GUSTAVO RUIZ

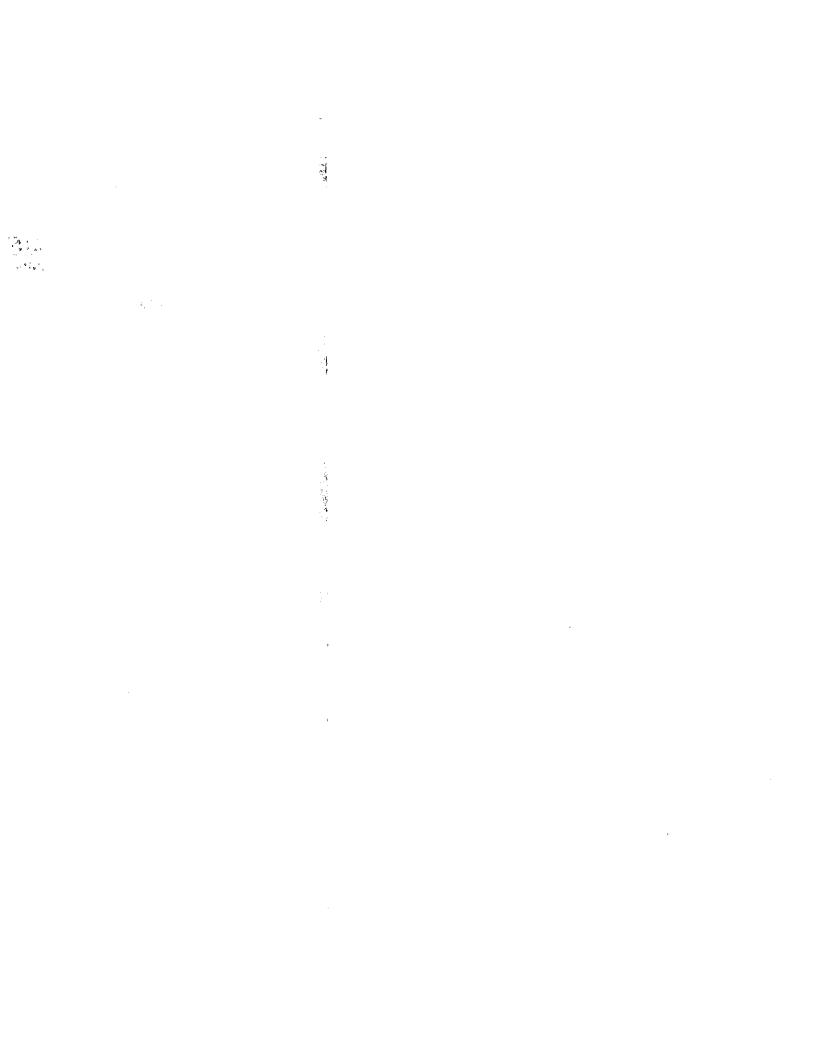
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMPAIG	IA E HAMIA				- COVER O	
The C/OH Instruction C	Suide explains how	v to complete this form.	1 Filer ID (Ethics Commission	ilan Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST GUST AUS	o <u>(</u>			USE ONLY
NAME	NICKNAME GUS	LAST Buiz	SUFF	FIX	Date Received ERC DEPARIMENT VOTER RE	OF ELECTIONS & EGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	" '		Rd.	CODE	ĺ	1 2 2022
Change of Address	· 	· · · · · · · · · · · · · · · · · · ·			a a	STANIE ST
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	421. 4373	EXTENSION			or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Robert	МІ		Receipt # Date Processed	Amount \$
IVAIVIE	NICKNAME	LAST	SUFF	FIX		
		Davis	Jr.	L	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT/S	suite # city: nlingen 77 7	1855	STATE;	ZIP CODE
(Residence or Business)				·····		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	election Runoff		15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	ection Exceeded Mo		Final Report	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	0.5	/15/2022	THROUGH	06/	30 / 20)22
11 ELECTION	ELECTION DA	ATE	ELECTI	TON TYPE		
	Month Day	Year Primary	Runoff Other	her escription		
	05/24/	2022 ☐ General				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT	` ~ `		
	County	Commissioner	County	<u> Coi</u>	mmission	ier
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDI S MAY HAVE BEEN MADE WITHOUT IRED TO REPORT THIS INFORMATION	T THE CANDID	DATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
001411411111111111111111111111111111111	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	:ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
		GO TO	PAGE 2			WESTER WILLIAM TO THE TOTAL TOT

