GUSTAVO RUIZ

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. ..MJ.... MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY Gustavo **OFFICEHOLDER** Date Received NAME GAMERON COUNTY SUFFIX NICKNAME DEPARTMENT OF ELECTIONS & **VOTER REGISTRATION** ZIP CODE STATE: ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** 21434 Retama Rd JAN 1. 5 2021 MAILING **ADDRESS** Harlingen Change of Address EXTENSION PHONE NUMBER Date Hand-delivere CANDIDATE/ **OFFICEHOLDER** (956)PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME Date Imaged Davis STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN 78550 **TREASURER** 1106 E Tyler Harlingen TR **ADDRESS** (Residence or Business) **FXTENSION** AREA CODE PHONE NUMBER CAMPAIGN TREASURER PHONE (956) 421-4373 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED 2020 2020 THROUGH **ELECTION TYPE** ELECTION DATE 11 ELECTION Primary ___ Other Runoff Month Day Year Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE ommissioner ount THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| CAMITAIO | | |
|-------------------------------|--|--|
| 5 C/OH NAME | Gustavo C. Ruiz | iller ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 8 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 31,350.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 10,00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,010.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD | s 35,664.60 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,495,95 |
| 18 SIGNATURE 1 | swear, or affirm, under penalty of perjury, that the accompanying report is true and | d correct and includes all information |
| re | quired to be reported by me under Title 15, Election Code. | |
| | Signature of Candid | ate or Officeholder |
| | digitation of outland | 1 |
| | | |
| | | |
| | Please complete either option below: | |
| | • | |
| | | |
| | | |
| (1) Affidavit | | |
| | | |
| NOTARY STAMP/SE/ | | |
| Sworn to and subscribed | before me by this the | day of, |
| 20, to certif | y which, witness my hand and seal of office. | |
| Signature of officer adminis | ering oath Printed name of officer administering oath | Title of officer administering oath |
| Olgitature of officer daximin | OR | |
| (2) Unsworn Declara | ion | |
| Q., | Stavo C Kuiz and my date of birth is | 2-10-81 |
| My name is $\frac{QQ}{Q}$ | 1434 Retama Rd. Harlingen. TX | 18550 USK. |
| My address is | (street) (city) (state | |
| Executed in | County, State of TCAS, on the 12 day of January (month) | , 20 <u>21</u> (year) |
| | Signature of Candidate | /Officeholder (Declarant) |
| | - | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | 19 FILER NAME () () () () () () () () () () () () () (| |
|-----|--|--------------|
| | Gustavo C. Ruiz | SUBTOTAL |
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 31,350,00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ 1,094.45 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 3,000 |
| 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 | \$1,094,45 |
| 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 | \$ |
| | | |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| if the reques | ted information is not applicable, bo No. motors the page with | |
|-----------------|--|---------------------------------------|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| FILER NAME | Gustavo C. Ruiz | 3 Filer ID (Ethics Commission Filers) |
| Date (-22-20 | 5 Full name of contributor out-of-state PAC (ID#:) TREPAC 6 Contributor address; City; State; Zip Code PO Box 2246 Austin Tx 78768 | 7 Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | tions) |
| Date リースリースO | Full name of contributor out-of-state PAC (ID#:) Halff Associates State Pac Contributor address: City: State; Zip Code | Amount of contribution (\$) |
| Principal occup | Contributor address; City; State; Zip Code 1201 N. BOWSER ROAD RICHARDSON TX 75081 Dation / Job title (See Instructions) Employer (See Instructions) | ctions) |
| Date 15-20 | Full name of contributor out-of-state PAC (ID#:) Linebarger Goggan Blain Sampson Contributor address; City; State; Zip Code POBOX 17428 Austin TX 78760 | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) Employer (See Instru | ctions) |
| Date Q-\S-20 | Full name of contributor out-of-state PAC (ID#:) Kic Candenas Contributor address; City; State; Zip Code 1603 E. Price Road Brownsville TR 78521 | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) Employer (See Instru | uctions) |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | | |
| 2 FILER NAME | Gustavo C. Ruiz | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date | 5 Full name of contributor | 7 Amount of contribution (\$) | | | |
| Q-11-20 | LDA Enterprises LLC | | | | |
| of 11 W | 6 Contributor address; City; State; Zip Code | \$ 2,500 | | | |
| | 2608 Live Oak Mission TR 78574 | | | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instruc | tions) | | | |
| Date | Full name of contributor | Amount of contribution (\$) | | | |
| 0-211-20 | hene Capistran | yana ppu, pu, | | | |
| | Contributor address; City; State; Zip Code | \$2,500 | | | |
| | 3512 LA Soledad Court Brownsville TX 78520 | | | | |
| Principal occup | ation / Job title (See Instructions) Employer (See Instructions) | tions) | | | |
| Date | Full name of contributor | Amount of contribution (\$) | | | |
| 9-14-20 | Jacinto Garza | \$ 2,500 | | | |
| 1 | Contributor address; City; State; Zip Code | 30130 | | | |
| | 27304 South Bass Blud. Harlingen TR | | | | |
| Principal occup | eation / Job title (See Instructions) Employer (See Instruc | tions) | | | |
| Date | Full name of contributor | Amount of contribution (\$) | | | |
| 0-21-20 | Royston Rayzon Vickey Williams Contributor address; City; State; Zip Code | 1.1.000 | | | |
| | | \$1,000 | | | |
| • | 55 Cove Circle Brownsville TX 78521 | | | | |
| Principal occup | eation / Job title (See Instructions) Employer (See Instruc | tions) | | | |
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SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report. | | | | |
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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | |
| 2 FILER NAME | hustavo C. Ruiz | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (IDH:) holando hubiano 6 Contributor address; City; State; Zlp Code 518 E. Woodland Dr. Hanlingen TX 18550 | • | | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instruc | tions) | | |
| Date | Full name of contributor | Amount of contribution (\$) | | |
| Q-28-20 | hene haminez contributor address; City; State; Zip Code 1508 S hone Stan Way Unit Edinburs TX 78539 | \$ 1,500 | | |
| Principal occup | ation / Job title (See Instructions) Employer (See Instructions) | tions) | | |
| Date Q-16-20 | Full name of contributor out-of-state PAC (10#:) John Pearcy Contributor address; City; State; Zip Code SUI Lake Dr. Hanlingen TX 18550 | Amount of contribution (\$) | | |
| Principal occup | eation / Job title (See Instructions) Employer (See Instructions) | tions) | | |
| Date Q 28-20 Principal occup | Full name of contributor out-of-state PAC (ID#:) George Lazaro Contributor address; City; State; Zip Code SIZ E. Magnolia AVR. La Feria TX 18559 ation / Job title (See Instructions) Employer (See Instructions) | Amount of contribution (\$) \$\tau\sumsymbol{\sum}\simsymbol{\sim}\sim}\sim}\sim\sim\sim\sim\sim\sim\sim\sim\sim\sim | | |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Gustavo C. Ruiz | 3 Filer ID (Ethics Commission Filers) |
| 4 Date Q-14-20 | 5 Full name of contributor Out-of-state PAC (ID#: RULOIPH GOMEZ 6 Contributor address; City; State; Zip Code 22 Alvarado AVR Rancho VIRJO TX 78575 | 7 Amount of contribution (\$) |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | structions) |
| Date Q-24-20 | Full name of contributor out-of-state PAC (IDH: | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) Employer (See Ins | structions) |
| Date Q-28-20 | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| Principal occup | eation / Job title (See Instructions) Employer (See Ins | structions) |
| Date Q-23-20 | Full name of contributor out-of-state PAC (IDH: | |
| Principal occup | eation / Job title (See Instructions) Employer (See Ins | structions) |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: | | |
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| 2 FILER NAME | Gustavo C. Ruiz | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Full name of contributorout-of-state PAC | (ID#:) | 7 Amount of contribution (\$) | | |
| 0-21-20 | Winstead PAC | | ki ema za | | |
| | 6 Contributor address; City; | State; Zip Code | \$ 500 | | |
| | 2728 N. Harwood Street Stc 500 D. | 11 s 7 TX | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) | | |
| | | | | | |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) | | |
| Q-23-20 | Tre Peacock | | | | |
| , | Contributor address; City; | State; Zip Code | \$ 500 | | |
| | 5313 Hund Ct. Hanlingen TX | 78552 | • | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) | | |
| • | , | | · | | |
| Date | Full name of contributor | (ID#:) | Amount of contribution (C) | | |
| | Oscar flanza | , | Amount of contribution (\$) | | |
| a-18-30 | | State; Zip Code | \$500 | | |
| | 1000 Dana Tagana | x 78572 | \$ J V - | | |
| | | | | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) | | |
| | | | | | |
| Date | <u> </u> | (ID#;) | Amount of contribution (\$) | | |
| 9-18-20 | Robert Pena | | + 500 | | |
| , , , | Contributor address; City; | State; Zip Code | \$ 500 | | |
| | PO BOX 1847 Edinburg TX | 78540 | | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) | | |
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| | If contributor is out-of-state PAC, please see instruc | ction guide for additional re | eporting requirements. | | |

Revised 8/17/2020

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
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| 2 FILER NAME | Gustavo C. Ruiz | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of contribution (\$) |
| 9-15-20 | Raba Kistner PAC | | |
| 7 12 01 | 6 Contributor address; City; State; Z | ip Code | \$ 500 |
| | POBOK 690287 Son Antonio TX 7 | 8269 | <u>-</u> |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employe | er (See Instruction | ons) |
| Date | Full name of contributor | | Amount of contribution (\$) |
| 8-13-20 | Arturo Mc Donald Jr. | | |
| 0 | Contributor address; City; State; Z | ip Code | £ 100 |
| | 6503 Estobedo St. Brownsulk TX 7 | 8521 | P 10- |
| | | | |
| Principal occup | ation / Job title (See Instructions) Employe | er (See Instruction | ons) |
| Date | Full name of contributor | | Amount of contribution (\$) |
| a 28-20 | Humberto Garza Jr. | | |
| 1/2 Wh 2. | Contributor address; City; State; Zi | | \$ 250 |
| | 8M Quail Hollow Dr. Westaro TX | 78596 | p a s c |
| Principal occup | ation / Job title (See Instructions) Employe | er (See Instruction | ons) |
| Date | Full name of contributor | | Amount of contribution (\$) |
| | Tose Gonzalez | | Amount of contribution (by |
| 0-23-20 | Contributor address; City; State; Zi | n Code | \$ 250 |
| | 2010 Peace AVE Mission TX 785 | רתי | P 250 |
| | 17/13/07/17 1/03 | 12 | |
| Principal occup | ation / Job title (See Instructions) Employe | er (See Instruction | ons) |
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

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| If the requested information to applicable, be iten instant the page in the report. | | | | |
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| The | Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: | |
| 2 FILER NAME | Gustavo C. Ruiz | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of contribution (\$) | |
| 8-13-20 | Eddie Lucio III 6 Contributor address; City; State; Zip Code PO Bot 2106 San Benito TX 78586 | | \$ 250 | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Empl | oyer (See Instruct | ions) | |
| Date | Full name of contributor | | Amount of contribution (\$) | |
| 9-24-20 | Contributor address; City; State; | | \$ 3,500 | |
| | PO BOX 266245 Houston TX 7720 | | | |
| Principal occup | ation / Job title (See Instructions) Empl | oyer (See Instructi | ions) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of contribution (\$) | |
| 10-1-20 | Rolando Kios contributor address; City; State; 110 Broadway Str. 355 San Antonio | ZIp Code , TX , 78205 | \$ 500 | |
| Principal occup | | oyer (See Instruct | ions) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of contribution (\$) | |
| a.24-20 | Caso Law Firm Contributor address; City; State; 112 E. Cano St. Edinburg 77 78 | Zip Code | \$ 500 | |
| Principal occup | ation / Job title (See Instructions) Empl | oyer (See Instructi | ions) | |
| | | | | |

