GUSTAVO RUIZ

8 Days Before Election the March 1, 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. 3 CANDIDATE/ MS / MRS / MR MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX CAMERONCOUNTY DEPARTMENT OF ELECTIONS & ADDRESS / PO BOX; 4 CANDIDATE/ STATE; ZIP CODE VOTERIFICIONATION **OFFICEHOLDER** 21434 Retama Rd. MAILING **ADDRESS** Harlingen TX 78550 Change of Address AREA CODE 5 CANDIDATE/ EXTENSION Date Hand-delive **OFFICEHOLDER** (9Sb) 421-4373 PHONE Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged Davis STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN TREASURER Harlingen, TX 78550 1106 E. Tyler **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** 421-4373 (9 Si) 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Runoff Other Month Day Year Description General Special OFFICE HELD (if any) OFFICE SOUGHT (if known) 12 OFFICE Commissioner 14 NOTICE FROM 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 **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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		
15 C/OH NAME	IUStavo C. Ruiz	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,750,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,039.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 18,993.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 11,092.05
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Durb C. A	?u-/
		ndidate or Officeholder
	•	
	Please complete either option below	•
(1) Affidavit		
NOTARY STAMP/SEA	_	
Sworn to and subscribed	before me by this the _	day of
		, uay o:,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
war Gus	tavo C. Ruiz and my date of birth is	2-10-81
		L 78550 USA
My address is	_	ate) (zip code) (country)
Executed in Camen	and the second s	
EVECUTED IN CHARGE	County, State of 1200, on the 1 day of 1201 (month)	
		pts/Officeholder (Declared)
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME GUSTAVO C RVIZ	hics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,750.00
2,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 1,743.56
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 17,296.17
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	s \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,743.56
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	с/он \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ED \$

SCHEDULE A1

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

in the requested information is not applicable, be not include this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
Custaus C. Ruiz			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor ut-of-state PAC	: (ID#:)	7 Amount of contribution (\$)		
1-27-22	Alfonso Salazar 6 Contributor address; City; 414 E. Hickman Ave. Pond	State; Zip Code	\$ 500.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date		(ID#:)	Amount of contribution (\$)		
1-311-32	David Fuentes Contributor address; City; 3619 S Bonden Ave. Wesla	State; Zip Code	\$ 1,000.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 2.1-22	IT Ensineering	State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 2-22	Full name of contributor out-of-state PAC Sam Ruiz Contributor address; City; 24565 N. Kansas' City Rd	State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			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

Т	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
FILER NAM	Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers
Date 2.7.22 Principal occ	C Contribute	State; Zip Code	7 Amount of contribution (\$) \$ 500,00
			,
Date J.T.J.Z.	Full name of contributor out-of-state PAC (ID# Cheorge Lazaro Contributor address; City; s 133 E. Magnolia Aug. ha Fenie		Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date A.J.	Full name of contributor out-of-state PAC (10#: A Sh beas LLC Contributor address; City; St 9211 W. Bus 83 Hanlingen;		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date Date	Full name of contributor out-of-state PAC (ID#: Alejandro hallaga Contributor address; City; St. 3530 Garrett Rd. Hanlingen,		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)

SCHEDULE A1

FILER NAME		is form.	1 Total pages Schedule A1:
	Stavo C. Ruiz		3 Filer ID (Ethics Commission Filers
-21-22		State; Zip Code SUITE A 9 Employer (See Instru	7 Amount of contribution (\$) \$ 2,500.00
	2728 North Hanwood St. Str. S	State; Zip Code	Amount of contribution (\$)
Principal occupati	on / Job title (See Instructions)	Employer (See Instruc	tions)
	Bharat Patel Contributor address; City; 100 Convention Center Blud. McAllen, TX 78501	State; Zip Code	Amount of contribution (\$)
Principal occupation	n / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor out-of-state PAC TO Se Caso Contributor address; City; Of Rio Brance Dr. Missian	State; Zip Code	Amount of contribution (\$)
Principal occupation	n / Job title (See Instructions)	Employer (See Instructi	ions)

SCHEDULE A1

Full name of contributor out-of-state PA Primo Trading Service Contributor address; City; O Box 3579 McAllen, TX on / Job title (See Instructions) Full name of contributor out-of-state PA Wayne Lowny	State; Zip Code 18502 9 Employer (See Instruc	3 Filer ID (Ethics Commission Filers 7 Amount of contribution (\$)
Full name of contributor out-of-state PA Primo Trading Service Contributor address; City; O Box 3579 McAllen, Tx on / Job title (See Instructions)	State; Zip Code 18502 9 Employer (See Instruc	\$ 1,000,00
Prime Trading Service Contributor address: City; O Box 3579 McAllen, TX on / Job title (See Instructions) Full name of contributor	State; Zip Code 18502 9 Employer (See Instruc	\$ 1,000,00
Full name of contributor		tions)
Wayne Lowry	C (ID#:)	Amount of contribution (\$)
		The state of some industry (b)
	State; Zip Code	\$ 1,000,00
n / Job title (See Instructions)	Employer (See Instruct	ions)
Full name of contributor	; (ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	\$ 500,00
	Employer (See Instructi	ons)
Full name of contributor	(ID#:	Amount of contribution (\$)
Pene Capistran		
ild LA Soledad Court	State; Zip Code	\$ 1,000.00
	Employer (See Instruction	ons)
	Full name of contributor out-of-state PAC Contributor address; City; 1909 N. 23rd. St. Edinbury TX 78541 In / Job title (See Instructions) Full name of contributor out-of-state PAC Rene Capistran Contributor address; City;	Full name of contributor

SCHEDULE A1

Schedule A1:	1 Total pages Schedule A1	nis form,	e Instruction Guide explains how to complete	The
3 Filer ID (Ethics Commission Filers)	Gustavo C. Ruiz			
ontribution (\$)	7 Amount of contribution	5 Full name of contributor out-of-state PAC (ID#:) Alfredo hancia Jr.		Date 1-31-22
.00	\$ 1,000.00	State; Zip Code	6 Contributor address; City; 153 Lakeview South San Benito, TX 75	
**************************************	otions)	9 Employer (See Instru	upation / Job title (See Instructions)	Principal occu
ontribution (\$)	Amount of contribution	\C (ID#:)	Full name of contributor out-of-state in Tohn Guevara	Date . 21-22
,00	\$ 250,00	State; Zip Code	Contributor address; City; 3205 Seminole Count Hanlingen, 77	
	tions)	Employer (See Instru	pation / Job title (See Instructions)	Principal occupa
ntribution (\$)	Amount of contribution (C (ID#:)	Full name of contributor out-of-state P	Date 21-22-
,00	\$ 250.00	State; Zip Code	Contributor address; City; 1909 Tangenine Dr. Itanlingen, 72 7855	
	lons)	Employer (See Instruc	pation / Job title (See Instructions)	Principal occupa
	Amount of contribution (; (ID#:)	Full name of contributor aut-of-state PA William T. Peacock	Date 25-72
0	\$ 500.00	State; Zip Code	Contributor address; City; Po Box 53 009 8	
mine st.	ons)	Employer (See Instruc	ation / Job title (See Instructions)	Principal occupa
			Contributor address; City; DO BOX 530098 Harlingen TX 78553	

SCHEDULE A1

	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
FILER NAME	gustavo C Rviz		3 Filer ID (Ethics Commission Filers
Date		tate; Zip Code	7 Amount of contribution (\$)
Principal occu	anation / lab MM - 40 A	Employer (See Instruc	tions)
Date -27-22	Full name of contributor out-of-state PAC (ID#: Calvicish Salazar Contributor address; City; Si	446444444444	Amount of contribution (\$)
	414 E. HICKMAN AVE. PONT ISabel ITX 78578	ate; Zip Code	\$ 200.00
Principal occup		Employer (See Instruct	lons)
Date - 21-22-	Full name of contributor out-of-state PAC (ID#:_ JOE Lopez Contributor address; City; State PAC (ID#:_ Conguistador Pr. Brounswill, TA 78520	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount of contribution (\$)
Principal occup	41	imployer (See Instructi	ons)
Date _10_32	Full name of contributor out-of-state PAC (ID#:_ Scot Campbell Contributor address; City; Sta 12/0 E. Tyler Hanlinger, TX 78550	te; Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	mployer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF THI		

SCHEDULE A1

rtributor address; City; ID E. Tyler Hanlingen, Job title (See Instructions) I name of contributor	State; Zip Code State; Zip Code State; Sip Code	Amount of contribution (\$) \$ 100.00
Il name of contributor out-of-state CUIN Campbell Intributor address; City; O E Tyler Hanlingen, Job title (See Instructions) Iname of contributor out-of-state F Alex Law Firm PLL Alex Law Firm PLL Tyler Ave. Ste A Fanlingen, Tx 18550 Ob title (See Instructions) Iname of contributor out-of-state P	State; Zip Code 7 9 Employer (See Instruction AC (ID#: C State; Zip Code Employer (See Instruction	7 Amount of contribution (\$) 3 500.00 uctions) Amount of contribution (\$) 4 100.00
euin Campbell ntributor address; City; ID E. Tyler Hanlingen, Job title (See Instructions) I name of contributor out-of-state F Aley Law Firm PLL ntributor address; City; TE Tyler Ave. Ste A Fanlingen, TX 78550 ob title (See Instructions) name of contributor out-of-state F I ana Olivarez	State; Zip Code 7 9 Employer (See Instruction AC (ID#: C State; Zip Code Employer (See Instruction	uctions) Amount of contribution (\$) \$ 100.00
Job title (See Instructions) I name of contributor	9 Employer (See Instruction of State; Zip Code State; Zip Code Employer (See Instruction of State; Zip Code	uctions) Amount of contribution (\$) \$ 100.00
I name of contributor out-of-state F Aley Law Firm PLL ntributor address; City; E. Tylen Ave. Ste A Anlinger, TX 78550 ob title (See Instructions) name of contributor out-of-state PA I Ana Olivarez	State; Zip Code Employer (See Instru	Amount of contribution (\$) \$ 100.00
aley Law Firm PLL ntributor address; City; E. Tylen Ave. Ste A Fanlingen, TX 78550 ob title (See Instructions) name of contributor and Olivarez	State; Zip Code Employer (See Instru	\$ 100.00 actions)
name of contributor uut-of-state P/	Employer (See Instru	actions)
name of contributor aut-of-state P/		
iana Olivarez	AC (ID#:)	Amount of contribution (\$)
***************************************		1
tributor address; City; S9 Castillo Rd. San Benito, TX 785	State; Zip Code	\$ 100.00
ob title (See Instructions)	Employer (See Instru	ctions)
name of contributor	C (ID#:)	Amount of contribution (\$)
ributor address; City; 2 S Raken Polts R.I	State; Zip Code	\$ 300.00
b title (See Instructions)	Employer (See Instruc	Itions)
	b title (See Instructions)	

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	lete this form.	1 Total pages Schedule E:
2 FILER NAME	And Annual Control of the Control of		3 Filer ID (Ethics Commission Filers)
Gustav	o C. Buiz		
	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)
2-18-22	-18-22 Gustavo C. Ruiz		57.64
6 Is lender a financial Institution?	8 Lender address; City; 21434 Retame RJ.	State; Zip Code	10 Interest rate
Y 💇	Itanlinger, Tt 1855	je.	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
County C	ommissioner	Cameron County	
14 Description of Coll		Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
Date of loan 2-15-22	Name of lender out-of-state Gustavo C. Buiz	PAC (ID#:)	Loan Amount (\$)
is lender a financial Institution?	Lender address; City; 21434 Betama Rd.	State; Zip Code	Interest rate
Y Ø	Hanling - 17 18550		Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	Lu
County (2 omn issioner	Cameron County	
Description of Colla	ateral	Check if personal fund	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	- Con- Instructions	Employer (See Instructions)	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
if le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE truction guide for additional re	

SCHEDULE E

ii iile requesii	ed information is not applicable, DO N i	OT Include this page in the re	eport.
Th	e Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Gust	tavo C. Avil		
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#;)	9 Loan Amount (\$)
2-17-22	Gustava C. Ruiz		32.42
6 Is lender a financial Institution?	8 Lender address; City; 21434 Retama Rd.	State; Zip Code	10 Interest rate
Y (Ñ)	Harlinger, The 1855	So	11 Maturity date
	ion / Job title (See Instructions)	13 Employer (See Instructions)	
	Commissioner	Cameron Coun	44
14 Description of Co	lateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:	Loan Amount (\$)
2-14-22	Gustavo C. Ruiz	,	75.34
is lender a financial Institution?	Lender address; City; 21434 Retama Rd.	State; Zip Code	Interest rate
Y 🕖	Hanlinga, TK 185	Şo	Maturity date
^	on / Job title (See Instructions)	Employer (See Instructions)	
COUNTY	Commissioner	Cameron Count	Y
Description of Colle	ateral	Check if personal fund account (See Instructi	/ is were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	n (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	DED

SCHEDULE E

		71 include this page in the re	∍ροπ.
	e Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Gusto	nuo C. Ruiz		
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
2-16-22	Gustavo C. Ruiz		100.00
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	21434 Retama Ad.	otato, Eip occo	
Y 🚳	Harlinger, TK 78550	٥	11 Maturity date
	tion / Job title (See Instructions)	13 Employer (See Instructions)	
	Commissioner	Cameron Coun	14%
14 Description of Coll		15	ds were deposited into political
none		account (See Instruct	as were deposited into political llons)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
J	18 Guarantor address; City;	State; Zip Code	
not applicable		olate, Aip occo	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	L.
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
2-17-22	Gustava C. Ruiz		98.45
Is lender	Lender address; City;	State; Zip Code	Interest rate
a financial Institution?	21434 Retama Rd.		
Y Ø		7550	Maturity date
^	on / Job title (See Instructions)	Employer (See Instructions)	
County	Commissioner	Cameron Coun	t 1
Description of Colla			s were deposited into political
none		account (See Instruction	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
If lov		ES OF THIS SCHEDULE AS NEED	
ir ien	nder Is out-of-state PAC, please see Inst	ruction guide for additional rep	orting requirements.

SCHEDULE E

ii trie requeste	ed information is not applicable, DO NC	of include this page in the re	eport.
The	e Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)
Gusto	aus C. Ruiz		
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	9 PAC (ID#:)	9 Loan Amount (\$)
2-13-22	Gustavo C. Ruiz		283.97
6 Is lender a financial Institution?	8 Lender address; City; 21434 Retama Ad.	State; Zip Code	10 Interest rate
Y 🕅	Harlinga, Th 7855	, o	11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
County O	Lomnissioner	Cameron Count	ty
14 Description of Coll		15	nds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	-	19 Amount Guaranteed (\$)
!	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:	Loan Amount (\$)
2-12-22	Gustavo C Ruiz		244.87
Is lender a financial Institution?	Lender address; City; 21434 Retama Rd.	State; Zip Code	Interest rate
Y 🕭	Harlinger, TT 18	\$550	Maturity date
^	on / Job title (See Instructions)	Employer (See Instructions)	
County		Cameron Coun	1+4
Description of Colla	teral	Check if personal fund account (See Instruction	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	n (See Instructions)	Employer (See Instructions)	
If ler	ATTACH ADDITIONAL COPIE nder is out-of-state PAC, please see insti	ES OF THIS SCHEDULE AS NEED	DED
** 1011	der in out-di-state 1-Mo, blease see 11180	vection anide tot additional teb	orting requirements.

SCHEDULE E

If the reques	ted information is not applicable, DO N	NOT include this page in the i	report,
	he instruction Guide explains how to cor	nplete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers
<u> </u>	cavo C. Ruiz		
4 TOTAL OF U	JNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-sta	te PAC (ID#:)	9 Loan Amount (\$)
2-13-32	Gustavo C. Ruiz		489.92
6 is lender a financial institution?	8 Lender address; City; 21434 Retama Rd	State; Zip Code	10 Interest rate
Y (i)	Hanlinger, Tt 19		11 Maturity date
12 Principal occupa	tion / Job title (See Instructions)	13 Employer (See Instructions)	
County	Commissioner	Cameron Coo	14
14 Description of Co	ollateral	15	ids were denosited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable Principal Occupe	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:	
2-14-22	Gustava C Ruiz) PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y Ø	21434 Retains Rd. Harlinger, 77 78	8550	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
County	Commissioner	Cameron Count	4
Description of Colla	ateral	Check if personal fund	s were deposited into political
none		account (See Instruction	s were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	en (See Instructions)	Employer (See Instructions)	
· If lan	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEED	ED
41 161	ider is out-of-state PAC, please see inst	truction guide for additional repo	orting requirements.

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 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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c		Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C. Ruiz	3	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
1-20-22	David Munguia		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
400.00	12317 Tio Camo Rd. La, Fe	eria TX 1858	5 9
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Was also and a second a second and a second
PURPOSE OF EXPENDITURE	OF Contract habor Campaign		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, 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		
1-31-22	Lamar Advertising Co	mpany	
Amount (\$)	Payee address;	City;	State; Zip Code
2,375.00	2001 Industrial Way San t	Benito, TX 783	Z 26
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Adventising	
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-2-22	David Muzzvia		
Amount (\$)	Payee address;	City;	State; Zip Code
600°00	12317 Tio Cano Ad. La, F.	ienia TX 78	१ ४८ २
	Category (See Categories listed 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
V.	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	₽ D

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form, 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gustavo C. Buiz 4 Date 5 Payee name 2722 Carlos Chairez 7 Payee address: State: Zip Code 2106 Melissa Ln. Hanlinga, TX 18552 616.73 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Contract habor OF Campaign **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Humane Society of Harlingen Payee address; City; s 1106 Markowsky Ave. Harlingen, TX 18550 27-22 Amount (\$) State: Zip Code 1,500,00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense Event **EXPENDITURE** Check if travel outside of Texes. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Carisma Print & Design Payee address; City; State; Zi 2165 US Military HWY 281 Brownsuille ITX 18570 2-8-22 5,975.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Adurtising OF Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought

expenditure to benefit C/OH

Office held

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saturias/Weres/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel on District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	/ages/Confract Labor Other (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:	2 FILER NAME GUST AVS C. RUIZ	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
2-9-22	Nelda Ibanna	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
500.00	631 Winchell St. San Benit	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	contract habor	campaign
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2-14-22	Rosa Gomez	
Amount (\$)	Payee address;	City; State; Zip Code
600.00	PO Box 821 Harlinger, TK 18	3551
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	contract habor	campaign
	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	
2-16-22	Carisma Print & Design	
Amount (\$)	Payee address;	City; State; Zip Code
2,354,44	2165 us Military Hwy 28	11 Brownsville, TX 78520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Alvertising Expense	Adventising
	Check if travel outside of Texas, Complete Schedule T.	Chack 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 NEEDED

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
Cradit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Waras/Contract Lebox

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
Cledit Card Payment	The Instruction Guide explains how to	
1 Total pages Schedule F1:	2 FILER NAME GUST QUO C. BUIZ	3 Filer ID (Ethics Commission Filers)
4 Date 2 \9-22	5 Payee name	mpany
6 Amount (\$)		City; State; Zlp Code
2,375,00	2001 Industrial Way San	N Benito, TX 178586
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Adventising Expense	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/OF	Candidate / Officeholder name I	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
y sy		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE		
	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	
,	·	
Amount (\$)	Payee address;	City; State; Zip Code
T T T T T T T T T T T T T T T T T T T		, , ,
DIEBOSE	Category (See Categories listed at the top of this schedule)	Description
PURPOSE 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		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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 By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Glift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poilling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment		Wages/Contract Labor (Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME GUSTAUD C. BUIZ	3	Filer ID (Ethics Commission Filers)
4 Date 2-18-22	5 Payee name		
6 Amount (\$) 517.64 Reimbursement from political contributions intended	7 Payee address; 115 S Lewis Lane H	City; lanlingen, TX 7	State; Zip Code
8 PURPOSE	(a) Category (See Categories ilsted at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food Expense	Campaign	
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX Office sought	, officeholder flving expense Office held
Date O	Payee name		
2-15-22	Stripes		· · · · · · · · · · · · · · · · · · ·
Amount (\$) 200 Relimbursement from political contributions intended	Payee address; 2426 E. Loop 499 Hanl	lingen, TK 1855	State; Zip Code
PURPOSE	Category (See Categories ilsted at the top of this schedule)	Description	
OF EXPENDITURE	Food Expense / Gas	Campais	30
	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/C	Candidate / Officeholder name ਹਮ	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
2~17~2~	stri pes		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	204 Val Vende Ave. 5	'anta Rosa A	TX 78593
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Food Expense	campaign	
	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
New York	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

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/Donation

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials E Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politi Credit Card Payment		s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	Gustavo C. Ruiz 5 Payee name	3	3 Filer ID (Ethics Commission Filers)
2-14-22	Dollan General		
6 Amount (\$) 15.34 Reimbursement from political contributions intended	7 Payee address; 2310 E. Tylen Ave. Hanlingen,	TK 18550	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	THE PARTY OF THE P
OF EXPENDITURE	Beverage Etpense	campaign	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, T>	C, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
プ-11-3 ケ	HEB		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	1213 S. Commerco Harling		· .
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Food Gas Expense	campaign	
5	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/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	The second secon	
2-17-22	Cannicenia del Valle 4		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	638 N. Ed Carey Harl	ingen, TX 78	SSO
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Food Expense	campaign	
	Check if travel outside of Texas. Complete Schedule T.		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	CHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

2 FILER NAME

Lowes

7 Payee address:

Payee name

Payee name

Samo

Payee address;

Mc Coxs

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 By Candidate/Officeholder/Political Committee Credit Card Payment

1 Total pages Schedule G:

Reimbursement from political contributions intended

2-13-22

PURPOSE

EXPENDITURE

Complete ONLY If direct expenditure to benefit C/OH

2-12-22

PURPOSE

EXPENDITURE

2-13-22

PURPOSE

OF EXPENDITURE

Complete ONLY If direct expenditure to benefit C/OH

Amount (\$)

Complete ONLY if direct expenditure to benefit C/OH

489.92 Reimbursement from political contributions ntended

244,87 Reimbursement from political contributions intended

Date

Amount (\$)

4 Date

8

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

Gustavo C. Ruiz

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

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

Check if travel outside of Texas. Complete Schedule T.

Advertising Expense / Tposts

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

Food / Beverage Expense /Tables Chains

Candidate / Officeholder name

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Aducatising Expense/tents

Candidate / Officeholder name

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

Travel In District Travel Out Of District Salaries/Wages/Contract Labor

City:

(b) Description

Office sought

Description

Office sought

Description

Office sought

The Instruction Guide explains how to complete this form.

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Other (enter a category not listed above) 3 Filer ID (Ethics Commission Filers) State; Zip Code 4705 South Express way 17 Harlingen, TX 18550 CAMPRISM Check If Austin, TX, officeholder living expense Office held State; 3601 W. Express way 83 Hanlingen, TX 18550 Zip Code Campaign Check if Austin, TX, officeholder living expense Office held 621 N. Expressivay 77 Hanlinger, TX 78550 State; Zip Code (ampaisn Check if Austin, TX, officeholder living expense

Forms provided by	Texas	Ethics	Commission
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office held

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 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 Politing Expense Printing Expense Salaries/Manae/Contract Labor

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

Candidate/Officeholder/Politi Credit Card Payment	thing	s/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Chustaus C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
2-14-22	Sams		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	621 N. Express way 77 Hanli	yen, TK 18550	
8 PURPOSE	(a) Category (See Categories listed at the top of this achedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food / Beverage Expense	campaign	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check If Austin, T)	X, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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 Austin, TX	K, officeholder living expanse
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			·
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
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
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	