GUSTAVO RUIZ

8 Days Before Election the May 16, 2022 CENTRACE SOUT 1855

1106 E. Tyler Hanlingen TK 18550

Chus Roa

Br. REGENER Elections Departi

Camiera Courty Elections Department 1050 E. Madison Sc. Brownsville , Tr 18520

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethio	ics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	EIRST CLUSTAVÕ		C.	OFFICE USE ONLY	
NAME	NICKNAME	LAST)		SUFFIX	Date Received CAMERON COUNTY	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX	Retama Rd.	CITY; STATI	E; ZIP CODE	DEPARTMENT OF ELECTIONS VOTER REGISTRATION AOPT	\$ &
ADDRESS Change of Address	1-art	ingen Tx 785	50		MAY 1 7 2022	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER +21 - 4373	EXTE	NSION	Date Hand-delivered Date Postmark	<u>2</u> 4
6 CAMPAIGN TREASURER NAME	MS/MRS/MR My.	Robert		MI	Receipt # Amount \$ Date Processed	
	NICKNAME	Davis		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT/SE Tyler Ha		TX 785	STATE; ZIP CODE	
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	471-4273	EXTE	NSION		
9 REPORT TYPE	January 15	30th day before el	ection	/ Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before elec	U1IO13 }	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 2	Day Year / 20/22	THROUGH	Month 5	Day Year / 14 / 22	
11 ELECTION	ELECTION DA Month Day	TE Year Primary	Runoff	ELECTION TYPE Other		
	5/24/		Special	Description		*********
12 OFFICE	OFFICE HELD (IF ANY)	Commission		ESOUGHT (IF KNOWN	Commissioner	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MAD	DE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPO DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE HEY RECEIVE NOTICE OF SUCH EXPENDITURI	OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
		GO TO I	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ave C. P	int	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)	\$ Ø			
	1	TOTAL POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,450			
EXPENDITURE TOTALS	3.	OTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø			
	4. 7	OTAL POLITICAL EXPENDITURES	\$ 53,626.29			
CONTRIBUTION BALANCE		OTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 5,816.98			
OUTSTANDING LOAN TOTALS		OTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AST DAY OF THE REPORTING PERIOD	THE \$ 11,902.07			
		m, under penalty of perjury, that the accompanying report is true eported by me under Title 15, Election Code.	and correct and includes all information			
		Muto	PIN			
		Signature of Can	didate or Officeholder			
		Please complete either option below:				
(1) Affidavit						
NOTARY STAMP/SEA	L.					
Sworn to and subscribed	before me b	y this the	day of,			
20, to certify	which, witnes	s 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					
My name is	itau C.		2-10-81			
My address is 214	34 K	etama Rd, Itarlingen, t	R. 78550, USA.			
Pa ma	·	· · · · · · · · · · · · · · · · · · ·	ate) (zip code) (country)			
Executed in <u>CAML</u>	<u>⊘I`</u> Co	unty, State of 7 (KaS , on the 6 day of Mary (month)	(year)			
		Signature of Candida	te/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERNAME GUSTAWO C. Kviz	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,450.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 810.02
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBI	utions \$ 52,816,27
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 810.07
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	utions \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED \$

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PA		7 Amount of contribution (\$)
2-28-22	Charles Lewis III 6 Contributor address; City; 300 E Basse Apt. 2109;	state; zip Code San Antonio , TX 78209	\$250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 2-22	Full name of contributor out-of-state PAC ROYSTON ROYZON, VICKED Contributor address; City; 55 Cove Circle Brownsville		Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
2-28-11	Michael Trejo Contributor address; City; PO BOX 1149 Harlingen,	State; Zip Code	\$ 750.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
3-10-22	LDG Enterprises contributor address; 2805 Fountain Plaza Eding Blvd. Ste A	State; Zip Code bwg Tx 78539	#5,000· <u>00</u>
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL CODIES	DE THIS SCHEDI II E AS NI	FEDED
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SCHEDULE A1

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

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The I	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Gustavo C- Ruiz		3 Filer ID (Ethics Commission Filers)
1	5 Full name of contributor out-of-state PAC Out	7 Amount of contribution (\$)	
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date Full name of contributor out-of-state PAC (ID#:) John Hennander Contributor address; City; State; Zip Code 20410 Tejas Creek San Antonio Tx. 78257			Amount of contribution (\$) \$\frac{1}{2},500.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)
1	Full name of contributor out-of-state PAC Rene A Ramirez Contributor address; City; 1508 S Lone Star Way Edinbut		Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4-4-22	Full name of contributor out-of-state PAC Michael Edwards A Contributor address; City; 5309 Hurd CT Hzurlingen	·	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

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

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1;
2 FILER NAME	Grustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-or-state PAC (ID#:) LUCY REZA - MOVALES 6 Contributor address; City; State; Zip Code 4510 Willow Tree Way Harringen TX 78552			7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 4-4-22	Full name of contributor out-of-state PAC JOE L. Lopez Contributor address; City; 2108 Central Blvd Brownsville		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4-4-22	Full name of contributor out-of-state PAC Cynthia C. Rubian Contributor address; S18 E. Woodland Dr. Hzwlin	(ID#:) State; Zip Code IGEN TX 78550	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct	
Date 4-4-22	Full name of contributor out-of-state PAC Linebarger Gioggan Blair Contributor address; City; P.O. Box 17428 Austin, Ty	(10#:) (.+ Sampson L4 State; Zip Code (. 78760	Amount of contribution (\$) \$ 500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDUI F AS NI	EEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Gustam C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date 4-4-22	Planeta Verde LL	(ID#:) C State; Zip Code UYg TX 78539	Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 4-4-22	Full name of contributor out-of-state PAC Rudolph Vasque. Z. Gre Contributor address; city; 22 Alvarado Ave. Rancho	(ID#:) MEZ	Amount of contribution (\$) \$\frac{1}{2},000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4-6-22	Full name of contributor out-of-state PACE Dharat R. Patel Contributor address; City; 800 Convention Center 1914. Mc	State; Zip Code Allen Ty 78501	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 4-6-22	Full name of contributor out-of-state PAC Patel Contributor address; City; P.O Poox 2488 South Padre Islan		# 2,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
4-6-22	JOSE L. Caso 6 Contributor address; City; 301 Rio Grande Dr. Mission	State; Zip Code TX 78572	\$ 2,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor Out-of-state PAC	; (ID#:)	Amount of contribution (\$)
4-8-22	Tommy Hanka Contributor address; City; 1217 N. Alamo Rd. Edinburg	State; Zip Code) TX 78542	\$5,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		; (ID#:)	Amount of contribution (\$)
4-13-22	Blanket Refirement Serv Contributor address; City; 2726 Spring Meadow In Harr	nces LLC State; ZIp Code Lingen TX 78550	\$1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	· (ID#:)	Amount of contribution (\$)
4-13-22	Timothy Marx Contributor address; City; 21466 N. Stuart Place Rd. Ha	State; Zip Code Mingen TX 78552	\$ 100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
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SCHEDULE A1

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

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME	Gustavo C Ruiz		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAG) (ID#:)	7 Amount of contribution (\$)	
4-22-22	TREPAC/Texas Association 6 Contributor address; City; Po Box 2246 Austin Tx	of Realtors State; Zip Code 78768	\$ 2,000.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)	
4-22-22	Contributor Dout-of-state PAC Contributor address; City; 1906 E. Tyler Ave Harlinge Suite G	State; Zip Code n Tx 78550	\$ 500.00	
	pation / Job title (See Instructions)	l Employer (See Instructi	ions)	
Date	Full name of contributor		Amount of contribution (\$)	
4-4-1-11	Hankaru Investments Contributor address; City; 2810 N. Closner Blud, ELinburg eation / Job title (See Instructions)	State; Zip Code	\$ 2,500.00	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
4-277-22	Kelly Pemelton Contributor address; City; 29130 Adams Dr. La Ferie	State: Zip Code	\$ 2,500,00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
		e e e e e e e e e e e e e e e e e e e		
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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/Relmbursement 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)

	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME, CAUSTON C. Ruiz		3 Filer ID (Ethics Commission Filers))
4 Date 2-22-22	5 Payee name			
6 Amount (\$) ⇒ 360.00	Javier Garza 7 Payee address: 23775 D. Pomelo Rd S	anta Rosa	State; Zip Code TX 78693	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor	Cam pa	ign	
	(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	Office sought	Office held	
Date	Payee name			
2-22-22	Maria Betancourt Payee address; 13141 Ryan Rd. Santa Ros			
Amount (\$)	Payee address;	City;	State; Zip Code	***************************************
\$360.00	13141 Ryan Rd. Santa Ros	a Tx 785	<i>5</i> 93	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Campo	aign	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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			
2-22-22	Ricki Trevino		·	
Amount (\$)	Payee address;	City;	State; Zip Code	
\$360.00	608 East Ist La Fei	ria th	78559	
	Category (See Categories listed at the top of this schedule)	Description		_
PURPOSE OF EXPENDITURE	Contract Labor	Campa	iign	
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEF	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/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	, , , , , ,
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C Rui	2	3 Filer ID (Ethics Commission Filers)
4 Date 2-22-22	5 Payee name Danny Reyes		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$360.00	613 West Spence Lo	a Feria TK	78559
8	(a) Category (See Calegories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campa	iign
	(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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2-22-22	Claudia Cabra		
Amount (\$)	Payee address; 1300 N. Kansas City Rd	City;	State; Zip Code
4360.00	1500 IV. Farisas Ceng Ra.	101 75 La	teria 1x 78559
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campai	gn
:	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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		7. The state of th
2-23-22	Tristian Vasquet	,	
Amount (\$)	Payee address;	City;	State; Zip Code
#360 ºº	26310 Meredith St.	ha Feric	TK 78559
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campai	gn
	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/Baverage Expense
Glift/Awards/Memorials Expense
Legal Services

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

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; St. La Feria TX 18859 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** ampaign on tract OF EXPENDITURE (c) 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 Pavee name 2-23-22 Zip Code \$360.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Labor Campaign EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name Monica Millis

De address;
0025 FM 2556 Santa Rosa TX Amount (\$) Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** ampaign EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

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)

	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME GUISTAVO C-Rui	7_	3 Filer ID (Ethics Commission Filers)
4 Date 2-24-22	5 Payee name Margarita Car	nales	
6 Amount (\$)	Margarita Car 7 Payee address; 13077 Ryan Rd Santa	a Rosa TX	State; Zip Code 78593
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campai	gr
	(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		
2-25-22	Southmost Election D Payee address;	ay Strate	gies
Amount (\$)	Payee address;	City;	√ State; Zip Code
\$4,000.00	1809 Royal Oak St	Brownsville	e, TX 78520
100000000000000000000000000000000000000	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising expense	Advertisin	ng
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payes name		
3-4-22	Alberto Zamora Jr	·	
Amount (\$)	Payee address;	City;	State; Zip Code
\$360.00	1812 Ebony St. Merce	des TK ns	BS70
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campai	gn
	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
###	ATTACH ADDITIONAL COPIES OF THIS S	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 Giff/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
Others Contage Parket (Intel above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	rages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C. Rui	3 Filer ID (Ethics Commission Filers)	
4 Date 3-4-22	5 Payee name Monica Millis		
6 Amount (\$)	7 Payee address; 23025 FM 2556 Sant	City; State; Zip Code	
\$360.00			
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, 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	^ -	
3-4-22	Leticia Conde Payee address; POBOX 552 La Feria	(Letty)	
Amount (\$)	Payee address; DOBOX 552 La Feria	City; J State; Zip Code	
\$ 360.00			
	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, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	-	
3-4-22	Noelia Jimenez		
Amount (\$)	Payee address; 19086 Kansas City Rd.	City; State; Zip Code	
\$360.00	1 1000 reasons cety ra.		
	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, 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 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

Event Expense Fees Food/Beverage Expense Gilft/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 (expenses on not listed above)

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) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; Zip Code \$ 57)17:00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** ampaign EXPENDITURE (c) 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 Payee name 3-8-22 Amount (\$) To Cano Rd. La Feria TX \$500.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Campaign **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Carisma Print + Design 3-8-22 Amount (\$) Military Hwy 281 Brownsville 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 Candidate / Officeholder name Office sought Office held Complete ONLY If direct 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 Glft/Awards/Memorials Expense Legal Services 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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C RI	uiZ	3 Filer ID (Ethics Commission Filers)
4 Date 3-9-22	5 Payee name Carlos Chaire	V	
6 Amount (\$)			State; Zip Code
# 744.43	3106 Melissa Ln. Harl	lingen IX	18532
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	****
PURPOSE OF EXPENDITURE	Contract Labor	Campai	gn
	(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		
3-10-22	Print Works Payee address;		
Amount (\$)	Payee address;	Clty;	State; Zip Code
\$ 806.46	2312 S. Tourist Dr. Edin	iburg TX	78539
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Shir-	ts
OF EXPENDITURE	March 1131110		
T -	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living expense
- -	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin	, TX, officeholder living expense Office held
EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Mke Zavala Payee address:	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH Date 3-11-22	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Mike Zavala	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH Date 3-11-22	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Mke Zavala Payee address:	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH Date 3-11-22	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Mike Zavala Payee address; PO Box 366 Santa Mo	Office sought City; Caria Ty 7	Office held State; Zip Code
Complete ONLY if direct expenditure to benefit C/OH Date 3-11-22 Amount (\$) PURPOSE OF	Candidate / Officeholder name Payee name MKE Zavala Payee address; PO BOX 366 Santa Mc Category (See Categories listed at the top of this schedule)	City; Cria Tx 7 Description Campa	Office held State; Zip Code
Complete ONLY if direct expenditure to benefit C/OH Date 3-11-22 Amount (\$) PURPOSE OF	Candidate / Officeholder name Payee name Mike Zavala Payee address; PO Box 366 Santa ma Category (See Categories listed at the top of this schedule) Contract Labor Check If travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	City; Cria Tx 7 Description Campa	Office held State: Zip Code 8 5 9 2

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Waces/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other Contragal Section and Estate Section 2019

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME CAUSTANO C. Rui		Filer ID (Ethics Commission Filers)
4 Date 3-11-22	5 Payee name Mike Zavala		
6 Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 Payee address; PO BOX 366 Scenta	city; Maria Tx	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	·
PURPOSE OF EXPENDITURE	Contract Labor	Campaig	<u>~</u>
	(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	Office sought	Office held
Date	Payee name		Manual Victor Annual Control C
3-11-22	Mike Zavala Payee address; PO BOX 366 Santa M		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,305.00	PU CON JOB Santa M	ma 1x 18:	972
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campaig	M
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete ONLY if direct	Candidata / Officabaldon nama	Office sought	Office held
expenditure to benefit C/OH	Candidate / Officeholder name	Office Bought	
expenditure to benefit C/OH Date		Once sough	
· · · · · · · · · · · · · · · · · · ·			
Date	Payee name Laman Outdoor Ad Payee address;	vertising	State; Zip Code
Date 3-11-22	Payee name Lamar Outdoor Ad	vertising	State; Zip Code
Date 3-11-22 Amount (\$)	Payee name Laman Outdoor Ad Payee address;	vertising	
Date 3-11-22 Amount (\$)	Payee name Lamar Outdoor Ad Payee address; 2001 Industrial Way	Vertising City; SanBenito	TX 78586
Date 3-11-22 Amount (\$) \$\frac{1}{2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Payee name Lamar Outdoor Ad Payee address; 2001 Industrial Way	Vertising city; SanBenito Description Advertis	TX 78586
Date 3-11-22 Amount (\$) \$\frac{1}{2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Payee name Laman Outdoor Ad Payee address; 2001 Industrial Way Category (See Categories listed at the top of this schedule) Advertsing Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Vertising city; SanBenito Description Advertis	TX 78586

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 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

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 7 Payee address; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contract Labor Campaign OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Cavisma Print & Design

Payee address; City; State; Zip Code
2165 US Military Hwy Z81 Brownsville, Tx 78520 3-23-22 Amount (\$) \$5,110.91 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Advertising Expense EXPENDITURE Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Campaign OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder fiving expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct 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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services S	Salarles/Wages/Contract Labor	Other (enter a category not listed above)
3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The Instruction Guide explains h	now to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C. F	Zuiz,	3 Filer ID (Ethics Commission Filers)
4 Date 4-6-22	5 Payee name Lucino Rose	enbaum	
6 Amount (\$)	7 Payee address; 1809 Foyal Co	ak St. Brownsv.	ille TX 78520
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Advertising expense	. Adver-	tising
	(c) Check If travel outside of Texas, Complete School	dule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4-7-22	David Munguia		
Amount (\$)	Payee address;	City;	State; Zip Code
\$700.00	12317 Tro Cano Rd.	La Feria TX	78559
,	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Camp	aisn
	Check if travel outside of Texas, Complete Sched	ute T. Check if Austir	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		
4-11-22	Lamar Outdoor Ad	iver fising	
Amount (\$)	Payee address;	City	State; Zip Code
\$ 2,375.00	Payee address; 2001 Industrial Way	San Benito	TX 78586
	Category (See Categories listed at the top of this sched	lule) Description	
PURPOSE OF EXPENDITURE	Advertising expense	Adverti	sing
	Check if travel outside of Texas. Complete Schedu	ule 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 CODIES OF	THIS SCHEDIN E AS NEE	NEN

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/Relmbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor

Soilcitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

oroskoular aymork	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME GUSTAVA C. Ruit	7_ ;	3 Filer ID (Ethics Commission Filers)		
4 Date -12-22	5 Payee name Carisma Print	+ Design			
6 Amount (\$)	7 Payee address;	City; V	State; Zip Code		
#3,555-48	2165 US. Military Huy 28	Il Brownsvill	e TX 78520		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	***		
PURPOSE OF EXPENDITURE	Advertising expense	Advertis	sing		
	(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				
4-13-22	Carlos Chairez Payee address; 3106 Melissa Ln Harlin				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$920.55	3/06 Melissa Ln. Harlin	gen TX 7	8552		
	Category (See Categories listed at the top of this schedule)	Description	William Co.		
PURPOSE OF EXPENDITURE	Contract Labor	Campai	8r		
	Check if travel outside of Texes. 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				
4-15-22	Joe Deleon				
Amount (\$)	Payee address;	City;	State; Zìp Code		
\$500.00	1001 Palm Aux, La Feria TK 18559				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising expense	Advertisi	ng		
A CONTRACTOR OF THE CONTRACTOR	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, 1	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
The state of the s	ATTACH ADDITIONAL COPIES OF THIS S	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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement 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) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Pavee name 6 Amount (\$) 7 Payee address; Zip Code San Benito TX \$157000 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Campaign OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name CCDW - Cameron County Democratic Women

Payee address; City; State; Zi

115 W. Los Ebanos Blvd. TX 78520 4-27-22 Amount (\$) \$ 50.00 Category (See Categories listed at the top of this schedule) PURPOSE O + A event rxpense. EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Kamiro Amaro 4-27-22 Payee address: Amount (\$) City; Zip Code 1624 Taylor Brownsulle Tx 78520 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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 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 (enters category not listed shove)

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) 4 Date 5 Payee name 7 Payee address; Zip Code Santa Maria TX 78592 P.O. BOX \$,200.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Campaign ontract **EXPENDITURE** (c) 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 Pavee name Date 5-2-22 Zip Code \$75000 Category (See Categories listed at the top of this schedule) Description PURPOSE Contract Labor Campaign EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5-9-22 Lamar Outdoor Advertising

Payoe address;

2001 Industrial Way San Benito TX Amount (\$) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising expense OF Advertising EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Croun curat aymon	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Caustavo C Ru		3 Filer ID (Ethics Commission Filers)
4 Date 5-10-22	5 Payee name Carisma Print & Dec	i Sian	
6 Amount (\$)	7 Payee address; 2165 US Military Hwy :	City;	State; Zip Code
*11,442· <u>03</u>	aus as timilary they,	201 1010W	(2) III (V) (2) 90
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	~
PURPOSE OF EXPENDITURE	Advertising expense	Advertis	sing
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-11-22	David Munguia	-	
Amount (\$)	Payee address;	City;	State; Zip Code
*600°	12311 110 Cano 12d La	citra 1,	10557
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campa	aign
	Check if travel outside of Texas. Complete Schedule T.	Check if Austli	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		
5-13-22	Joe. G. Gionza	lez	
Amount (\$) \$1 750.00	Joe. G. Gonza Payee address; 1270 N. Farnin San B	penito Tx	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campai	gn
	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
	The state of the s	·	

SCHEDULE F4

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

	EXPENDITURE CATEGORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Over Food/Beverage Expense Polling Exp Printing Exp Printing Exp Printing Exp Printing Exp Salaries/Wei	oense ages/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 how to co	implete this form.		
1 Total pages Schedule F4:	2 FILERNAME GUSTAVO C. Ru	iz	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$	
5 Date 2-20-22	6 Payee name Facebook Adve	rtisemen	+	
7 Amount (\$) \$ 25.00	8 Payee address; Hacker Way	Menlo Park	State; Zip Code -, CA 9 4025	
9 TYPE OF EXPENDITURE	Political Non-Pol	itica		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF Expenditure	Advertising expense Facebook Ads			
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
11	Candidate / Officeholder name Of	fice sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Gus Puiz Count	Λ .	oner County Commission	
Date 2-28-22	Payee name Facebook Ad	vertisem	ent	
Amount (\$)	Payee address;	City;	State; Zlp Code	
\$ 15.99	1 Hacker Way Me	nlo Park	CA 94025	
TYPE OF EXPENDITURE	Political Non-Pol	itical		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF Expenditure	advertising expense	Faceb	ook Ads	
	Check if travel outside of Texas, Complete Schedule T.	Check If Aust	in, TX, officeholder living expense	
	Candidate / Officeholder name Of	lice sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Gus Ruiz County Com	missioner	County Commissioner	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Exper

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	nations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District				
		The Instruction Guide explai	ns how to comple	te this form.	
1 Total pages Schedule F4:	2 FILER NA	ME Gustavo	C. Rui	, Z	3 Filer ID (Ethics Commission Filers
4 TOTAL OF UNITEM	IZED EXPEI	NDITURES CHARGED	TOACREDI	TCARD	s
5 Date 3-9-22	6 Payee na	Facebook 1	td Vert	Isemen	+
7 Amount (\$) #/// 74	8 Payee ad	tacker Way	Menle	park,	State; Zip Code CA. 94025
9 TYPE OF EXPENDITURE	Po	litical	Non-Political		
10	(a) Category (See Categories listed at the top of this	schedule) (b)	Description	
PURPOSE OF Expenditure	Adverti	ising expense		Facebo	ok Ads
,	(c) c	heck if travel outside of Texas, Complete	Schedule T.	Check If Aus	stin, TX, officeholder living expense
11	Candio	late / Officeholder name	Office s	ought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Gusk	Luiz Count	y Commiss	imer C	sunty Commissioner
Date 5-1-22	Рауее па	Facebook	Adver	tiseme	int
Amount (\$)	Payee ad	•		City;	State; Zip Code
\$ 25.00	1 Ha	cker Way	Menlo	Park,	CA 94025
TYPE OF EXPENDITURE	Pol	itical '[Non-Political		
	Category (See Categories listed at the top of thi	s schedule)	Description	P
PURPOSE OF Expenditure	Adver-	fising expens	e	Faceh	sok Ads
Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living exper					stin, TX, officeholder living expense
	Candid	late / Officeholder name	Office s	ought	Office held
Complete ONLY if direct expenditure to benefit C/OH A A A A				County Commission	
	ATTACH	ADDITIONAL COPIES	F THIS SCHE	DULE AS NEI	EDED
orms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020					

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B		Office Overhead/Rental Expense Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel in District Travel Out Of District
Candidate/Officeholder/Politica	l Committee Legal Services The Instruction Guide explain	Salaries/Wages/Contract Labor as how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILERNAME GUSTAVO	C. Ruiz.	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	s ()
5 Date 5-5-22	6 Payoo namo Facelook	Advertisemen	1+
7 Amount (\$) \$ 125.00	8 Payee address; L Hacker Way	Menlo Park,	state; Zlp Code , CA 94025
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising expens	se Facelo	ook Ads
	(c) Check if travel outside of Texas, Complete S	ichedule T. Check if Au	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought unty Commissione	Office held County Commissione
· · · · · · · · · · · · · · · · · · ·	Payee name	- Conditional	Cold: Conditioning
5-9-22	Facebook	Advertisen	nent
Amount (\$)	Payee address;	City;	State; Zip Code
198.28	1 Hacker Way	Mento Parl	c, CA 94025
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	_
PURPOSE OF Expenditure	Advertising expens	se Facel	ook Ads
	Check if travel outside of Texas, Complete S	Schedule T. Check If Au	istin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Gus Ruiz Cour	thy Commissione	r County Commissioner
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F4

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

	EXPENDITURE CATE	GORIES FO	OR BOX 10(a)		· · · · · · · · · · · · · · · · · · ·
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Office Overhi Polling Expe Printing Expe		Travel In District Travel Out Of Distr	ipment & Related Expens
	The Instruction Guide explai	ins how to con	nplete this form.		•
1 Total pages Schedule F4:	2 FILER NAME Gustavo	C.P.	JIZ.	3 Filer ID (Ethics	Commission Filers)
	IZED EXPENDITURES CHARGED	TOACRE	DITCARD	s 0	
5 Date 5-14-22	6 Payee name Facebook A	dvert	Isemen	+	
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
. \$ 25D·00	1 Hacker Way.	Meni	o Park,	,CA qu	f025
9 TYPE OF EXPENDITURE	Political	Non-Politi	cal		
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF Expenditure	Advertising expens	se	Facebo	ok Ads	
	(c) Check if travel outside of Texas. Complete S	Schedule T,	Check if Aust	tin, TX, officeholder livir	ng expense
11	Candidate / Officeholder name	Offic	e sought	Office I	neld
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Gus Ruiz Cour	ity Com	missimer	County	Lownissioner
Date	Payee name				
Amount (\$)	Payee address;		Clty;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Politic	cal		
	Category (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF Expenditure					
	Check if traval outside of Texas, Complete S	Schedule T,	Check If Aust	ln, TX, officeholder Ilvin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	e sought	Office h	eld
	ATTACH ADDITIONAL COPIES OF	F THIS SCH	EDULE AS NEEI	DED	

SCHEDULE E

5 Date of loan 7 Name of fender	If the requeste	d information is not applicable, DO NO	T include this page in the re	port.
4 TOTAL OF UNITEMIZED LOANS 5 Date of Ioan 7 Name of lender out-of-state PAC (DR;) 9 Loan Amount (\$) 7 20-22 Caustavo C. Pariz 10 Interest rate 8 Is lender a financial Institution? 9 Loan Amount (\$) 12 Principal occupation / Job title (See Instructions) Camaran Camara Camaran	The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
5 Date of loan 7 Name of fander out-of-state PAC (DR:) \$ Loan Amount (\$) \$ 2.5 CO 6 Is lender a financial Institution? Y N 21434 Retarnal Rd. Hartingen Ty 10 Interest rate Institution? Y N 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Company (Ommany) (Ommany	2 FILER NAME	Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
6 is lender a financial institution? Y D 21434 Retama Rd 13 Employer (See instructions) 14 Description of Collisters In out of policiable 15 Check if personal funds were deposited into political secount (See Instructions) 16 GUARANTOR IN Name of guarantor INFORMATION 18 Guarantor address; City: State; Zip Code Information 19 Amount Guaranteed (\$) 21434 Retama Rd 13 Employer (See Instructions) Camero County Camero County 14 Description of Collisters Information 18 Guarantor address; City: State; Zip Code Interest rate Maturity date Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Camero County Amount Guaranteed (\$) Interest rate Interest rate Maturity date Employer (See Instructions) Camero County Amount Guaranteed (\$) Amount Guaranteed (\$) Amount Guaranteed (\$) Employer (See Instructions) Camero County Camero County Amount Guaranteed (\$) Employer (See Instructions) Camero County Camero County Amount Guaranteed (\$) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	4 TOTAL OF UN	NITEMIZED LOANS		\$
Second S	5 Date of loan			9 Loan Amount (\$)
See Index a financial institution?	2-20-22	Gustavo C. Rui	veneg Lament	\$25.00
12 Principal occupation / Job title (See Instructions) Cont Community (Aman S) (One) 14 Description of Collateral none 15 Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR INFORMATION 18 Guarantor address: City: State: Zip Code 19 Amount Guaranteed (\$) Date of Ioan Name of lender Count County C	a financial	8 Lender address; City;	State; Zip Code	
14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) 18 Guarantor address; City; State; Zip Code	Y N	The state of the s		11 Maturity date
15 Check if personal funds were deposited into political account (See Instructions) 18 Check if personal funds were deposited into political account (See Instructions) 18 Guarantor address; City: State: Zip Code 19 Amount Guaranteed (\$)	12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
15 Check if personal funds were deposited into political account (See Instructions) 18 Check if personal funds were deposited into political account (See Instructions) 18 Guarantor address; City: State: Zip Code 19 Amount Guaranteed (\$)	County	Commissioner	Cameron Cour	141
16 GUARANTOR INFORMATION 18 Guarantor address; City: State; Zip Code 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) 21 Employer (See Instructions) 22 Employer (See Instructions) 23 Employer (See Instructions) 24 Employer (See Instructions) 25 Employer (See Instructions) 26 Employer (See Instructions) 27 Employer (See Instructions) 28 Employer (See Instructions) 29 Employer (See Instructions) 20 Employer (See Instructions) 20 Employer (See Instructions) 20 Employer (See Instructions) 20 Employer (See Instructions) 30 Employer (See Instructions) 40 Employer (See Instructions) 40 Employer (See Instructions) 41 Employer (See Instructions) 42 Employer (See Instructions) 43 Employer (See Instructions) 44 Employer (See Instructions) 45 Employer (See Instructions) 46 Employer (See Instructions) 47 Employer (See Instructions) 48 Employer (See Instructions) 49 Employer (See Instructions) 49 Employer (See Instructions) 40 Employer (See Instructions) 40 Employer (See Instructions)			Check if personal fund	nds were deposited into political
Date of loan		17 Name of guarantor	1	19 Amount Guaranteed (\$)
Date of loan		18 Guarantor address; City;	State; Zip Code	1
Date of loan Name of lender out-of-state PAC (ID#:	not applicable		ı	
Is lender a financial Institution? Principal occupation / Job title (See Instructions) Description of Collateral Inone GUARANTOR INFORMATION Guarantor address; City: State; Zip Code Guarantor address; City: State; Zip Code Employer (See Instructions) Cameron County Check if personal funds were deposited into political account (See Instructions) Amount Guaranteed (\$)	20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Is lender a financial Institution? Y N Principal occupation / Job title (See Instructions) Description of Collateral	Date of loan	Name of lender out-of-state	PAC (ID#:)	1.
Description of Collateral Check if personal funds were deposited into political account (See Instructions) Check if personal funds were deposited into political account (See Instructions) Amount Guaranteed (\$)	2-28-22	_	iz	1 2
Principal occupation / Job title (See Instructions) Count Commissione Description of Collateral Inone GUARANTOR INFORMATION Name of guarantor Guarantor address; City: State; Zip Code Employer (See Instructions) Check if personal funds were deposited into political account (See Instructions) Amount Guaranteed (\$) Principal Occupation (See Instructions) Employer (See Instructions)	a financial			
Description of Collateral Inone GUARANTOR INFORMATION Cameron Count (Camer		CIT PENNIN PLL.	taringer in 10000	Maturity date
Description of Collateral none Check if personal funds were deposited into political account (See Instructions) Amount Guaranteed (\$) Guarantor address; City; State; Zip Code Principal Occupation (See Instructions) Employer (See Instructions)	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral none Check if personal funds were deposited into political account (See Instructions) Amount Guaranteed (\$) Guarantor address; City; State; Zip Code Principal Occupation (See Instructions) Employer (See Instructions)	County	Commissioner	Cameron Cou	nt 1
GUARANTOR INFORMATION Guarantor address; City; State; Zip Code Principal Occupation (See Instructions) Employer (See Instructions)	·		Check if personal fund	
Principal Occupation (See Instructions) Employer (See Instructions)	GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
Principal Occupation (See Instructions) Employer (See Instructions)		Guarantor address; City;	State; Zip Code	
		on (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL CODIES OF THIS SOURDINE AS MEEDED	· 101194-00	711 (000 mondono)	military or from morning	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.			ES OF THIS COUPDING AS NOT	EDED

SCHEDULE E

if the requested	information is not applicable, DO NO	I 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	Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender out-of-state i	PAC (ID#:)	9 Loan Amount (\$)
3-9-22	Gustavo C. Ruiz		8 [] 74
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	21434 Retama Rd. H	tarlingen TX	11 Maturity date
YN		78550	
^	on / Job title (See Instructions)	13 Employer (See Instructions)	
*	+ Commissioner	Cameron Coo	344
14 Description of Coll	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ions)
16 GUARANTOR	17 Name of guarantor	J. ,	19 Amount Guaranteed (\$)
INFORMATION			
	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 out-of-state f	PAC (ID#:)	Loan Amount (\$)
5-1-22	Gustavo C. Ruiz		\$ 125.00
ls lender a financial Institution?	Lender address; City; 21434 Retama Rd +	State; Zip Code	Interest rate
Y N		78550	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
COUNTY	Commissioner	caneron	County
Description of Colle	ıteral		ds were deposited into political
none		account (See Instructi	ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI nder is out-of-state PAC, please see Inst	ES OF THIS SCHEDULE AS NEE truction guide for additional rep	

SCHEDULE E

ii tile requeste	d information is not applicable, DO NO	i include this page in the re	port.	
The	Instruction Guide explains how to compl	1 Total pages Schedule E:		
2 FILER NAME	Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS			\$	
5 Date of loan 5-5-22	7 Name of lender out-of-state PAC (ID#:) Crustavo C. Ruiz		9 Loan Amount (\$) 5 / 2500	
6 Is lender a financial Institution?	8 Lender address; Sity; 21434 Retama Rd. F	10 Interest rate 11 Maturity date		
1 0		1020		
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)				
County Commissioner Cameron Co. 14 Description of Collateral 15			<u>v+</u> (
none none	ateral		ds were deposited into political tions)	
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 out-of-state F	PAC (ID#:)	Loan Amount (\$)	
5-9-22	Gustavo C. Ruiz	······	#98.28	
ls lender a financial Institution?	Lender address; City; 21434 Retama Rd. Hz	State; Zip Code	Interest rate	
Y (N)	a 1) Therank par -	78550	Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	Employer (See Instructions)	
County Commissioner		Camera Cour	44	
		Check if personal fund account (See Instruction	ds were deposited into political	
none		MOODIN (OSS INSTITUTE		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
/	Guarantor address; City;	State; Zip Code		
not applicable	· 			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	Seminary Laboratory	
lf le	ATTACH ADDITIONAL COPIE nder is out-of-state PAC, please see Inst	ES OF THIS SCHEDULE AS NEE truction guide for additional rej		

SCHEDULE E

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

ii uio requeste	a information to not applicable, DO NO	i include this page in the re	porc.		
The	1 Total pages Schedule E:				
2 FILER NAME GUISTAVO C. Ruiz			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS			\$		
5 Date of loan 5-14-22	7 Name of lender out-of-state PAC (ID#:) Qustavo C. Ruiz		9 Loan Amount (\$) \$ 256.00		
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code 21434 Retama Rd Harlingen TX		10 Interest rate		
Y N		78550	11 Maturity date		
\circ	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Col	Commissioner	Cameron Co	with the state of		
none	lateral		ds were deposited into political ions)		
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)	I		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
Y N			Maturity date		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)			
Description of Colle	ateral	Chark if paragral fund	is were deposited into political		
none		account (See Instructi			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Złp Code			
not applicable					
Principal Occupation (See Instructions)		Employer (See Instructions)			
-		ES OF THIS SCHEDULE AS NEE			
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					