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

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report**.

| ii tile reques | sted information is not applicable, bo NOT inc | nude tins page in the | - Teport. |
|------------------|---|--------------------------|---------------------------------------|
| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Gustavo C Ruiz | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | : (ID#:) | 7 Amount of contribution (\$) |
| 9-23-20 | Republic Services PA 6 Contributor address; City; 1800 N Solis Rd. La Feria | State; Zip Code | \$ 1,000 |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | itions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | Full name of contributor 🔲 out-of-state PAC (| (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) |
| Date | Full name of contributor 🔲 out-of-state PAC (| (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruct | lions) |
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| | ATTACH ADDITIONAL COPIES OF | F THIS SCHEDULE AS N | EEDED |

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

LOANS

SCHEDULE E

| If the requeste | d information is not applicable, DO NO | i include this page in the re | port. |
|--|---|--|--|
| The | Instruction Guide explains how to compl | ete this form. | 1 Total pages Schedule E: |
| FILER NAME | stavo C. Ruiz | | 3 Filer ID (Ethics Commission Filers) |
| TOTAL OF U | NITEMIZED LOANS | | \$ |
| Date of loan | 7 Name of lender out-of-state I | PAC (ID#:) | 9 Loan Amount (\$) |
| 8-11-20 | Gustaus C. Ruiz | ****** | <u>₹ 749.75</u> |
| is lender a financial Institution? | 8 Lender address; City; 21434 Retama Rd. | Hanlingan TR 18550 | 10 Interest rate 11 Maturity date |
| 2 Principal occupat | ion / Job title (See Instructions) | 13 Employer (See Instructions) Self employe | 1 |
| 4 Description of Col | li <mark>a</mark> teral | Check if personal fur account (See Instruc | nds were deposited into political tions) |
| 6 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| not applicable | 18 Guarantor address; City; | State; Zip Code | |
| D Principal Occupa | ation (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender | PAC (ID#:) | Loan Amount (\$) |
| Is lender a financial | Lender address; City; | State; Zip Code | Interest rate |
| Institution? | | | Maturity date |
| Principal occupati | ion / Job title (See Instructions) | Employer (See Instructions) | 1 |
| Description of Col | lateral | Check if personal fur account (See Instruc | nds were deposited into political |
| none | Nome of augrenter | | Amount Guaranteed (\$) |
| GUARANTOR INFORMATION | Name of guarantor | | |
| GUARANTOR INFORMATION | Guarantor address; City; | State; Zip Code | |
| GUARANTOR INFORMATION | Guarantor address; City; | State; Zip Code Employer (See Instructions) | |

