# GUSTAVO RUIZ

8 DAYS REPORT October 31, 2022

# 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 (Ethics Commission Filers) 2 Total pages filed: 2 O  3 CANDIDATE / OFFICEHOLDER NAME  NICKNAME  NICKNAME  LAST  SUFFIX  4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  ADDRESS  1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 2 O  OFFICE USE ONLY  Date Received CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  OCT (3 1 2022)
OFFICEHOLDER NAME  NICKNAME  LAST  CAMERON COUNTY  OFFICEHOLDER  MAILING ADDRESS  ADDRESS  ADDRESS  OFFICEUSE ONLY  OUS  CAMERON COUNTY  Date Received  CAMERON COUNTY  DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  OFFICEHOLDER  MAILING ADDRESS  ADDRESS  ADDRESS  ADDRESS  OFFICE USE ONLY  Date Received  CAMERON COUNTY  DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  OCT (31 2022) 8.3
NICKNAME  CANDIDATE / OFFICEHOLDER MAILING ADDRESS  NICKNAME  LAST  CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION  OCT 31 2028 8.3
4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  OFFICEHOLDER MAILING ADDRESS ADDRESS  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  OCT (3 1 2022) 8:3
Change of Address + Carling + TSSSO  FECHICAL  FECHICAL
OFFICEHOLDER PHONE (956) 42-4373
6 CAMPAIGN MS / MRS / MR FIRST MI Receipt # Amount \$ TREASURER NAME  Date Processed
NICKNAME LAST SUFFIX
havi's Tr
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  1 OL E. THO Harling TX 18550
(Residence or Business)
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER
PHONE (956) 421-4373
9 REPORT TYPE  January 15  January 15  January 15  January 15  Runoff  To 15th day after campaign treasurer appointment (Officeholder Only)
July 15 Sth day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit
10 PERIOD Month Day Year Month Day Year COVERED THROUGH 10 / 29 / 22
11 ELECTION ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11/8/22 General Special Description
12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)
County Commissioner County Commissioner
14 NOTICE FROM POLITICAL  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME
GENERAL COMMITTEE ADDRESS  Additional Pages
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

16 C/OH NAME	Gustau C Ruit 16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 8
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,300
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,279.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,619.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 34,097,23
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true and of equired to be reported by me under Title 15, Election Code.	correct and includes all information
''	Mitte C Rux	
	Signature of Candidate	e or Officeholder
		,
	Please complete either option below:	
(1) Affidavit		
NOTABY STAMP/SE	Al	
NOTARY STAMP/SE		
Sworn to and subscribe	d before me by this the	day of
20, to certi	fy which, witness my hand and seal of office.	
Signature of officer adminis	stering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declara	tion	
My name is らいいと	aus C. RVIZ, and my date of birth is	2-10-8
My address is 214	34 Retama Rd Harlingen, Tt	19856, USA
	(street) (city) (state)	(zip code) (country)
Executed in Cam	eron County, State of Texas, on the 30 day of October (month)	, 20 <u>22</u> .
	K) Las C. R	(your)
	Signature of Candidate/O	fficeholder (Declarant)
•		

#### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME GUSTAGO C. BUIZ	20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17,300
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 1,209,49
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 12,069.86
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$934,49
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 215
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

#### SCHEDULE A1

If the requested information is not applicable, bo Not include this page in the report.				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Gustan C Ruiz		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor  ut-of-state PAC	1	7 Amount of contribution (\$)	
10-5-27	SJPA LLC 6 Contributor address; City; S10 E. hamsey Road, Suite 1.	State; Zip Code	1,000.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date		(ID#:)	Amount of contribution (\$)	
10-5-22	10-5-72 LDG Entenprises  Contributor address; City; State; Zip Code  2805 Fountain PLaza Edinburg TR 78539  SKA		5,000.00	
Principal occup	っation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
10-5-72	Continuation additionally	Otato, Elp of the	500.00	
	POBOLINIAS AUSTINITA	Employer (See Instruct	rione)	
Principal occup	pation / Job title (See Instructions)	Euihioket (oee instinct	arche)	
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
10-2-32	hoyston Kayzon Vicken. Contributor address; City;	State; Zip Code	5.00,∞	
	SS Cove Cincle Brownsville	th 18831		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	