11:30



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME				16 Filer ID (Ethics Commission Filers
17 CONTRIBUTION TOTALS	PLEDGES	NITEMIZED POLITICAL CO B, LOANS, OR GUARANTEI UTIONS MADE ELECTRON		* S
		OLITICAL CONTRIBUTION HAN PLEDGES, LOANS, O	ONS R GUARANTEES OF LOANS)	\$ 10,750.00
EXPENDITURE TOTALS	3. TOTAL UN	IITEMIZED POLITICAL EXP	PENDITURE.	\$ 8
	4. TOTAL PO	OLITICAL EXPENDITUR	ES	\$ 30,134.50
CONTRIBUTION BALANCE		LITICAL CONTRIBUTIONS RTING PERIOD	MAINTAINED AS OF THE LAS	ST DAY \$ 4,688.91
OUTSTANDING LOAN TOTALS		INCIPAL AMOUNT OF ALL OF THE REPORTING PER	OUTSTANDING LOANS AS O	\$ 29,348,54
				ue and correct and includes all informa
rec	uired to be reported by	me under Title 15, Election	1 Code.	_
			Klunto (2 Rux
			Signature of Ca	andidate or Officeholder
		Dieses complete	either option below	1/*
		Fiedde Complete	eiulei opuon solo	·V -
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed	before me by		this the	day of
20, to certify				
	· ·			
Signature of officer administer	ing oath	Printed name of officer add	ministering oath	Title of officer administering o
		OR		
(2) Unsworn Declaration	n			
My name is	istavo C. R	wiz_	, and my date of birth is	7-10-81
My address is 21		tama Rd.	Harlingen.	17 78550 USA
	(street)	_		state) (zip code) (country)
Executed in Camer	On County, State	e of Texes, on	the day of	ly 20 22.
			K) W	C RULY
			Signature of Candid	date/Officeholder (Declarant)

	J			
	e.			
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	y 6			
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME GUSTAVO C. RVIZ 20 Filer ID (Ethics Corr	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 17,446.47
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22,688.09
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,741.98
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,704.49
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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MONETARY POLITICAL CONTRIBUTIONS

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	_		3 Filer ID (Ethics Commission Filers)
	GUSTAVO C. RUIZ		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
1-2-22	SAB PAC		d C 200 00
A. 00 1-	6 Contributor address; City;		\$ 5,000.00
	PO Box 266245 Housto	on tx 77207	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
			117 1874
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
5-19-22	Jose Caso		\$ 2,500.00
•	Contributor address; City;	State; Zip Code	P 010
	301 Rio Grante Dr. Mi	ssion TX 78572	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
5-19-22	Scot Campbell	\$	\$ 1,000.00
J. 1 1	Contributor address; City;	State; Zip Code	Ψησει
:	28821 S. Altas Palmas Ro		
		78852	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
· · · · · · · · · · · · · · · · · · ·		<u>. </u>	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5-19-22	Keuin Campbell	-	\$ 500.00
	Contributor address; City;	State; Zip Code	4 200 **
Politica and The Control of the Cont	1210 E. Tylen Hanlinger TX	N 8550	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	The state of the s		
			2
			•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

in the requested information to het applicable, be not iniciaal the page in the report.					
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 S-16-27	5 Full name of contributor out-of-state PAC Galvan 6 Contributor address; City; Kins A22 Fisher Count Ha		7 Amount of contribution (\$) \$ 1,000.00		
8 Principal occu		9 Employer (See Instruct	ions)		
Date 5_23-22	Full name of contributor out-of-state PAC Michael Trejo Contributor address; City; PO BOX 1149 Harlingen, 7	State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ons)		
Date \$_23- 22	Full name of contributor out-of-state PAC Mid-Velley Agriculture Contributor address; City; 24152 N. Kansas City Rd.		Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
	ATTACH ADDITIONAL COPIES O	E THIS SCHEDIN E AS AN	-EDED		