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

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|-----------------------------|---|--|---------------------------------------|
| The | Instruction Guide explains how to compl | ete this form. | 1 Total pages Schedule E: |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| aust. | NO C. RUIZ | | |
| 61000 | | | |
| 4 TOTAL OF UN | IITEMIZED LOANS | | \$ |
| 5 Date of loan | 7 Name of lender ut-of-state | PAC (ID#:) | 9 Loan Amount (\$) |
| 9-17-20 | Gustavo C Ruiz | | \$115.85 |
| 6 Is lender | 8 Lender address; City; | State; Zip Code | 10 Interest rate |
| a financial Institution? | 21434 Retama Rd 1 | tanlinga TR 18550 | 11 Maturity date |
| Y M | | • | |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | |
| Attorn | RV | Self employed | |
| 14 Description of Coll | | 15 | ds were deposited into political |
| none | | account (See Instruct | tions) |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| | | State; Zip Code | |
| | , | , , | |
| not applicable | | 1 | |
| 20 Principal Occupat | tion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender out-of-state | PAC (ID#:) | Loan Amount (\$) |
| 0 111 0- | Gustavo C. Ruiz | , | 1 228.85 |
| 8-14-20 | . | | Interest rate |
| ls lender a financial | Lender address; City; 21434 Retama Rd. Ha | State; Zip Code | |
| Institution? | ZIUSU RECOME KO. 11 | 4.11190 17 18 330 | Maturity date |
| Y (V) | | | |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | • |
| Altor | nex | self employed | |
| Description of Coll | ateral/ | Check if personal fun | ds were deposited into political |
| none | | account (See instruc | |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; | State; Zip Code | 1 |
| | , , , | | |
| not applicable | | The bound of the second of the | |
| Principal Occupati | ion (See Instructions) | Employer (See Instructions) | |
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| | | PIES OF THIS SCHEDULE AS NE | |
| If Ia | ender is out-of-state PAC, please see In | struction quide for additional re | porting requirements. |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|--|---------------------------------------|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | king Fees Office Overhead/Rental Expense Polling Expense Polling Expense Inations Made By Cift/Awards/Memorials 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) | | |
| 1 Total pages Schedule G: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| l l | Gustavo C. Ruiz | C THO TE (Editor Commission Thora) | | | |
| 4 Date | 5 Payee name | | | | |
| 9-17-20 | Othic Depot | | | | |
| Amount (\$) S 8 Reimbursement from political contributions intended | 7 Payee address; 605 S. Express way 83 | Harlingon | State; Zip Code | | |
| 8 | (a) Category (See Categories listed at the top of this sche- | dule) (b) Description | | | |
| PURPOSE OF EXPENDITURE | Event Expense Office Supplies | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name | | | | |
| 8-14-20 | Walmart | | | | |
| Amount (\$) 2 3 8 5 Reimbursement from political contributions intended | Payee address; 1801 W Lincoln St. Han | linger Tt | State; Zip Code | | |
| | Category (See Categories listed at the top of this sche | · · · · · · · · · · · · · · · · · · · | 4 A | | |
| PURPOSE OF | EVENT ET PRASE | School S | opplies | | |
| EXPENDITURE | | | | | |
| | Check if travel outside of Texas. Complete Sched | | n, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought | Office held | | |
| Date | Payee name | | | | |
| 8-11-28 | Walmart | | | | |
| Amount (\$) | Payee address; | City; | State; Zip Code | | |
| Reimbursement from political contributions intended | 1801 W Lincoln St. 1 | tarlingen TT | N 8552 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sched | Description Shool Si | pplies | | |
| | Check if travel outside of Texas. Complete Schedu | ule T. 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 CODIES OF THIS SCHEDILLE AS MEEDED | | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 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: | 2 FILER NAME GUSTAVO C. RUIZ | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date Q-28-20 | 5 Pavee name | | | | | |
| 6 Amount (\$) | Frankie Flavz 7 Payee address; City; State; Zip Code 619 E Harrison Ave. Harlingen TX 18550 | | | | | |
| \$ 3,000 | 619 E Harrison Ave. He | arlingen | TR 1 | 8550 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | | |
| PURPOSE OF EXPENDITURE | Food Expense | Food Ex | Lpense | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officehalder livin | g expense | | |
| 9 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 | | |
| , mount (\$) | , ayoo addiicoo, | -13, | , | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | - Andrew Control of the Control of t | | |
| PURPOSE OF | | | | | | |
| EXPENDITURE | | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | 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 | | |
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | | | |
| | Check if travel outside of Texas, Complete Schedule T. | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | | Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |