GUSTAVO RUIZ

SEMI-ANNUAL REPORT JANUARY 18, 2022

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR М 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** WL NAME Date_Received MERON COUNTY DEPARTMENT OF ELECTIONS & SUFFIX NICKNAME VOTER REGISTRATION Gus CITY; STATE; 4 CANDIDATE / ADDRESS / PO BOX; JAN 18 2022 **OFFICEHOLDER** Retama Rd. Harlingatz 21434 MAILING **ADDRESS** M8550 RECEIVE Change of Address PHONE NUMBER 5 CANDIDATE/ AREA CODE **EXTENSION** Date Hand-Delivered or Date **OFFICEHOLDER** (956)421-4373 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN Robert **TREASURER** Mr. Date Processed NAME SUFFIX NICKNAME Date Imaged Davis STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN TREASURER 1106 E Tyle Hanlinga to 78550 **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN **TREASURER PHONE** (956) 421-4373 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Dav Day Year Month COVERED **THROUGH** 01 **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Month Dav Year Description General Special 0 13 OFFICE SOUGHT (if known) OFFICE HELD (If any) 12 OFFICE County omnissioner ommissioner 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 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME 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

15 C/OH NAME	Gustavo C. Ruiz	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HER THAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES C	\$ 32,693.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$
	4. TOTAL POLITICAL EXPENDITURES	\$ 45,175.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS CONTRIBUTIO	\$ 25,798.96
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	ans as of the \$ \$,987,24
	swear, or affirm, under penalty of perjury, that the accompanying reguired to be reported by me under Title 15, Election Code.	port is true and correct and includes all information
		L a n i
		into C. Ruj
	Signa	ture of Candidate or Officeholder
	Please complete either option	n below:
	, iodoo oonipioto otalio. opiio	
	•	
	·	
(1) Affidavit		
NOTARY STAMP/SE/	AL	
Sworn to and subscribed	d before me by	this the,
	y which, witness my hand and seal of office.	
Signature of officer administ	tering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	tion	
Gus	tav C Ruil and my date	of birth is 2-10 - 81
	34 Retame Rd. Harlinge	
iviy audress is	(street) (city)	(state) (zip code) (country)
Executed in CAME		
		(month) (year)
	Signature	of Candidate/Officeholder (Declarant)
	•	• ,

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME GUSTAVO C. RVIZ 20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32,400.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 293,25
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	s 4,070.25
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 41,105.74
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	\$ 4,070.25
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 requested information is not applicable, be not include this page in the report.					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	stavo C. Ruiz	3 Filer ID (Ethics Commission Filers)			
4 Date Q-20-2\	5 Full name of contributor out-of-state PAC (ID#:) Rud ol ph Gomen 6 Contributor address; City; State; Zip Code 22 Alurado Aur Rancho Virjo, TX 78575	Amount of contribution (\$)			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)			
Date Q-23-21	Full name of contributor out-of-state PAC (ID#:) Alejandro Meade Contributor address; City; State; Zip Code 2700 Santa ILiana Mission TX 78572	Amount of contribution (\$)			
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date ((- スプース)	Full name of contributor out-of-state PAC (ID#) LDG Enterprises LLC Contributor address; City; State; Zip Code 2805 Fountain PLaza Blud. Suite A Edinburg, TX 78539	Amount of contribution (\$)			
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)			
Date Q-23-21	Full name of contributor out-of-state PAC (ID#:) Alfredo Garcia Tr. Contributor address; City; State; Zip Code 153 Lakaview St. South San Benito, TX 78586	Amount of contribution (\$)			
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)			
		-			

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

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	stavo C. Ruiz	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)
Q-23-21	1 10 1	Code \$ 1,500,00
Principal occu	upation / Job title (See Instructions) 9 Employer	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
1-23-21	2803 Fountain Plaza Blud. Ste. A	code \$ 1,500,00
	Edinburg, TX 78539	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
(-23-21 	Kane Lindsey LLC Contributor address; City; State; Zip of 2614 Dove Ave Mission, TX 785	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
1-15-21	Contributor address; City; State; Zip C PO Box 26245 Houston, TX 7020	1 7 -
Principal occup	ation / Job title (See Instructions) Employer (S	See Instructions)

SCHEDULE A1

Stavo C. Ruiz 5 Full name of contributor ut-of-state PAC (Robert Davis Jr. 6 Contributor address; City;	(ID#:)	3 Filer ID (Ethics Commission Filers 7 Amount of contribution (\$)
Robert Davis Jr.	(ID#:)	7 Amount of contribution (\$)

6 Contributor address:		•
2901 Haire Dr. Apt #1707	State; Zip Code	\$ 250.00
ation / Job title (See Instructions)	Employer (See Instruc	ilons)
	HD#:	Amount of contribution (\$)
John Hernandez	• • • • • • • • • • • • • • • • • • • •	
Contributor address; City;	State; Zip Code	\$ 2,500.00
20410 Tejar Creek San,	Antonio, TR	•
ion / Job title (See Instructions)		ons)
•	D#:	Amount of contribution (\$)
Kene Remirez)
Contributor address; City;	State; Zip Code	\$ 2,500.00
,508 S. hone Stan Way Unit	a	
		ons)
Full name of contributor	*4.	Amount of the United States
□ 224 41-84819 1 VO (IB	»#:	Amount of contribution (\$)
Contributor address; City:	State: Zip Code	\$ 2,500.00
112 E. Cano St. Edinburg, T	x n8539	4 4100
on / Job title (See Instructions)	Employer (See Instruction	ons)
	Full name of contributor	ation / Job title (See Instructions) Full name of contributor

SCHEDULE A1

Th	e instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAMI	ustavo C. Ruiz	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)
	Cindy Moore 6 Contributor address; City; State; Zip Code 14231 Palis Dr. La, Feria TX 7855.	\$ 200.00
Principal occ	upation / Job title (See Instructions) 9 Employer (See Ins	tructions)
Date	Full name of contributor	Amount of contribution (\$)
2-15-21	Rose De Leon Contributor address; City; State; ZIp Code 116 Robusta Ct. Hanlingen, TA 78552	\$ 200,00
Principal occu	pation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor	Amount of contribution (\$)
245-21	Cris Villarreal Contributor address; City; State; Zip Code 1018 E. Tyler Harlinger TL 78550	\$ 1,000,00
Principal occu	pation / Job title (See instructions) Employer (See Instru	uctions)
Date - 9-21	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
•	Contributor address; City; State; Zip Code PO Box 17428 Austin ,77 78760	\$ 2,500,00
Principal occup	eation / Job title (See Instructions) Employer (See Instr	uctions)

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ustavo C. Ruiz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: David Chapa	
	6 Contributor address; City; State; 1635 N. 77 Sunshine strip Hanlinger, T7 18550	
8 Principal occu	pation / Job title (See Instructions) 9 Emplo	oyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State;	Z}p Code
Principal occup	ation / Job title (See Instructions) Employ	oyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code
Principal occup	ation / Job title (See Instructions) Employ	yer (See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
•	Contributor address; City; State; 2	Zip Code
Principal occupa	ation / Job title (See Instructions) Employ	yer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Τħ	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAME GUSTAVO C. RUIZ			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 293.25	
5 Date			8 Amount of Contribution \$ \$ \(\) \	9 In-kind contribution description Beverages de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description de of Texas, Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	,
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T			

Revised 8/17/2020

SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the rep	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	stavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
	NITEMIZED LOANS		\$ Ø
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)
8-12-21	Gustavo C. Ruiz		\$ 1,650.00
6 Is lender a financial Institution?	8 Lender address; City; 21434 Retama Rd.	State: Zip Code Hanlinger TI 78550	10 Interest rate 11 Maturity date
		42 Supplement (Constructions)	
12 Principal occupation AHTORA	ion / Job title (See Instructions) とく	13 Employer (See Instructions) Self employe	L
14 Description of Coll		15 ' /	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state to Gustavo C. Ruiz		Loan Amount (\$)
ls lender a financial	Lender address; City; 21434 Retama RJ, Har	State; Zip Code	Interest rate
Institution?	XI 3 3 1 HOWING HO, IN	MINGEN THE 1800	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	Althou 60 Anti
Attorn	L Y	self employed	
Description of Colle	ateral		ds were deposited into political lons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupati	lion (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	IES OF THIS SCHEDULE AS NEE	

SCHEDULE E

II the requeste	at information is not applicable, DO NO	i include this page in the re	port,
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	_		3 Filer ID (Ethics Commission Filers)
Sus	tau C. Ruiz		
	NITEMIZED LOANS		\$ \$
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)
12-15-21	Gustavo C. Ruiz		\$ 158.95
6 is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	21434 Retama Rd. H	farlinenta 78550	
Y 🚳		, , , , , , , , , , , , , , , , , , ,	11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
Attorne	J	self employed	d
14 Description of Coll		15	nds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	<u>L</u>	19 Amount Guaranteed (\$)
,	18 Guarantor address; City;	State; Zip Code	
- Complete	10 Guzianioi audiess, Cay,	овие, ди осто	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
8-11-21	Gustavo C. Ruiz		\$ 169.72
is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	21434 Retama Rd.	Harlinger TT	Maturity date
Y 🕦		78220	Waterity Cate
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Attorr	الا	self employed	
Description of Colla	ateral		ds were deposited into political
none.		account (See Instructi	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
i.	Guarantor address; City;	State; Zip Code	
ot applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	, , , , , , , , , , , , , , , , , , , ,
		<u> </u>	
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	£DED
if le	nder is out-of-state PAC, please see inst	truction guide for additional re-	oorting requirements.

SCHEDULE E

	- morniador lo not applicable, Do ne	or molade this page in the re	,port.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Gr	1stavo C. Ruiz		
_			
	NITEMIZED LOANS		\$ &
5 Date of loan	7 Name of lender ut-of-state	: PAC (ID#:)	9 Loan Amount (\$)
12-13-21	Gustavo C. Ruiz		\$ 283.08
6 is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	21434 Retama Rd.		
Y Ø	X173 1100001- 110	78880	11 Maturity date
~	ion / Job title (See Instructions)	13 Employer (See Instructions)	
AII .		1	
14 Description of Col		Self employed	
none		Check if personal fundaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
ļ	18 Guarantor address; City;	State; Zip Code	
		grange grand more has some some der	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
12-15-21	Gustavo C. Ruiz		\$ 16.02
is lender	Lender address; City;	State; Zip Code	Interest rate
a financial Institution?	21434 Retama Rd.	Harlinga TA	K dada carida e afradea
Y 🙆		78550	Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Attorne	,	self employe	1
Description of Colla			
none		Check if personal fund account (See Instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	·····		
/	Guarantor address; City;	State; Zip Code	
not applicable	1		
Principal Occupation	on (See Instructions)	Employer (See Instructions)	<u> </u>
	'		
	ATTACH ADDITIONAL COR	IES OF THIS SCHEDULE AS NEE	hr
If le	nder is out-of-state PAC, please see Ins		
		- ·	~ ·

SCHEDULE E

It the requester	d information is not applicable, DO NO	I include this page in the re	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME GUSTA	uo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ Ø
5 Date of loan	7 Name of lender ut-of-state i	PAC (ID#:)	9 Loan Amount (\$)
12-13-21	Gustavo C. Ruiz		\$ 515.51
6 Is lender a financial Institution? Y	8 Lender address; City; 21434 Retama Rd. 1	State; Zip Code Hanling en 77 78550	10 Interest rate 11 Maturity date
12 Principal occupation	ion / Job title (See Instructions)	13 Employer (See Instructions)	
Attornex	·	self employed	
14 Description of Coll	ateral	15	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
12-14-21	Gustavo C. Buiz		± 11.1η
ls lender a financial Institution?	Lender address; City; 21434 Retame Rd. It	State; Zip Code anline T- 18550	Interest rate
Y 🕙		J	Maturity date
A 1 L	on / Job title (See Instructions)	Employer (See Instructions)	
Attorney		self employed	<u>d</u>
Description of Colla	teral	Check if personal fund account (See instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
if ler	ATTACH ADDITIONAL COPIE nder is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEE truction guide for additional rep	

LOANS			SCHEDULE E
If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
<u> </u>	ustavo C. Ruiz		
4 TOTAL OF UN	NITEMIZED LOANS		\$ Ø
5 Date of loan	7 Name of lender out-of-state I	PAC (ID#:)	9 Loan Amount (\$)
12-14-21	Gustavo C. Ruiz		\$ 71.61
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	21434 Retame Rd. H	anlingen TZ 18550	11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	10/1/200
Atto	nex	self employed	
14 Description of Collateral To Check if personal ful		15	is were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
12-8-21	Gustavo C. Ruiz		\$ 513.30
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	21434 Retama Rd. Harlin	yer 17 18550	Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
A LL and	a.1		1
Description of Coll	cy atbral	self-employe	
none		account (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; Clty;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lé la	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	

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 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 c	•	nioi a category not tated abovey
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C. RVIZ	3 Filer	ID (Ethics Commission Filers)
4 Date	5 Payee name		
7-12-21	David Munguia		
6 Amount (\$)	7 Davis address.	City;	State; Zip Code
\$ 2,500.00	12317 Tio Cano Rd. La 1	Peria TX 785	59
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	campaign	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, offic	eholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	MMANUF 177 - 1 -	,
8-30-21	Harlingen Area Chambe	er of Commerce	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 650.00	311 E. Tylen Harlinga.	tk 18550	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		ro L	
OF EXPENDITURE	Event	Event	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-8-21	Laman Advertising Compa	3NY	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 2,375.00	2001 Industrial Way San	Benito, TX 785	.86
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adventising Expense	Advertising	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	cholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
- LLANGE TRANSPORTED TO THE STATE OF THE STA	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	· · · · · · · · · · · · · · · · · · ·

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 Credit Card Payment

1 Total pages Schedule F1:

4 Date

9-8-21

200.00

PURPOSE

OF **EXPENDITURE**

9 Complete ONLY if direct expenditure to benefit C/OH

9-22-21

PURPOSE OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Amount (\$)

\$700

Date

9-29-21

Amount (\$)

\$ 2,000.00

PURPOSE

OF **EXPENDITURE**

Complete ONLY if direct

expanditure to benefit C/OH

6 Amount (\$)

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Diffice Overhead/Rental Expense Politing Expense Printing Expense Balaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)
The Instruction Guide explains h	now to complete this form.	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Bustaus C. Ruiz 5 Payee name	The second secon	
~		
Santa Rosa Athlet 7 Payee address;		
102 Jesus R Cruz	City; Santa Rose,	State; Zip Code TX 78593
(a) Category (See Categories listed at the top of this school	dule) (b) Description	
Fundraising Expense	Fundrai.	sing
(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Aust	in, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Hanlingen Chamber of	= Commerce	
Payee address;	City;	State; Zip Code
311 E. Tyler Harlinge	n, TX 7855	
Category (See Categories listed at the top of this schedi	ule) Description	
Event	Event	
Check If travel outside of Texas. Complete Schedu	le T. Check If Austir	n, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Mario Saenz		
Payee address;	City;	State; Zlp Code
51 Calgary Ct. Browns	will ITX 7852	.lo
Category (See Categories listed at the top of this schedu	le) Description	
Contract Labor	Campaig	n
Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held

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 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

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date 0-入ペース\	5 Payee name		
6 Amount (\$)	South Texas Screen Print 7 Payoe address;	0.4	
\$ 756.00	28442 S. Palm Court Dr.	Hanlingan 177	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Adventisin	<u> </u>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-22-21	Davil Munguia		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 250.00	12317 Tio Cano Rd, La Fe	inia , TX 785.	٤٦
	Category (See Categories ilsted at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	campaign	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, T	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9-22-21	Aimee Chairez		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 150.00	102 Jesus R Cruz Santa R	ose, TX 1985	13
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising Expense	Fundacising	
	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 SO	CHEDULE AS NEEDE	D

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
Credit Card Payment

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	· ·
1 Total pages Schedule F1:	GUSTAUO C. RUIZ		3 Filer ID (Ethics Commission Filers)
4 Date (リークスープ)	5 Payee name HH SS hady Hawks Bo 7 Payee address;	asket ball	
6 Amount (\$)		- ·	State; Zip Code
\$ 500.00	1701 Dixieland Rd. Harlinger	1, TK 78550	,
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fundraising Expense	Fundrais	ોત્ય
·	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9-22-21	HHSS Hawks Boys Baske	etball Booster	•
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 500.00	Mor Dixieland Rd. Harlingo	~ itt 1885	٥
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising Expense	Fundraisi	'ঙ
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin	n, 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		
10-20-21	Lamar Adventising Company	1	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 2,375.00	2001 Industrial Wey San	n Benito, TT	18586
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adventising Expense	Adventising	ধ
	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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel in District Travel Out Of District

Solicitation/Fundralsing Expense

Legal Services Salarles/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. Rvir 4 Date Carisma Print & Design
yee address; 11-16-21 6 Amount (\$) Zip Code 2165 US Military HUY 281 Brown suile, TX 78520 \$ 7,875.19 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Lamar Advertising Company 11-22-21 Amount (\$) Payee address: City; State: Zip Code 2001 Industrial Way San Benito, TX 78586 \$ 2,375,00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Alvertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12-6-21 David Munquia Amount (\$) Pavee address: City; State: Zip Code 12317 Tio Cano Rd. La Feria, TI 78559 \$ 500,00 Category (See Categories listed at the top of this schedule) Description PURPOSE Contract Labor OF CAMPAISA **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gifl/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

Credit Card Payment	The Instruction Guide explains how to c	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
11-29-21	Mike Zavala		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 1,000.00	POBOX 366 Santa Maria	17X 1859	2
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract habor	Campaig	^
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-9-21	Print Works		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 3,500.00	2312 S. Tourist Dr. Edi	nbung, TK n	8539
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adventising Expense	Adventising	}
	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
Date	Payee name		
12-14-21	Dullies Embroidery		
Amount (\$)	Payee address;	Clty;	State; Zlp Code
203.51	726 S. Palm Court Dr. Ha	uline TIN	8552
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adventising Expense	Adventis	13
	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 S	CHEDULE AS NEED	DED

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
Credit Card Payment

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

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

Credit Card Payment	Electronimities Legal Services Salaries A The Instruction Guide explains how to	Wages/Contract Labor Other (enter a category not listed abor	ve)
1 Total pages Schedule F1:			<u></u>
٩	Gustavo C. Ruiz	3 Filer ID (Ethics Commission I	Hiers)
4 Date	5 Payee name		
12-3-21	Lamar Advertising Com 7 Payos address;	peny	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$ 2,375.00	2001 Industrial Way San B	enito, TX 78586	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising		
	(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		
12-13-21	La Sienna Event Center		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 4,347	3742 US-77 Harlinger,7	TX 78550	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food	Event Food	
	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	
Date	Payee name		
12-14-21	Print Works		
Amount (\$)	Payee address;	City; State; Zip Code	
\$182.31	2312 S. Tounist Dr. Edinbu	10 1TX 78539	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adventising Expense	Advertising	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense	
Complete <u>ONIY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	and farms a surgery translated directal
1 Total pages Schedule F1:	2 FILER NAME GUSTAUS C. RVIZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	Δ.	
11-13-21	Cameron County Democrati	ic Party	
6 Amount (\$)	i i dycc address,	City;	State; Zip Code
\$1,250.00	1411 N. Stuant PLace Rd. S.	te c Harling	14,7X 78552
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	Filing Fo	le
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-15-21	Carisma Print & Design	\	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 2,598.00	2165 us Military Hwy 281	Brown vilk,	1 TX 78520
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Adventis	ing
	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		
12-15-21	Melina Morales		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 200-00	yano Dafodil Dr. Brownsuik,	TX 78526	
	Category (See Categories listed at the top of this schedule)	Description	<u> </u>
PURPOSE OF EXPENDITURE	Event Etpense	Photo Snaph	У
	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 SO	CHEDULE AS NEED)ED

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Sarvices

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

Candidate/Officeholder/Politic		Expense Wages/Contract Labor	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	5 Payee name		
12-29-21	Print Works		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1,742.83	2312 S. Tourist Dr. Edinb	ung, TX 7853	ና
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Adventising Expense	Advertising	8
	(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/OF	Candidate / Officeholder name I	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			
OF EXPENDITURE			
mon Endostore			1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, 1	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
expendition to bollost 0,011			
Date	Payee name		
	•		
Amount (\$)	Payee address;	City;	State; Zip Code
			, <u></u>
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Cara de la desta de la companya de l	Description	
OF			1
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
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	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	 D

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fee: Fooi By Glft/, cal Committee Lega	nt Expense s diffeverage Expense Awards/Memorials Expense al Services e instruction Guide explai	Office Ove Polling Ex Printing Ex Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundralsi Transportation Equipt Travel in District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NAME				3 Filer ID (Ethics	Commission Filers)
Ч	Gustau	o C. Ruiz				
4 Date	5 Payee name	nr				
8-12-21	Joes	tatboy 161	<i>3 Q</i>			
6 Amount (\$) \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	30 E. Ed	Fatboy BC	sa , TX	78543	State;	Zip Code
8 PURPOSE	(a) Category (See	Categories listed at the top of this s	schedule)	(b) Description		
OF EXPENDITURE	Food campaisn			event		
	(c) Check I	travel outside of Texas, Complete Sc	chedule T.	Check if Austin,	TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder name		Office sought		Office held
Date	Payee name				*	
8-30-21	NaBa	i Canopy				
Amount (\$)	Payee address	· •		City;	State;	Zip Code
Reimbursement from political contributions intended	www.	amazon.con	^			
PURPOSE	Category (See	Categories listed at the top of this s	schedule)	Description		
OF EXPENDITURE	other		***************************************	canory		
MARK.	Checki	travel outside of Texas, Complete So	chedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Officeholder name		Office sought		Office held
Date	Payee name					
12-15-21	Sams	club				
Amount (\$) \$ 158.95 Reimbursement from political contributions intended	Payee address	xpressway 77	Hanli	chy; Myn TK 7855	State;	Zip Code
DUIDOCE	Category (See 0	Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	Beveras	se Expense		event		
	Check if	travel outside of Texas, Complete Sc	hedule T.	Check if Austin,	TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate /	Officeholder name		Office sought		Office held
				Militar I I I I I I I I I I I I I I I I I I I		

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SCHEDULE G

	EXPENDIT	URE CATEGORIE	S FOR BOX 8(a)	
Advertieing Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po Credit Card Payment	Event Expense Fees Food/Beverage Expe e By Gift/Awards/Memoria tlcal Committee Legal Services	Loan Re Office C Pose Polling I	ppayment/Reimbursement tverhead/Rental Expense Expense Expense (Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expe Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G				
Ч	Gustavo C. R	UÌZ	i	3 Filer ID (Ethics Commission Filen
4 Date 8-11-21	5 Payee name Sams Club			
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; 621 N Expressway	77 Harling	City; ATR 78550	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at	the top of this schedule)	(b) Description	
OF EXPENDITURE	Fool		Event	
	(c) Check if travel outside of Tex	as. Complete Schedule T.	Check if Austin	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	name	Office sought	Office held
Date	Payee name			
12-13-21	Target			
Amount (\$) \$ \(\lambda \) 83.08 Reimbursement from political contributions intended	Payee address;	d. Harlinge	city; Л .TX 78552	State; Zip Code
PURPOSE	Category (See Categories listed at t	the top of this schedule)	Description	
OF EXPENDITURE	Gift expense		event	
	Check if travel cutside of Texa	s. Complete Schedule T.	Check if Austin.	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na H	ame	Office sought	Office held
Date	Payee name			
12-15-21	Dick office Su	pply		
Amount (\$) Reimbul sement from political contributions intended	Payee address; 100名 S カカ Sur	ishine Strip	Harlingen T	State; Zip Code
	Category (See Categories listed at th	e top of this schedule)	Description	*
PURPOSE OF EXPENDITURE	Printing expens		event	
	Check if travel outside of Texas.	. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder na	me C	Office sought	Office held
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SCHEDULE G

	EXPENDITURE CAT	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad- Candidate/Officeholder/Poll Credit Card Payment	Event Expense Fees Food/Beverage Expense e By Gift/Awards/Memorials Expense tical Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor alins 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 G:	2 FILER NAME Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date 12-13-21	5 Payee name Walmart		
6 Amount (\$) \$ 5 \ 5 \ 5 \ 5 \ 5 \ 5 \ 5 \ 5 \ 5 \ 5	7 Payee address;	anlinen TR 1785	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this: Giff Expense	event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete So	chedule T Check if Austin, Office sought	TX, officeholder living expense Office held
Date 12-14-21	Payee name Walmant		
Amount (\$)	Payee address; 1801 W. Lincoln St. Ha	unlingen TR 178552	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this s	chedule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Sci		TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12-14-21	Dollar Tree		
Amount (\$) TI, U Reimbursement from political contributions intended	Payee address; 712 N. Main St. La F	Teria, TX 78559	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this sol		
EXPENDITURE	Check if travel outside of Texas. Complete Sche	event	N. C. N. J. A. J.
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	X, officeholder living expense Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED)

SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Expense Gift/Awards/Memorials Expense Legal Services Expense Salaries/Wages/Contract Labor The instruction Guide explains how to committee to committee

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

Travel In District Travel Out of District Labor Other (enter a category not listed above) form.
3 Filer ID (Ethics Commission Filers)
City; State; Zip Code
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k if Austin, TX, officeholder living expense
ity; State; Zip Code
on
k if Austin, TX, officeholder living expense
Office held
State; Zlp Code
n
if Austin, TX, officeholder living expense
Office held
II N