# MR. GUSTAVO RUIZ

	ATE / OFFICEHOLDER GN FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instructio	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDEF NAME	MS/MRS/MR FIRST  GUSTAVO	MI	OFFICE USE ONLY
	NICKNAME LAST BUIZ	SUFFIX	Date Received  CAMERON COUNTY  DEPARTMENT OF ELECTIONS  VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: C 5206 Garrett Rd.	ITY; STATE; ZIP CODE	JUL 1 5 2016
Change of Address	Harlingen TX, 7855	2	BY: RECEIVED 2
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 421-4373	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Robert	MI	Receipt # Amount \$  Date Processed
·	INDIVIANCE LAST	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	TE#; CITY; STATE:	
TREASURER ADDRESS (Residence or Business)	1106 E Tyler Harl		O .
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (956) 564-1791	EXTENSION	
REPORT TYPE	January 15 30th day before election		15th day after campaign treasurer appointment (Officeholder Only)
		11 ENGOGGE GOOD HAM	Final Report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year  2 /2 / 16	THROUGH 6	Day Year
ELECTION	Month Day Year Primary  General	ELECTION TYPE  Runoff Other Description  Special	
OFFICE	Cameron County	13 OFFICE SOUGHT (If known) Cameron Coun	ty .
	Commissioner Precinct 4	Commissioner	Precinct 4
	GO TO PA		
ns provided by Texas Ethi	cs Commission www.ethics.stat	e.tx.us	

2106 pm.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	hustavo	. I	iler ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE: DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOU DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFO	T THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		,
·	SPECIFIC	COMMITTEE ADDRESS	
Additional Pages	<i>?</i> *v	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ &
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 22,450
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED ,		\$ &
	4. TOTAL POLITICAL EXPENDITURES		\$ 27,149.01
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 3,014.58
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$27,304.39
18 AFFIDAVIT		I swear, or affirm, under penalty of perjun true and correct and includes all informat under Title 15, Election Code.	
JU,	AN SALVADOR TOVAR Commission Expires April 3, 2019	. <u>Husto C. Ruy</u> Signature of Candidate	e or Officeholder
Sworn to and subscr	B/SEALAROVE	by the said GNS RMIZ	, this the
day of July		to certify which, witness my hand and seal of office.	,a1 (
		Juan Tovar	Notary
Signature of officer a	drukfistering sath	Printed name of officer administering oath	Title of officer administering oath
orms provided by Texas Et	nics Commission	www.ethics.state.tx.us	Revised 9/8/2015

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Ethics Co	mmission Filers)			
<u> </u>	Gustavo C. Ruiz				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 22,450			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$3,089,09			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$ 475.77			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 27,149.01			
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	\$			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

CONTRIBUTIONS					
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAMI	iustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	0 1 1		8 Amount of Gontribution \$\\ \$ 1,589,09 Food & Verage  Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date  Full name of contributor out-of-state PAC (ID#:					
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	· · · · · · ·	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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

Revised 9/8/2015

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov. Food/Beverage Expense Polling Expense Printing Expense	xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
		complete (ma long.	O Piles ID (Piles Osserial Piles)	
1 Total pages Schedule F1:	GUSTAVO C RVIZ	Market and Andrews	3 Filer ID (Ethics Commission Filers)	
4 Date 3-17-16	Shipley Donuts			
\$ \57,50	7 Payee address; City; State; Zip Code 1522 S.77 Sunshine St.	rip Harlin	yer 7 78550	
		<del></del>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Tood   Beverage Expense	I	ntside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3-17-16	H-E-B	:		
Amount (\$)	Payee address; City; State; Zip Code			
\$15.20	1103 Morgan Harlingen	女 7855	0	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food / Beverage Expense	<u>                                   </u>	side of Texas. Complete Schedule T. TX, officeholder tiving expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3-1-16	Jasons Deli			
Amount (\$)	Payee address; City; State; Zip Code  2224 S. Hwy 77 Ste.	100 Harl	ingen TX 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense		side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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Forms provided by Texas Ethics Commission

Forms provided by Texas Ethics Commission

## SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics	Fees Food/Beverage Expense ly 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)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	6 HUSTAVO C. RUIZ		3 Filer ID (Ethics Commission Filers)
4 Date 2-26-16	5 Payee name		
6 Amount (\$) \$ 108.49	7 Payee address; City; State; Zip	Harlingen TX	18550
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school ford   Beverage Expense	Check if travel ou	oteide of Texas. Complete Schedule T. 1, TX, officeholder Ilving expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
2-22-16	Stripes Payee address; City; State; Zip		
Amount (\$)	Payee address; City; State; Zip		559
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Food   Beverage Expense	Check if travel out	tside of Texas. Complete Schedule T. TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-22-16	George Rivera		
Amount (\$)	Payee address; City; State; Zip		ro. :
\$100	2306 E. Van Buren Han	linga 71 1855	,
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this some Salaries Wages) Contract	Check if travel out	side of Texas. Complete Schedule T.  TX, officeholder living expense  Soc For Campai 3.1
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEE	DED
orms provided by Texas Eth	ics Commission www.ethics.s	tate.tx.us	Revised 9/8/2015

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Office Or Food/Beverage Expense Polling E Printing I Printing I	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	Gustavo C Ruiz		3 Filer ID (Ethics Commission Filers)	
4 Date 2-23-1	5 Payee name Stripes			
6 Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 Payee address; City; State; Zip Code 206 Val Vende Auenue	Santa Rosa	TX 118593	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
2-23-16	Stripes	· · · · · · · · · · · · · · · · · · ·		
Amount (\$)	Payee address; City; State; Zip Code			
\$18.12	206 Val Verde Avenue	Santa Ros	a T 78593	
PURPOSE OF EXPENDITURE	Food   Beverage Expense	1 =	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2-24-16	Walgreens			
Amount (\$) \$ \9.55	Payee address; City; State; Zip Code 1406 E. Harrison Ave. Har	dingen TR	78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food   Bluerage Expense		ide of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Office Over Polling Exp Printing Ex Salaries/W	pense eges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
14	Gustavo C Rujz			
4 Date	5 Payee name			
2-24-16	Stripes			
6 Amount (\$)	7 Payee addless; City; State; Zij 1837 N. Stuart Place		carlingen TX 1	78 552
8	(a) Category (See Categories listed at the top of this so	hedule)	(b) Description	
PURPOSE	Other		[]	Iside of Texas, Complete Schedule T,
OF EXPENDITURE	OTIVE		Check it Alletin	, TX, officeholder living expense
•			Gas	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
2-24-16	Office Depot			:
Amount (\$)	Payee address; City; State; Zip			
\$ 135.51	605 S. Express way 83	Harlin	iser 77 785	550
PURPOSE OF EXPENDITURE	Printing Expense	hedule)	Check if Austin,	side of Texas. Complete Schedule T.  TX, officeholder living expense  Material
Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name	<u> </u>	Office sought	Office held
Date	Payee name			
2-24-16	holando Martinez			
Amount (\$)	Payee address; City; State; Zip	Code		
\$ 125	212 W. 8th St. ha F	eria	Texas 78	559
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this soil Salaries   Wazes   Contract		Check If Austin,	side of Texas. Complete Schedule T.  TX, officeholder living expense  DON FON COMPAIGN
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
	ATTACH ADDITIONAL COPIES O	)F THIS S	CHEDULE AS NEE	DED

## SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense ıs Made Bv Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wi	ages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	D. Til. 10 (Filip Compiesion Filoro)		
1 Total pages Schedule F1:	Gustavo C. RVIZ		3 Filer ID (Ethics Commission Filers)		
4 Date 25-16	5 Payee name Whataburger City: State: Zip Code				
6 Amount (\$)	// Pavee address, Oity, Oicio, — P	. 2000			
\$ 19.40	90 W Expy 83 ha Feria Tex	,			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	utside of Texas. Complete Schedute T.		
PURPOSE	TILD ON CHANGE	1 ===	n, TX, officeholder living expense		
OF EXPENDITURE	Food Beverage Expense	Check it Accou	113 174 Gillouinouino		
	•	Food			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
2-25-16	Chick fil A				
Amount (\$)	Payee address; City; State; Zip Code	- 70557			
	1021 Dixieland Rd Harlinger 7	T10008			
\$ 44.60					
	Category (See Categories listed at the top of this schedule)	Description	utside of Taxas, Complete Schedule T.		
PURPOSE	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
OF EXPENDITURE	1 too 1 severage Expense				
		100d			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name oH	Office sought	Office held		
Date	Payee name				
2-29-16	Burgerking				
Amount (\$)	Payee address; City; State; Zip Code				
11.8 2	1925 West Tyler Harlingar	R 78550			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	1-110		outside of Texas. Complete Schedule T.		
OF EXPENDITURE	Food Beverage Expense	L Oneck if Aust	in, TX, officeholder living expense		
-		Food			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		
	ATTACHADDITIONAL COLIECTOR THIC		Revised 9/8/201		

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees ( Food/Beverage Expense ) 3y 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 Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1:	GUSTAN C. RUIZ		3 Filer ID (Ethics Commission Filers)	
4 Date 2-29-11	5 Payee name Stripes			
6 Amount (\$)	7 Payee address; City; State; Zip			
\$15.96	21469 W77 Frontag	g Rd. Harlingen	tx 78552	
8	(a) Category (See Categories listed at the top of this sche	I		
PURPOSE	. 1)	F	utside of Texas. Complete Schedule T.  TX, officeholder living expense	
OF EXPENDITURE	Other	/ Official in Addition	1, 177, billocholder fiving expense	
* ·		Gas		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
2-29-16	Stripes			
Amount (\$)		Code		
\$ 26.69	1826 W. Tyler Harling	ger 7 78550		
	Category (See Categories listed at the top of this sche	·		
PURPOSE	TIP NAME FINANCE	Check if travel ou	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Food Beverage Expense	L.J Check if Austin	, TX, officeholder living expense	
	·	Food		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2-29-16	Acapulio Restaurant			
Amount (\$)	Payee address; City; State; Zip			
\$30,06	23770 US 281 Brown	nsville tx 78521	O	
	Category (See Categories listed at the top of this sche	edule) Description		
PURPOSE	1 0 000 00	1	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Food Beverage Expense	Check if Austin	TX, officeholder living expense	
	,	Food		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COBIES OF	ETHIS SCHEDI II E AS NEE	inen -	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## SCHEDULE F1

1110101 1 02	mode commercial			
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense F y Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor thow to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:		Male	3 Filer ID (Ethics Commission Filers)	
14	Gustavo C Kviz			
4 Date	5 Payee name			
2-24-16	7 Payee address; City; State; Zip	Code		
6 Amount (\$)				
\$ 62.76	3601 W. Expy 83 Harl	inger 12 785	SZ	
8	(a) Category (See Categories listed at the top of this scho	1 5	itaide et Toure, Complete Scheriule T	
PURPOSE OF			utside of Texas. Complete Schedule T. 1, TX, officeholder living expense	
EXPENDITURE	Other		er en	
		Campaign	Supplies	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2-29-16	George Rivera			
Amount (\$)	Payee address; City; State; Zip	Code		
\$125	2306 E Van Buren 1	tarlingon 17 78	<i>55</i> 0	
	Category (See Categories listed at the top of this scho			
PURPOSE	Salaries Wages   Contrac	Check if travel ou	itside of Texas, Complete Schedule T. , TX, officeholder living expense	
OF EXPENDITURE	Switch is the state of the	Contract	labor for campaign	
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Envills Office held	
expenditure to benefit C/OF	1			
Date	Payee name			
3-1-16	Stripes			
Amount (\$)	Payee address; City; State; Zip		W 62 -	
\$204.50	221 N. Main St. ha Fe	eria Texas 78.	559	
-1 01 - 1. 2 -	Category (See Categories listed at the top of this scho	edule) Description		
PURPOSE		<b> </b>	uside of Texas. Complete Schedule T.	
OF EXPENDITURE	Other	L Check If Austir	, TX, officeholder ilving expense	

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Complete ONLY if direct expenditure to benefit C/OH

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Candidate / Officeholder name

Office sought

Revised 9/8/2015

Office held

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Travel In District Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date Expressible y 83 Harling n TZ 78550 Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing Expense OF EXPENDITURE Campaign Materiae Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3-1-16 Amount (\$) 18337 Templeton Ave. Combes Texas 78535 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Food Beverage Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date hower City; State; Zip Code Amount (\$ 4705 South Expressivery 83 Harlinger, TX 78550 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Campaign Supplies

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Gredit Card Payment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Eihics Commission Filers)
14	5 Payee name	<u> </u>	
4 Date	Sams_		
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	
<b>θ</b> Amount (φ)	, , , ayoo aaa.ooo,	,	
\$346.72		Harlinger 77 7 8	550
8	(a) Category (See Categories listed at the top of this s	1 1 1	utside of Texas. Complete Schedule T.
PURPOSE	- 11h		n, TX, officeholder living expense
OF EXPENDITURE	Food Beverage Expen	Se   Great it Added	
· · · · · · · · · · · · · · · · · · ·		Campaign	Supplies/ Election day
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-1-16	Edith de la fuente	·	
Amount (\$)	1	ip Code	44
\$ 50	21267 Nixon Rd (	ombes, Texas F	18550
	Category (See Categories listed at the top of this s	1 1 7	
PURPOSE	- 110 -		utside of Texas. Complete Schedule T.
OF EXPENDITURE	Food Beverage Expens	L Check if Austri	n, TX, officeholder living expense
	J •	Frod	·
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OF			
Date	Payee name		
3-1-16	Enterprise		
Amount (\$)	Payee address; City; State; Z	Cip Code	}
\$844.56	7800 W. Expy 83 Harl	inger 17 18532	
	Category (See Categories listed at the top of this		
PURPOSE			utside of Texas, Complete Schedule T.
OF EXPENDITURE	Transportation Related	EX MINDS LI Check If Austi	n, TX, officeholder living expense
	, 	can rem	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	4		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED
			· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Event Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Fees Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Consulting Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Gustavo C. RNIZ 5 Payee name 4 Date Stripes 7 Payee address; 202 N. Ed Carry Harringon 77 78550 (a) Category (See Categories listed at the top of this schedule) (b) Description Food | Beverage Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Food & Drinks Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 3-3-16 Stripes Pavee address; City; State; Zip Code TO 2 E. US HWY 281 has Indias, Texas 78567 Category (See Categories listed at the top of this schedule) Description 30.01 Check if travel outside of Texas. Complete Schedule T. Food Beverage Expense PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name RAV Media Group Amount (\$) 700 E. hevee St. Suite 211 Brumsville TX 78520 Category (See Categories listed at the top of this schedule) | Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Advertisement Expense OF EXPENDITURE Campaign Material Candidate / Officeholder name 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) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Advertising Expense Accounting/Banking Event Expense Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Gustavo C. Ruiz 4 Date 7 Payee address; 6 Amount (\$) 2306 E. Van Buren Hanlingen TZ 78550 Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Sclaries / Wages/ Contract habon PURPOSE Contract haber for campaign OF EXPENDITURE Services Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Robert Donez City; State; Zip Code 3-4-16 1150 Greenway Hanlinger TA 78550 Category (See Categories listed at the top of this schedule) Description Sclaries / Wages / Contract haby Check if Austin, TX, officeholder living expense PURPOSE Contract habon for Campaign EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date holando Martinez ろりし City: State; Zip Code Amount (\$) 212 W 8th St. ha Ferra, TX 78559 Category (See Categories listed at the top of this schedule) Description Category (See Categories instead at tile top of this scriedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (ontend habon for campaign PURPOSE OF EXPENDITURE Office held Office sought Candidate / Officeholder name 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) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Event Expense Office Overhead/Rental Expense Fees Travel In District Travel Out Of District Other (enter a category not listed above) Polling Expense Food/Beverage Expense Glft/Awards/Memorials Expense Consulting Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME C RVIZ 4 Date 3-9-16 City; State; Zip Code 7 Payee address; 6 Amount (\$) (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Salaries | Wages | Contract Check if Austin, TX, officeholder living expense PURPOSE OF Contract habor for campaign EXPENDITURE habor Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Office Depot Payee address; City; State; Zip Code <u>3-10-16</u> 605 S. Expressivay 83 Harlinger TX 78550 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Printing Expense EXPENDITURE Campaign Materice Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Miguel Zavala Payee address; City; State; Zip Code P.D. Box 366 Santa Maria, TX 78592 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Salaries / Wages/ Contract PURPOSE \_\_\_ Check if Austin, TX, officeholder living expense OF Contract habon for campaign EXPENDITURE <u>servi</u>ces

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Office sought

Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Office Overhead/Rental Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Gustavo 4 Date City; State; Zip Code 1103 Morgan Blud. Harlingen TI 78550 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food / Beverage Expense PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Buren Harlingen TX 78550 Check If travel outside of Texas. Complete Schedule T. PURPOSE Event Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Description \_\_\_ Check if travel outside of Texas. Complete Schedule T. PURPOSE Salaries | Wages | Contract Check if Austin, TX, officeholder living expense OF EXPENDITURE Contract Labor for campaign

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Senuices

Office sought

Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica 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 Ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME ENSTAVO C. RUÍZ		3 Filer ID (Ethics Commission Filers)		
4 Date 4-20-16	5 Payee name Jeffery Duvall				
6 Amount (\$)		Zlp Code	9570		
\$ 400		Brownsuill TX 7.	9240		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Sciaries/Wases/Cont Labor	Mact Check if travel or Check if Austin	atside of Texas. Complete Schedule T.  I, TX, officeholder living expense  Abor for Camparin		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Se nvile. Office sought	Office held		
Date	Payee name				
5-26-16	RAU Media Grou	ρ			
Amount (\$)	Payee address; City; State;	Zip Code			
\$ 500	700 E. Levee St. Su	<del></del>	IL 7 78520		
PURPOSE OF EXPENDITURE	Salaries / Wages/ Contra	act Check if travel out Check if Austin,	side of Texas. Complete Schedule T.  TX, officeholder living expense  Labor For Campaign  ENVICES		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
6-7-16	Gustavo C. Rviz				
Amount (\$) \$ 20,000	Payee address; City; State; 5206 Garrett Rd, Ho	arlingen 77 7855	52		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this hoan Repayment/Reimb	Check if travel out	side of Texas. Complete Schedule T.  TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

LOANS			SCHEDULE E		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:		
2 FILER NAME GUSTAVO C. RVIZ			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS			\$		
5 Date of loan 3-17-16 6 Is lender a financial institution? Y (N)	7 Name of lender out-of-state PAC (ID#:) GUSTAVO C RUIZ  8 Lender address; City; State; Zip Code 5206 Gamett Rd. Harlingen TX 78550		9 Loan Amount (\$) \$ 157, 50 10 Interest rate		
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political		
16 GUARANTOR INFORMATION  not applicable  20 Principal Occupat		State; Zip Code  21 Employer (See Instructions)	19 Amount Guaranteed (\$)		
Date of loan  3-17-16  Is lender a financial Institution?	Name of lender out-of-state PAC (ID#:)  GUSTAVO C. RUIZ  Lender address; City; State; Zip Code  5206 Garrett Rd. Harlinger TX 78550		Loan Amount (\$)  \$ 15.20 Interest rate  UA  Maturity date		
Y (N) Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colle	ateral	Check if personal funds were account (See Instructions)	deposited into political		
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City; S	State; Zip Code	Amount Guaranteed (\$)		
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		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Gustav	o C. Ruiz				
	NITEMIZED LOANS		\$		
5 Date of loan	7 Name of lender out-of-state	e PAC (ID#:)	9 Loan Amount (\$)		
3-1-16	Gustavo C huiz		\$ 194.58		
6 Is lender a financial Institution? Y	8 Lender address; City; State; Zip Code 5206 Garrett Rd. Harlinger TZ 78550		10 Interest rate  NA  11 Maturity date		
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	1		
14 Description of Coll	lateral	15 Check if personal funds were account (See Instructions)	deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable  20 Principal Occupat		State; Zip Code  21 Employer (See instructions)			
EV Filliopon was a	JUIT (DB6 IIIBII GOGOTO)	a. Employer toos manage,			
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
2-26-16	Gustavo C. Ruiz		\$ 108.49		
Is lender a financial		State; Zip Code	Interest rate		
Institution?	5206 Garrett Rd. 1	Harlingen TX 78558	Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal funds were o	deposited into political		
none		account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; Clty;	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.					

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Revised 9/8/2015

# 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. Ruiz 4 Date 7 Amount of contribution (\$) ut-of-state PAC (ID#: 2-23-16 Craig Strong 6 Contributor address; City; State; Zip Code \$2,500 15920 Reves Rdg Helotes TX 78023 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:\_ Amount of contribution (\$) Jesus Salinas City; State; Zip Code 2-23-16 \$ 2,500 1201 E Express way 83 Missian TX 78572 | Employer (See Instructions) ut-of-state PAC (ID#:\_ Amount of contribution (\$) 25987 El Caribe CR East Lateria TX 718559 Date Amount of contribution (\$) Solar Dr. Mission 77 78574 | 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. hviz 4 Date out-of-state PAC (ID#:\_\_\_ 7 Amount of contribution (\$) \$ 2,500 POBOX 1194 San Benito TX 78586 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) Glende hedesma Contributor address; City; State; Zip Code \$ 250 1317 Palm Valley Dr. E. Harlingn 778552 Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 5-4-16 \$ 500 Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) 4-13-16 Margo De hos Santos Contributor address; City; State; Zip Code 2625 Lotus Dr. Harlingen TX 78550 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 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 (\$) ut-of-state PAC (ID#: 4-25-16 \$500 8 Principal occupation / Job title (See Instructions) Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) Kolando Kubiano Date Full name of contributor ut-of-state PAC (ID#: Amount of contribution (\$) \$1,000 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Charles Lewis 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
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
GUSTAVO C. RUÎZ	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Qut-of-state PAC (ID#:	7 Amount of contribution (\$)
P.O. Box 17428 Austin, TX 78760	\$1,000
Principal occupation / Job title (See Instructions)  9 Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (ID#:)  1-1-16 Raba-Kistner PAC	Amount of contribution (\$)
Contributor address; City; State; Zip Code	\$1,000
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	otions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	\$ 5,000
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ptions)
Date Full name of contributor out-of-state PAC (ID#:) -18-16 Prime Manufacturing LLC	Amount of contribution (\$)
Contributor address; City; State; Zip Code  2403 N. 10 <sup>th</sup> St. Suite B Mc Allen TX 78501	\$500
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
	-
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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) Guston C. Rviz 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) \$500 501 N. Bridge ST STE 902 Hidalgo, TR 7 8 Principal occupation / Job title (See Instructions) Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) Halff Associates PAC ributor address; City; State; Zip Code \$2,500 1201 N. Bowsen Rd. Richardson, TX 75081 Principal occupation / Job title (See Instruction Date Full name of contributor out-of-state PAC (ID#:\_\_ Amount of contribution (\$) Contributor address; 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.

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