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

SCHEDULE E

If the requeste	ed information is not applicable, DO N O	OT include this page in the re	∍port.
	e instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	Λ		3 Filer ID (Ethics Commission Filers)
	Gustavo C. Ruiz	700	
	NITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender ut-of-state	,	9 Loan Amount (\$)
5-18-22	Gustavo C. Bui-	2	\$ 400.00
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	21434 Retama A		11 Maturity date
12 Principal occupat	Harlingen T	13 Employer (See Instructions)	
A	+ Commissioner	Camera Cou	. f .
14 Description of Col	lateral Jones	15	
none		Check if personal fund account (See Instruction	ids were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable		Glate, Lip Good	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state I	PAC (ID#:)	Loan Amount (\$)
5-22-22	Gustavo C. Aviz	_	\$ 600,00
ls lender a financial	Lender address; City;	State: Zip Code	Interest rate
Institution?	21434 Retama Rd.	Harlingen 77	Maturity date
YN		78580	Interest of the second
	on / Job title (See Instructions)	Employer (See Instructions)	
County	Commissioner	Cameron Co	ounty
Description of Colla	teral	Check if personal fund	ds were deposited into political
GUARANTOR	A1	account (See Instruction	work with the second se
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
ŀ	Guarantor address; City;	State; Zip Code	
Onot applicable			
Principal Occupatio	on (See Instructions)	Employer (See Instructions)	Version 1
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEED	NED
lf ler	nder is out-of-state PAC, please see inst		

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SCHEDULE E

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

II are requested			poit.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Gus	stavo C. Ruiz		
-	NITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
6-1-22	Gustavo C. Ruiz	-	\$ 10,000.00
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	21434 Retama Rd.		
Y (N)		71 AMING 14 17 8550	11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	
Λ.	^	0 0	
14 Description of Colle	Commissioner lateral	Cameron C	ounty
none	atel ai	Check if personal fund account (See Instruction	ds were deposited into political lions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	Other	Or to The Code	
	18 Guarantor address; City;	State; Zip Code	
not applicable		Ţ	
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#:)	Loan Amount (\$)
6-14-22	Gustavo C. Ruiz		\$ 2,704.49
ls lender	Lender address; City;	State; Zip Code	Interest rate
a financial	21434 Retama Ro	•	. *************************************
Y N	1	,	Maturity date
	1 1 10 - (0 - E-tuellon)	7 8550	
	on / Job title (See Instructions)	Employer (See Instructions)	r
Description of Colla	Commissioner	Cameron Cour	<u>rty</u>
none	iterai	Check if personal fund account (See Instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor	The state of the s	Amount Guaranteed (\$)
		~	
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CORL	ES OF THIS SCHEDULE AS NEE	:DED
If le	nder is out-of-state PAC, please see Inst		

SCHEDULE E

ii die requeste	ed information is not applicable, DO N 0	OT include this page in the re	eport.
The	nstruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
(gustavo C. Ruiz		
4 TOTAL OF U	NITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
5-23-22	Gustavo C. Run		\$ 657,52
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y (N)	21434 Retama Rd.	Hanlingen TI 18550	11 Maturity date
12 Principal occupat	on / Job title (See Instructions)	13 Employer (See Instructions)	
_	Commissioner	Cameron C.	nunti
14 Description of Col	lateral	15	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor	-	19 Amount Guaranteed (\$)
	18 Guarantor address; City;		
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	1000
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
5-25-22	Gustavo C. Ruiz		\$1,483.08
is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?	21434 Retama Rd,	17 Taningen 77	Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	•
County	Commissioner	Camena Co	ount
Description of Colla			ls were deposited into political
none		account (See Instructi	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	n (See Instructions)	Employer (See Instructions)	
lf ler	ATTACH ADDITIONAL COPII Ider is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEED	

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SCHEDULE E

" wie requeste	ed information is not applicable, DO NO	Include this page in the re	≱port.
	e Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME	Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
-	NITEMIZED LOANS		\$ 0
5 Date of loan S-24-22	7 Name of lender out-of-state	/	9 Loan Amount (\$) \$ 1,149.66
6 Is lender a financial Institution? Y	8 Lender address; City; 21434 Retama R	State: Zlp Code	10 Interest rate 11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
_	Commissioner		ountx
none	lateral	15	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable 20 Principal Occupat		State; Zip Code 21 Employer (See Instructions)	
	The second secon		
Date of loan	Name of lender out-of-state P	PAC (ID#:)	Loan Amount (\$)
is lender a financial institution?	Lender address; City; 21434 Retama Rd.	State; Zip Code	Interest rate
Y 🕅		18550	Maturity date
Principal occupatio	On / Job title (See Instructions)	Employer (See Instructions) Cainknen Co	
Description of Colla		Check if personal funds	s were deposited into political
∏ ∕ñone		account (See Instruction	ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
If ier	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS NEED	