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

#### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report</b> .				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Guston C Aur	3 Filer ID (Ethics Commission Filers)		
4 Date	Full name of contributor   out-of-state PAC (ID#:)  A Shb2A3   C  Contributor address; City; State; Zip Code	7 Amount of contribution (\$)		
	9211 W. BMS 83 Harlinga TX 78552			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	itions)		
Date	Full name of contributor	Amount of contribution (\$)		
10-2-27	Rolando Rios Contributor address; City; State: Zip Code	30000		
	110 Broadway soite 355 Son Antonio to			
Principal occup	Deation / Job title (See Instructions)  Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
10-2-04	つかん にないない。 Contributor address; City; State; Zip Code	250,00		
	3205 Seminole Count Horlinger TR 1888	3		
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
10-5-72	Rudolph Gomez  Contributor address; City; State; Zip Code	500.00		
	22 Alvanado Aur. Rancho Viejo TR8575			
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# SCHEDULE A1

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

If the requested information is not applicable, bo Not molded this page in the requested information is not applicable, bo Not molded this page in the requested information is not applicable, bo Not molded this page in the requested information is not applicable, bo Not molded this page in the requested information is not applicable, bo Not molded this page in the requested information is not applicable, bo Not molded this page in the requested				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor   out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
*	Robert Davis  6 Contributor address: City: 2901 Itaine Dr. Apt. Mon 1	state; Zip Code fanliger FSFs	250.00	
	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)	
10-5-22	Risoberto Villanzeol Contributor address; City;	State: Zip Code	1,500.00	
	1405 Pamela Dr. Mission	TK ngsna		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor		Amount of contribution (\$)	
10-5-22	Contributor address; City;		500.00	
	222 King Fisher Count Ha	nliger TI 178552		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date		: (ID#:)	Amount of contribution (\$)	
10-577	Guillermo Quintan	State; Zip Code	1,000.00	
	3818 Bourban Ave. Ita	ningh 17		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	ions)	

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

## SCHEDULE A1

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

if the request	red information is not applicable, bo Not include this page in si	•
The I	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Gustav C. Ruiz	3 Filer ID (Ethics Commission Filers)
Date    Date		7 Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	
Date	Full name of contributor	) Amount of contribution (\$)
10-5-77	Phillip Pawelek  Contributor address; City; State: Zip Code  2709 Quail AW. McAllen TX 78504	1,000.00
Principal occup	ation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor [] out-of-state PAC (ID#	
Principal occup	ation / Job title (See Instructions) Employer (See Inst	tructions)
Date  0-5-72-	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A1

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

If the requested information is not applicable, <b>bo Not include this page in the report</b>				
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			
	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
10-522	Daniel Mantinez  6 Contributor address; City; State; Zip Code  4210 Moonlight Way San Antonio TX 78230	250,00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
10-5-22	Albert Cardenas  Contributor address; City; State: Zip Code  608 N. 9th St. McAllen, TX 78801	1,000.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
Date 10-5-77	Full name of contributor out-of-state PAC (ID#)  IT Engineering  Contributor address; City; State; Zip Code  Po Box IVa ha Fenia Th 18859			
Principal occuş	pation / Job title (See Instructions)  Employer (See Instruc	tions)		
Date 10-5-77	Full name of contributor   out-of-state PAC (ID#:)  Alejandro Gellaga  Contributor address; City; State; Zip Code  1021 E Tyler Hanlingatz 78550	Amount of contribution (\$)		
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)		

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

# SCHEDULE E

If the requested information is not applicable, <b>DO NOT include this page in the report</b> .				
The	1 Total pages Schedule E:			
2 FILER NAME	taus C. Ruiz		3 Filer ID (Ethics Commission Filers)	
	IITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
10-21-22	Gustavo C. Ruiz		450,00	
6 Is lender a financial Institution?	8 Lender address; City; 21434 Retamand H	State; Zip Code	10 Interest rate	
Y (N)	LIUSM HECOME 110, 11	21.11.921 17 1/0300	11 Maturity date	
-mi	on / Job title (See Instructions)	13 Employer (See Instructions)		
County	Commissioner	Cameron Count	<u>-                                    </u>	
14 Description of Coll	ateral	Check if personal fundaccount (See Instruction	/ ds were deposited into political ions)	
none  16 GUARANTOR	17 Name of guarantor		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	PAC (ID#:)	Loan Amount (\$)	
10-14-22	Gustavo C Ruiz		200.00	
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?	21434 Retama Rd. /	anlingare 178556	Maturity date	
	on / Job title (See Instructions)	Employer (See Instructions)		
County	Commissioner	Cameron Coun	ty	
Description of Colla	ateral	Check if personal fund account (See Instruction	/ ds were deposited into political ions)	
GUARANTOR INFORMATION	Name of guarantor	de en	Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable		F		
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE		

# SCHEDULE E

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

	• •		
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	A 10		
18	Istavo C Rviz		
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
10-11-22	Gustavo C Rviz		94,90
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial		, , , , , , , , , , , , , , , , , , ,	
Institution?	21434 Retama Rd H	toming a 12 18200	11 Maturity date
Y (N)			
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
Λ .		Cameron Cou	n + 1
	Commissioner	45	,
14 Description of Coll	ateral	Check if personal functions account (See Instruction	is were deposited into political
none		account (ose mandon	Ono
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
;		State; Zip Code	
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
20 Tritolpai Codepac	(505 ),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			4.00
Date of loan	Name of lender 🔲 out-of-state I	PAC (ID#:)	Loan Amount (\$)
10-10-27	Chustavo C. Ruiz		28.36
10-10-35	,		Interest rate
Is lender a financial	Lender address; City;	State; Zip Code	
Institution?	21434 Retame Ad	Harliner TZ 78550	Maturity date
Y N	*	9	<b>,</b>
	on / Job title (See Instructions)	Employer (See Instructions)	
· A	^		h
- Lynne?	Commissioner	Cameron Con	14
Description of Colle	ateral		is were deposited into political
none		☐ account (See Instructi	uns <i>j</i>
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
/	Guarantor address; City;	State; Zip Code	
not applicable			
	(Control to the state of the st	Employer (See Instructions)	
Principal Occupation	on (See Instructions)	Employer (Gee marraciona)	
	ATTACH ADDITIONAL COD	ES OF THIS SCHEDULE AS NEE	DED
If le	nder is out-of-state PAC, please see ins		

#### SCHEDULE E

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

	If the requested anothration to not applicable)				
The Instruction Guide explains how to complete this			ete this form.	1 Total pages Schedule E:	
				3 Filer ID (Ethics Commission Filers)	
2	FILER NAME	A		-	
		austan C Ruiz			
4		IITEMIZED LOANS		\$	
5	Date of loan	7 Name of lender Out-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
Ĭ	Date of loan			7171	
1	10-24-72	Gustan C Ruiz		31.16	
6	ls lender	8 Lender address; City;	State; Zip Code	10 Interest rate	
	a financial		11 1.		
	Institution?	21434 Retame Rd	Maringa 17 118550	11 Maturity date	
	Y(N)		~		
			13 Employer (See Instructions)		
12	CV A	on / Job title (See Instructions)	, m	,	
	County (	John SSIONER	Cameron Co	bunty	
14	Description of Coll		15 Check if personal fund	ds were deposited into political	
	/		account (See Instructi		
	none			40 American (Characters (C))	
16	GUARANTOR INFORMATION	17 Name of guarantor		. <b>19</b> Amount Guaranteed (\$)	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		18 Guarantor address; City;	State; Zip Code		
	not applicable				
20		ion (See Instructions)	21 Employer (See Instructions)		
	Timoipui Goodpac	(Case Measeners)			
_				Loan Amount (\$)	
	Date of loan		PAC (ID#:)		
١	10-27-32	Bustan C-Ruiz		24.51	
	Is lender	Lender address; City;	State; Zip Code	Interest rate	
	a financial	OIII 211 Patama Rd	11.		
	Institution?	21434 Retame Ad.	Maringer 17	Maturity date	
	Y (N)		18550		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	County	Commissioner	Cameron C	waty	
	Description of Colla			J	
			account (See Instructi	is were deposited into political ons)	
	none				
	GUARANTOR	Name of guarantor		Amount Guaranteed (\$)	
	INFORMATION				
		Otto	State: 7'm Cod-		
	/	Guarantor address; City;	State; Zip Code		
	not applicable				
		(On the standard of the standa	Employer (See Instructions)		
	Principal Occupation	on (See Instructions)	Employer (See instructions)		
			TO OFFILIO POLITICIST A CALL	1 pm,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE E

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 E:	
2 FILER NAME	hustow C Rur		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan  (1-30-)  6 Is lender a financial	B Lender address; City;	PAC (iD#:) State; Zip Code	9 Loan Amount (\$) 105.16 10 Interest rate	
Institution?	21434 Retame Rd.	Hanlinger TZ 18556	11 Maturity date	
	on / Job title (See Instructions)	13 Employer (See Instructions)  Cameron Cou	nty	
14 Description of Col	lateral	Check if personal fundaccount (See Instruction	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)		
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
10-24-22	Gustaw C- Ruiz		275.00	
Is lender a financial Institution?	Lender address; City; 21U34 Retame Ad	State; Zip Code	Interest rate  Maturity date	
Principal occupation	Commissioner	Employer (See Instructions)  Cameron Cau	n+1	
Description of Colli	ateral	Check if personal fund account (See Instruction	s were deposited into political ons)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupation	on (See Instructions)	Employer (See Instructions)		
if lo	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	, , , , , , , , , , , , , , , , , , ,	Vages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME GUST aus C. Ruiz	3 Filer ID (Ethics Commission Filers)
4 Date 10-5-77	David Munguia	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
200.00	12317 Tio Cano Rd. La	Feria TX 78559
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Campaign
EXPENDITURE	contract labor	C / 2.1
·	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
10-12-22	Carlos Chairez	
Amount (\$)	Payee address;	City; State; Zip Code
2,723,98	3106 Melissa Ln. Harlinge	in to 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
Date	Payee name	
10-12-22	Carisma Print & Desi	31
Amount (\$)	Payee address;	City; State; Zip Code
П,133.13	2165 US Military HWY	281 Brownsville TX 18520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Adventising Expense	Advertising
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Cledit Calu Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME GUST QUO C. RUIZ		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10-13-22	Abel Moreno		
10-13-37 6 Amount (\$)	7 Payee address;	City;	State; Zip Code
232.75	3374 E. 28th St.	Browns ville TX 1	18291
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE	, , , , , , , , , , , , , , , , , , ,	Name and the second	
OF EXPENDITURE	Event Expense	Tent	
EXPENDITORE			TV - Washelder living overence
	(c) Check if travel outside of Texas. Complete Sch		n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-17-22	MS Designs		
Amount (\$)	Payee address;	City;	State; Zip Code
250.00	lyos s. Palm ct.	Hanlinger, tx 17	8552
	Category (See Categories listed at the top of this sol	nedule) Description	
PURPOSE	l f		·
OF EXPENDITURE	Adventising Expense	Advention	9/14
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-18-72	Northern Cameron	County Democ	nats
Amount (\$)	Payee address;	City;	State; Zip Code
4 80,00	207 S. Commence	Hanlinga tx	7855°
	Category (See Categories listed at the top of this sci	nedule) Description	october
PURPOSE OF EXPENDITURE	Event Expense	Event	_
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NEE	EDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	y Gift/Awards/Memorials Expense Printing	Expense Expense :////////////////////////////////////	Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	_	
1 Total pages Schedule F1:	2 FILER NAME GUSTAVO C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date 10-21-22	hasalinea Abreso		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
500.00	35/68 FM 1577 Son 1	Denito TR no	3586
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract habon	campo	2 ign
	(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		
10-25-22	Basilio Sanchez	O''	State: Zin Code
Amount (\$)	Payee address;	City;	State; Zip Code
J 20 '00	121 W Filmore St. Ho	erligen 17	1858
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adventising Expense	Adventis	sing Truck
	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		
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	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
hand the state of	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED

## 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 By Candidate/Officeholder/Political	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
want littleman of west and the second of the second	The Instruction Guide explains h	now to complete this form.	
1 Total pages Schedule F4:	4 USt avo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIA	ZED EXPENDITURES CHARGED TO	OACREDITCARD	\$
5 Date	Payee name		
7 Amount (\$) L  50,00	8 Payee address; 1103, Mongan Blud. 1-	tanlingen TRN	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10  PURPOSE  OF  EXPENDITURE	(a) Category (See Categories listed at the top of this sch Transportation	Clas (	
11.00	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if A	Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought  County	Office held Commissioner
Date 14-77-	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
200,00	1213 S Commence Han	light 18550	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Description	Cards
	Check if travel outside of Texas. Complete Sc	hedule T. Check if	Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Citus Rvin	County	Commissioner
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	IEEDED

## 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
Transportation Equipment & Related Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By	Fees Office Overlieabre Hall Expense Food/Beverage Expense Polling Expense Travel In District  Gift/Awards/Memorials Expense Printing Expense Frinting Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above)
Candidate/Officeholder/Political	Committee Legal Services Salaries/veges/Contract Lasor  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME  Oustage C Ruiz  3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>5</b> Date	6 Payee name
10-11-22	Dick Office Supply
7 Amount (\$)	8 Payee address; City; State; Zip Code
90.40	1009. S MM Sunshine Strip HarlingerTz M8550
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Printing Expense Print
ton yet and a second	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11	Candidate / Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Gus Ruiz County Commissioner
Date	Payee name
10-10-32	DIUC OFFIG Supply
Amount (\$)	Payee address;
28.36	1009 SAN Sunshine Strip Harlinger TX 78550
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Printing Expense Print
In A. I and D. I. C.	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 RUZ County Commissioner
,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	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 Evnense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense	Fees Office Overhead/Rental Expense Travel In District Food/Beverage Expense Polling Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Ottowards (American Expense)  Fees Office Overhead/Rental Expense Travel In District Travel Out Of District Ottowards (American Expense)  Ottowards (American Expense)
Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category normalized above)
	The Instruction Guide explains how to complete this form.  3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F4:	2 FILER NAME GUST AW C. RVIZ
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>5</b> Date 10-24-32	6 Payee name HEB
7 Amount (\$)	8 Payee address; City; State; Zip Code
31.76	1103 Mongan Hanlinger TT 78556
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF FXPENDITURE	Beverage Expense Drinks
LAI LIIDII III	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
11	Candidate / Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	GUS Roiz County Commissioner
77	Payee name
Date 10-27-22	( US
Amount (\$)	Payee address; City; State; Zip Code
24.31	118 E. Harrison St. HanlingerTZ 78550
TYPE OF	Non Delitical
EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Deverage Expense Drinks
	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>QNLY</u> if direct expenditure to benefit C/OH	GUS RUIZ 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

Event Expense

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

Accounting/Banking Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Polling Expense Travel In District Giff/Awards/Memorials Expense Printing Expense Travel Out Of District Giff/Awards/Memorials Expense Printing Expense Travel Out Of District Grantition Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
Candidate/Officeholder/Political	Committee Legal Services Salaries/Wages/Contract Labor Onter (enter a deager).  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME GUSTAW C-RUIZ  3 Filer 1D (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>5</b> Date 0-30-92	Payee name  MCC 0 45'
7 Amount (\$)	8 Payee address; City; State; Zip Code
105.16	3601. W. Express way 83 Harlinger A 78552
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Adventising Cash ties
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
11	Candidate / Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	GUS Ruiz County Commissioner
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description
EXPENDITORE	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
4	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME Gustaus C. Ruiz	3 Filer ID (Ethics Commission Filers)
4 Date 10-24-77	6 Payee name Celina Contrenas	
Amount (\$)  Amount (\$)  Amount (\$)  Reimbursement from political contributions intended	7 Payee address; Po Box 1903 La Fenia T	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food   Bevenage  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Food   Drinks  Check if Austin, TX, officeholder living expense
S Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held  County Commissioner
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought  Office held
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	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, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED