# GUSTAVO RUIZ

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CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION JUL 1 9 2017

RECEIVED

hemi Garza Cameron County Elections 1050 East madison st Brownsville + 78520

Ruiz Law Center, P.L.L.C. 1106 E. Tyler Harlingen, Texas 78550°

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mr. Gustavo	C,	Date Received		
	NICKNAME LAST	SUFFIX	Date Hereived		
	Gus Rviz		CAMERON COUNTY		
4 CANDIDATE/ OFFICEHOLDER		CITY; STATE; ZIP CODE	UEPAHIMENT OF FI FCTIONIA		
MAILING ADDRESS	5206 Garrett Ad	ţ	VOTEP PERISTRATION		
Change of Address	Itanlinger, TX 785	552	11:14am JUL 19 2017		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	HECEIVED.		
OFFICEHOLDER PHONE	(956) 421.4373		Date Hand delivered or Date Pistmans d		
6 CAMPAIGN	MS/MRS/MR FIRST	MI ·	Receipt # Amount \$		
TREASURER	Mr. Robert	•••			
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	Davis	50.	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY; STATE;	ZIP GODE		
TREASURER ADDRESS	1106 E. Tylen Han	liam D DOGO	*		
(Residence or Business)	1106 E. TYTER PICE	1111501 17 1000	U		
,					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 9 S(6 4 - 1 7 9 1				
THONE	(956) 564-1791				
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign		
	treasurer appointment (Officeholder Only)				
	July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)				
10 PERIOD	Month Day Year	Month	Day Year		
COVERED / / / 2017 THROUGH 6 / 30 / 2017					
11 ELECTION	ELECTION DATE	ELECTION TYPE			
ti	Month Day Year Primary	Runoff Other Description			
	3/1/16 General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	`		
	Cameron County	Cameron C			
	Cameron County Cameron County Commissioner Pct. 4 Commissioner Pct. 4				
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Gustavo	C. Ruiz	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.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME	, , , , , , , , , , , , , , , , , , , ,		
Additional Pages					
	:	COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		, \$ 0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,500		
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,     UNLESS ITEMIZED		\$ 0		
	4. TOTAL POLITICAL EXPENDITURES \$ 3.05		\$ 305		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 970958		* \$ 9,709.58		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 27,304.39				
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					
JUAN SALVADOR TOVAR My Commission Expires					
April 3, 2019 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEALABOVE					
Sworm to and subscribed before me, by the said <u>Gwstavo C. Ruiz</u> , this the <u>17</u>					
day of Juy, 20 17, to certify which, witness my hand and seal of office.					
Juan tovar Notary Rublic					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Filer ID (Ethics Commission Filers)
	Gustavo C. Ruiz	
21	SUBTOTAL AMOUNT	
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	8 305
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS \$
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 BUSI	NESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## 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) 7 Amount of contribution (\$) out-of-state PAC (ID#; \$ 2,500 3100 W Alabama ST. Houston TR 77098 Full name of contributor Date 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 ut-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 ut-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.

## 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 Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Gustavo C Ruiz	3 Fifer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
4-14-17	Bhu Media houp		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 300	700 E. Leves St. Suite	211 Bounsville to 78520	
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	Å 8	Gheck if Austin, TX, officeholder living expense	
	Adventisement Expense	Campaign Material	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2-28-17	IBC Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$5	1200 San Demando Ave. Laredo TZ 18042		
	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	
	Fres	Bank Fæs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	