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SCHEDULE F1

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

MATTER	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Offic Food/Beverage Expense Polil By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement to Overhead/Rental Expense ing Expense ting Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		Tto complete this forms	3 Filer ID (Ethics Commission Filers)
12	Gustavo C. R	uiz	T Her ID (Lines Continuesion radis)
5-16-22	5 Payee name Lee Torres		
6 Amount (\$)	7 Payee address; 1913 Martha St. H	arlingen, TX	State; ZIp Code
8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campa	ign
	(c) Check if travel outside of Texas, Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-16-22	Nelda I barr	a	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 500.00	631 Winchell St. Sau	n Benito, TX	78506
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Contractor Labor	Campai	gn
	Check if travel outside of Texas, Complete Schedule	T. Check If Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-14-22	RGVCA		
Amount (\$)	Payee address;	City;	State; Zip Code
975000	901 N. Canal La	Feria, TX	78559
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Event Expense	Campa	ign
	Check if travel outside of Texas, Complete Schedule	Check if Austi	n, TX, officeholder living expense

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Office held

•	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District

Candidate/Officeholder/Politica	ltical 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 GUSTAVO C. RU	3 Filer ID (Ethics Commission Filers)			
4 Date 5-17-22	5 Payee name Ramino Amarc	_			
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
#300.00	1624 Taylor Bron	wrsville Tx 78520			
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			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
5-17-22	Mike Zavala				
Amount (\$)	Payee address;	City; State; Zip Code			
\$ 2,000.00	POBOX 366 Santa W	laria Tx 78592			
	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			
Date	Payee name				
5-19-22	Carlos Chairez				
Amount (\$)	Payee address;	City; State; Zip Code			
\$1,371.59	3106 Melissa Ln. Har	lingen Tx 78552			
	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/Direcholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/W	Vages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C- Ruiz	3 Filer ID (Ethics Commission Filers)
4 Date 5-23-22	5 Payee name Maria Betancou	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$ 400.00	13141 Ryan Rd. Santa	i Rosa TX 78593
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 I	Office sought Office held
Date	Payee name	**************************************
5-23-22	Joe Martinez	~
Amount (\$)	Payee address;	City; State; Zip Code
\$500.00	632 S. L/2 St. Har	lingen Tx 78550
	Category (See Categories issted 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
Date	Payee name	
5-23-22	Rosa Munoz	
Amount (\$)	Payee address;	City; State; Zip Code
# 800.00	314 S. 2nd St. Santa	Rosa TX 78593
	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
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

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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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling 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/Wa The Instruction Guide explains how to co	ges/Contract Labor Other (enter a category not listed above) mplete this form.
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C. Ruiz	3 Filer ID (Ethics Commission Filers)
4 Date 5-23-22	5 Payee name Juan Ramire	7
6 Amount (\$) \$_____\\\\\\\\\\\\\\\\\\\\\\	7 Payee address; 16915 Primera Rd.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	Contract Labor	(b) Description 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
5-23-22	Payee name Claudia Cabra	
Amount (\$)	Payee address;	City; State; Zip Code
4400-00	1300 N. Kansas City Rd.	. 10+ 45 La Feria Tx 78559
***************************************	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	
5-24-22	Rosa Jimenez	
Amount (\$)	Payee address;	City; State; Zip Code
120-00	13077 Ryan Rd. Santa	i Rosa Tx 78593
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor Check if travel outside of Texas. Complete Schedule T.	Description Campaigh Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED

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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
Cradit 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

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 GUSTAVO C. Ruiz	3 Filer ID (Ett	nics Commission Filers)			
4 Date 5-24-22	5 Payee name Norma Jimes	ner Vela				
6 Amount (\$) \$1 20.00	7 Payee address; 812 W. Spruce Lal	City; State;	Zip Code 559			
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 In	ring expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name		**************************************			
5-24-22	South Texas Screen Pr					
Amount (\$)	Payee address;	City State;	Zip Code			
\$ 380.00	28442 S. Palm Court [or. Harlingen Tx	78552			
PURPOSE OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	Description Campaign Shri Check If Austin, TX, officeholder liv				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
5-24-22	Margarita Canale	25				
Amount (\$)	Payee address;	City; State;	Zip Code			
\$1400.00	13077 Ryan Rd. Santa	Rosa TX 78593				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Campaign				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense			
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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/Officetholder/Political Committee

