ Contract	Check if Austin, TX, officeholder Ilving expense
EXPENDITURE		contract habor for campaign
	l habor	
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	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
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Amount (\$)	Payee address; City; State; Zlp Code	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE		Check If Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	•	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

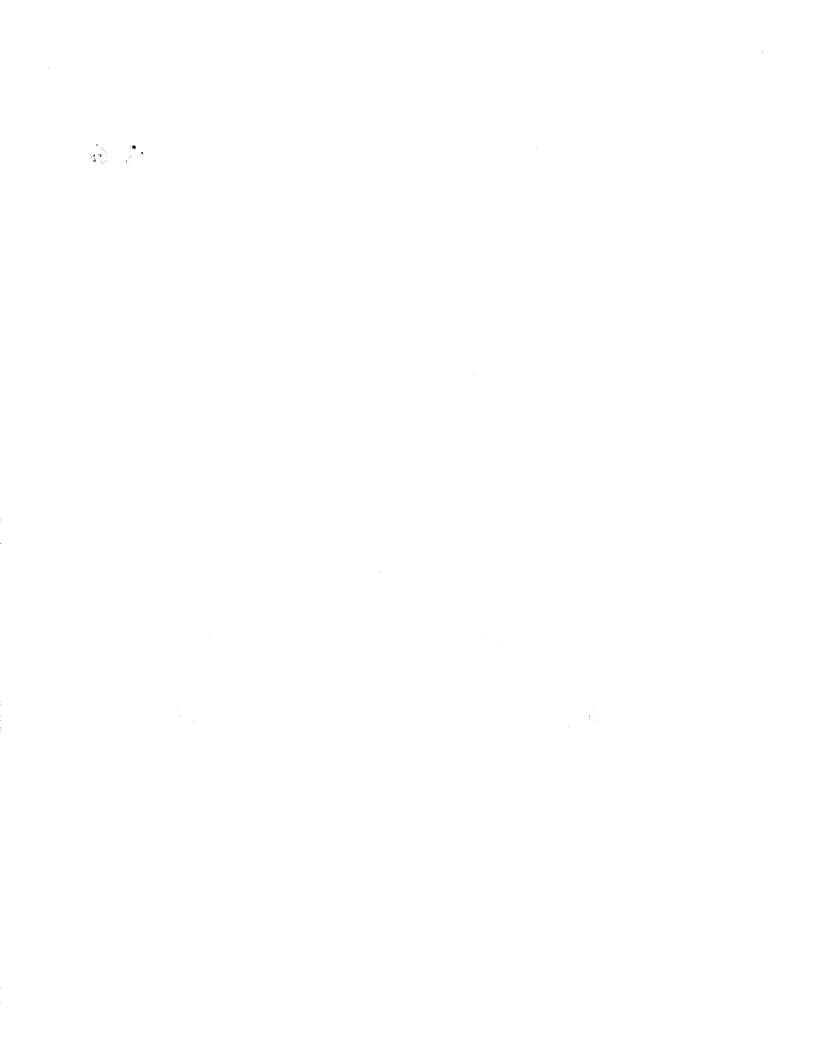
LOANS

SCHEDULE E

The	1 Total pages Schedule E:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Gustav	o C. Ruiz		1		
4 TOTAL OF UN	ITEMIZED LOANS		\$		
5 Date of toan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)		
2-4-16	Gustavo C. Ruiz		\$ 5,000		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate NA		
YN	21434 Retama Rd. 4	Farling TX 18550	11 Maturity date		
12 Principal occupation	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		
none		account (see mistractions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable		•			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan		PAC (ID#:)	Loan Amount (\$)		
1-29-16	Gustaw C Ruiz		\$ 33.40		
is lender a financial Institution?		State; Zip Code	Interest rate		
ΥN	21434 Retara Rd Har	linea 77 18850	Maturity date NA		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal funds were deposited into political account (See Instructions)			
none					
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupation	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.



LOANS SCHEDULE E Total pages Schedule E: The Instruction Guide explains how to complete this form. (ner 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ TOTAL OF UNITEMIZED LOANS Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:_ a financial Institution? 11 Maturity 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; ot applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan ut-of-state PAC (ID#: Interest rate City: State: Zip Code Lender address: Is lender a financial Institution? Maturity date Ν 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 (\$) **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; 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.

Supplied to

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