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District 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:	Gustava Cakina	3 Filer ID (Ethics Commission Filers)			
4 Date 5-24-22	5 Payee name Maria Conde		***************************************		
6 Amount (\$)	7 Payee address;	City; State; Zlp Code			
\$400.00	PO Box 964 La Feria	Tx 78559			
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/O	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
5-24-22	Monica Millis				
Amount (\$)	Payee address;	City; State; Zip Code			
\$400.00	23025 FM 2556 Sa	inta Rosa TX 78593			
	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				
5-24-22	Noelia Jimenez				
Amount (\$)	Payee address;	City; State; Zip Code			
\$400.00	19086 Kansas City Rd. L	a Feria Tx 78559			
	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					
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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/Discholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)						
Oledit Oled Paymont	Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C. Ruiz	3 Filer II	O (Ethics Commission Filers)			
4 Date 5-31-22	5 Payee name Juan Ramirez					
6 Amount (\$)	7 Payee address;	• •	tate; Zlp Code			
300.00	16915 Primera Rd. t	tarlingen Tx	78552			
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, officeho	lder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
6-7-22 Amount (\$)	Southmost Election Day	Strategies				
Amount (\$)	Payee address;	City; Si	ate; Zip Code			
\$6,000.00	1809 Royal Oak St. B	rownsville TX -	18520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Advertising				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	ider living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
le-7-22	Carisma Print + D	esian				
Amount (\$)	Payee address;	Ú City; st	ate; Zip Code			
\$971.50	2165 US Military Hwy	281 Brownsville	Tx 78520			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising expense	Advertising				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense			
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 5 Payee name Zip Code Po Box 366 Santa Maria TX 78592 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Campaign Contract Labor **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Lamar Outdoor Advertising le-21-22 2001 Industrial Way San Benito TX 78586 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising expense Havertising 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 Pavee name Date Monica Millis 5-27-22 Citv: Zip Code 23025 FM 2556 Santa Rosa Tx 78593 \$120.00 Category (See Categories fisted at the top of this schedule) Description **PURPOSE** Campaign Contract Labor 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

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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/Onnations Made By
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wat The Instruction Guide explains how to con	ges/Contract Labor mplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C. Ruis	2	3 Filer ID (Ethics Commission Filers)
4 Date 5-27-22	5 Payee name Maria Betancou	rt	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$120.00	13141 Ryan Rd. Senta	Rosa Ti	x 78593
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Hor Labor	Campa	ign
	(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 ł	Office sought	Office held
Date	Payee name		MMMAN Anno Anno Anno Anno Anno Anno Anno An
5-27-22	Norma Jimenez Ve	ila	
Amount (\$)	Payee address;	City;	State; Zip Code
\$120.00	812 W. Spruce La Fe	eria Tx	78559
7.7	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
Date	Payee name		
5-27-22	Desiree Jimenez		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 60.00	13077 Ryan Rd. Santa	a Rosa TX	18593
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Cam <i>pai</i>	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
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEED	DED

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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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica	·	Vages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	1 1 (1)	3 Filer ID (Ethics Commission Filers)	
4 Date 5-27-22	5 Payee name Celia Razo		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
₹80.00	13077 Ryan Rd. Sant	a Rosa TX 78593	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Contract Labor	Campaigh	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	· Parallelous Models Andrew	
5-27-22	Mingo Razo		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 120.00	13077 Ryan Rd. Santa	a Rosa, TX 78593	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campaign	
COMMANDA	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		
5-27-22	Noelia Jimenez		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 120.00	19086 Kansas City Rd.	La Feria TX 78559	
	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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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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

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

Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	xpense Travel Out Of District Vages/Contract Labor Other (enter a category)	
	The Instruction Gulde explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C Ru	3 Filer ID (Ethic	s Commission Filers)
4 Date 5- 27-22	5 Payee name Lety Conde		
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
\$120.00	Po Box 552 La Feria	TX 78559	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campa ign	
·	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living	l expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		Attabas vog wilana vo
5-27-22	Joe Martinez		
Amount (\$)	Payee address;	City; State;	Zip Code
R 150.00	632 S. L'2 St Har	linger TX 78550	<u>უ</u>
	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		
5-27-22	Margarita Canales		
Amount (\$)	Payee address;	City; State;	Zip Code
\$ 120.00	13077 Ryan Rd. Santa	Rosa Tx 78593	-
	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	ехрепѕе
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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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/Officholder/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	Wages/Contract Labor	Other (enter a category not listed above)
Great Card Fayment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C- Rui	2	3 Filer ID (Ethics Commission Filers)
4 Date 5-27-22	5 Payee name Claudia Cak	ora	
6 Amount (\$)	7 Payee address;	Cîty;	State; Zip Code
\$120.00	1300 N. Kansas City Rd.	10+45LaF	eria TX 78559
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campa	ign
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	п, 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		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, 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
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description	V V 2 N 7 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1
,	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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EXPENDITURES MADE BY CREDIT CARD

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 Consulfing Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F4:	The Instruction Guide explains how to complete this form. 2 FILER NAME GUSTAVO C. BUIZ 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date S-18-22	6 Payee name Face Sook Advertisement
7 Amount (\$) \$ 400.00	8 Payee address; City; State; Zip Code 1 Hacker Way Menlo Pank CA 94025
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adventising Expense Face 500K Ads (c) Check If travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held GUS Ruiz County Commissioner County Commission
Date: 5-22-22 Amount (\$)	Payee name Face book Alvertisement Payee address; City; State; Zip Code
\$ 600.00	1 Hacker Way Menlo Pank CA 94025
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adventising Expense Face book Ads Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made E Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to complete this form,
Total pages Schedule F4:	2 FILER NAME GUSTAUC C. RUIZ 3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
Date	6 Payee name
5-23-22	Enterprise Rent A Car 8 Payee address; City; State; Zip Code
Amount (\$)	8 Payee address; City; State; Zip Code
657.52	3030 Airport Dr. Hanlinger, TX 78550
TYPE OF EXPENDITURE	Political Non-Political
0	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF Expenditure	Transportation Can
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder flying expense
l omplete <u>ONLY</u> if direct	Candidate / Officeholder name Office sought Office held
spenditure to benefit C/OH	GUS RUIZ County Commissioner County Commission
Date:	Рауее пате
5-25-22	Enterprise Bent A Car
Amount (\$)	Payee address; City; State; Zip Code
1,483.08	3030 Airport Dr. Harlinger, TX 78550
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Transportation Can
FVLFIADITONE	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
camplete ONLY is direct	Candidate / Officeholder name Office sought Office held
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	GUS Ruiz County Commissioner County Commis

EXPENDITURES MADE BY CREDIT CARD

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 Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	
1 Total pages Schedule F4:	2 FILER NAME CIUSTAVO C. RUIZ 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 5-24-22	6 Payee name Wing Barn
7 Amount (\$)	8 Payee address; City: State: Zin Code
\$1,149.66	6710 W. Expressury 83 # 105 Harlinger, TX 78550
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF Expenditure	Food / Beverage Election day event
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held GUS RUIZ Commissionen County Commission
Date	Payee name
12-9-22	Facebook Adventisement
Amount (\$)	Payee address; City; State; Zip Code
\$ 451.72	1 Hacken Wey Menlo Pank CA 94025
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF Expenditure	Adventising Expense Face book Ads Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Gus Ruiz County Commissioner County Commission
	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

Event Expense Fees Food/Be

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politi		Giff/Awards/Memorials Expense Legal Services	Printing Ex Salaries/M		Trave	at in District al Out Of District r (enter a category :	not listed above)
Credit Card Payment		The Instruction Guide expla	ains how to c	omplete this	form.		
1 Total pages Schedule G:	2 FILER NA	ime LStavo C. Ru	017-		3 Fil	er ID (Ethics C	ommission Filers)
4 Date	5 Payee na	me					
6-14-22	C (anlos Chairez	_				
6 Amount (\$) \$ 2,7 0 4,49 Reimbursement from political contributions intended	7 Payee ad	dress; Melissa Ln. H	fanling) en 77	City;	State;	Zip Code
8 PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Descrip	tion		
OF EXPENDITURE	Cont	track Labor		Ca	mpaign		
	(c)	Check If travel outside of Texas, Complete S	Schedule T.	Che	ck If Austin, TX, offi	ceholder living expe	ense
9 Complete ONLY if direct	^	late / Officeholder name	_	Office sough	nt	0	ffice held
expenditure to benefit C/OH	<u> </u>	5 Ruiz	\mathcal{C}	County Co	<u>manissioner</u>	Coun	y Commissione
Date	Payee nar	ne	,	4			
Amount (\$)	Payee add	dress;		C	City;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Descrip	tion		
		Check if travel outside of Texas. Complete S	Schedule T.	Che	ck if Austin, TX, offi	ceholder living expe	ense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	(Office sough	t	Oi	ffice held
Date	Payee nar	ne					
Amount (\$)	Payee add	iress;		City	rs .	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Descript	ion		
- CONTRACTOR		Check if travel outside of Texas, Complete S	chedule T.	Che	ck if Austin, TX, offic	eholder living expe	nse
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	(Office sough			fice held
	ATTA	CH ADDITIONAL COPIES (OF THIS SC	HEDULE A	S NEEDED		