GUSTAVO RUIZ

SEMI-ANNUAL REPORT JANUARY 17, 2023

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 Commis	ssion Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	Gustav	O C.		OFFICE CAMERON (USE ONLY
NAME	NICKNAME GUS	HUIZ		JFFIX	Daig-Redelebl t of Voter regis	ELECTIONS &
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3.1	: APT/SUITE#; Retama Ro		CODE	JAN 17	2023
Change of Address	Itanli	nsen, TX	7 8220	Ey:	A A A A A A A A A A A A A A A A A A A	
5 CANDIDATE/ OFFICEHOLDER PHONE	(ASG)	PHONE NUMBER 421-4373	EXTENSION	•••••	Date Hand-delivered	i or Dale Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Robert	МІ		Receipt #	Amount \$
NAME	NICKNAME	LAST	SU	FFIX	Date Flocesseu	
		Davis	Jr.		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S Tylen Ita		L 78.	state;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 421-4373	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	election Runoff		15th day af treasurer a	
	July 15	8th day before ele	ection Exceeded Reporting		Final Repo	t (Attach C/OH - FR)
10 PERIOD COVERED	10 Month		THROUGH	Month 12	31 / 20	222
11 ELECTION	Month Day	Year Primary 22 General	Runoff	OTION TYPE Other Description		- Maria Maria
12 OFFICE	OFFICE HELD (If any)	Commissioner	13 OFFICE SOUGH		nmissia	1e^
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIL COMMITTEE NAME	S MAY HAVE BEEN MADE WITHOU	UT THE CANDID.	ATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	·		
		GO TO	PAGE 2			

1:31

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME (Austavo C. Ruiz	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,346.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
, , , , , , , , , , , , , , , , , , , ,	4. TOTAL POLITICAL EXPENDITURES	\$ 15,840.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ \25.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 26,847.23
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Mis A D	หมม
	Signature of Cal	ndidate or Officeholder
	Olginatio Cr Odi	Total of Child House
	Please complete either option below	,.
	Flease complete ethiel option below	/ -
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the _	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is QUS My address is QUS	tavo C-Ruiz, and my date of birth is. 34 Retana Rd. Hanlingen, 7	2-10-81 7 118550 USA
^	and the same of th	tate) (zip code) (country)
Executed in Comen	County, State of, on the day of	1027, 20 <u>23</u> . (year)
		Ru
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME GUSTAVO C. RUIZ 20 Filer ID (Ethics Cor					
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,346.85				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$15,840.32				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	itions \$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	S OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ons \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	URNED \$				

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	ustavo C. Ruiz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
11-1-4	Ruben Obell 6 Contributor address; City; State; Zip Code 4681 Lankspur Dr. Brunsville, TX 78526	\$ 150.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	 actions)
Date	Full name of contributor	Amount of contribution (\$)
11-7-22	Republic Services PAC Contributor address; City; State; Zip Code	\$1,000.00
	9402 W. Expy 83 Hanlingen, TX 78552	
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
11-7-22	Sam Ruiz Contributor address; City; State; Zip Code PO BOX 1175 La Fenia, TX 78552	\$ 500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor	Amount of contribution (\$)
11-7-22	Jose Caso Contributor address; City; State; Zip Code 301 Rio Grande Dr. Mission; TX 78572	\$ 2,500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		- ado ano page in the	Topore.
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 JUAN Del gado 6 Contributor address; City; 14909 N Depot Ad. Ed.	7 Amount of contribution (\$)	
Principal occu	unation / Joh title (Con testeration)	9 Employer (See Instruc	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/1/20	Rene Capistran Contributor address; City; 3512 La Soledad Court 1	State; Zip Code Prownsville, TX 78520	\$ 1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	George Gavito Contributor address; City; 3005 Old Alice Rd. Apt. 500 (State; Zip Code) ill, 74 78521	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date L A A	Full name of contributor out-of-state PAC (I Thomas Hanka Contributor address; City; 32054 Weaver Ad. San B		Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Th:	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
FILER NAME	Gustavo C. Buiz		3 Filer ID (Ethics Commission Filers
Date A-\Q-Z Principal occi	5 Full name of contributor out-of-state PAC (I Mongan La Mantia for St 6 Contributor address; City; 220 W. Campeche St. South Padre Island, TX	ab Senator State; Zip Code 18597 Employer (See Instruct	7 Amount of contribution (\$) \$ 446.85
Date	Full name of contributor		
2-19-22	George Lazaro	State: Zin Code	\$ 1,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	O-million - del	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
1	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
7.7		'HIS SCHEDULE AS NEE	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W The Instruction Guide explains how to co	ages/Contract Labor omplete this form.	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Gustavo C. Ruiz		3 Filer ID (Ethic	s Commission Filers)
4 Date 10-31- 22	5 Payee name Torse Canales			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 480.00	1300 N. Kansas City Rd. La	Feria TX	78559	·
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor	Labor		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought County Com	Missioner	Office held Same
Date	Payee name	, , , , , , , , , , , , , , , , , , ,		
11-1-22	Basilio Sanchez			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$125,00	121 W. Filmore St. HSnTX	785%		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation	Gas		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Gus Roiz	County Co	Amissioner	Same
Date	Payee name			
11-1-22	Marsie Canales			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 480.00	13077 Byan Ad. Santa Ro	80 TK 788	593	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Leba	habon		-
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Gus Ruiz	County Com	issioner	Same
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

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	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking	Event Expense [Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting Expense	Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense
Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/Awards/Memorials Expense p	Printing Expense	Travel In District Travel Out Of District
Credit Card Payment	2-3-1-001-11000	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schodule Ed	The Instruction Guide explains i	now to complete this form.	
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)
4 Date			
1	5 Payee name		
11-1-22	Monice Millis		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 480.00	230 25 FM 2556	Santa Rosa , T	र 18893
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE			
OF EXPENDITURE	Contract Labor	Labor	
The state of the s	(C) Check if travel outside of Texas. Complete Sched	lule T. Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	bus Kuit	County Con	nmissioner same
Date	Payee name		34,102
11-1-22	Maria Conde		
Amount (\$)	Payee address;	City;	State; Zip Code
°0, 008 &	PO BOX 964 La Fer	ria, TX 7855	3
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE	•		
OF EXPENDITURE	Contract Labor	Labor	
EXI CREITORE			
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austin,	TX, officeholder living expense
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	GUS RUR	County Commis	Mr. Janes On a
Ph		Comy Commis	sioner same
Date	Payee name		
11-1-22	Noelia Jimenez		
Amount (\$)	Payee address;	City:	State; Zip Code
\$ 800.00	Noelia Jimenez Payee address; 19086 Kansas City Ro	1. La Fenia TX	78559
	Category (See Categories listed at the top of this schedul	le) Description	
PURPOSE			
OF EXPENDITURE	Contract Labor	Labor	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder ilving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Authoritation to peticill CVOH	Λ Λ	0	

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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 Event Expense Loan Repayment/Reimbursement Accounting/Banking Solicitation/Fundraising Expense Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Travel In District Candidate/Officeholder/Political Committee Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gustavo C. Ruit 4 Date Zip Code 632 S. L1/2 St. Harlinga, TX 78550 \$1,105.00 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Intract Labor habor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Gus Ruiz County Commissioner same Date South Texas Screen Printing Payee address; City; 11-8-22 28442 S. Palm Court Dr. Hanlinger, TX 78552 \$ 597.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** shirts OF Advertising Expense 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 held expenditure to benefit C/OH County Commissioner Same Date Pavee name Carlos Chairez 11-9-22 Amount (\$) State; Zip Code 3106 Melissehn. Harlinger, TX 78552 \$ 814,32 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contract Lasor OF Signs **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ane 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 CATEO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards@demoriate Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (parters as the ground black to be a consequent)
Credit Cald Payment	The Instruction Guide explains		Other (enter a category not listed above)
1 Total pages Schedule F			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11-10-22	Nelda Ibarra		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$250.00	631 Windhell St. San	· Benito , TZ 178	306
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	1000
PURPOSE OF EXPENDITURE	Contract Labor	Lobor	
	(C) Check if travel outside of Texas. Complete School	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Gus Rvil	Office sought County Comm	Office held
Date	Payee name		
11-14-22	Jorse Canales		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 70.00	1300 N. Kansas City 1	ld. La Feria TX	1855a
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Labor	
	Check if Iravel cutside of Texas. Complete Scheo	dule T. Check if Austin.	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Gus Ruiz	-	
Date		County Commi	ssioner same
	Payee name		-
11-15-22	Monice Millis		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 70.00	23025 FM 2556 Sa	nta Rosa, 77 7	State; Zip Code
	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF EXPENDITURE	Contract habon	habor	
	Check if travel outside of Texas. Complete Schedu	ele T. Check if Austin, 1	X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Gus Buiz	County Commis	
	ATTACH ADDITIONAL COPIES OF		<u> </u>
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SCHEDULE F1

	- constant and the first	ACIALLIE	DUION	5				SCHEDULE F1
If the requeste	d information is	not applicabl	e, DO NOT	include	this page	in the re	eport.	
		EXPEND	TURE CATE	GORIES	FOR BOY	9/0\		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations M Candidate/Officeholder/F Credit Card Payment	ade Rv	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo Legal Services	pense nials Expense	Loan Rep Office Ov Polling E Printing E Salaries/	oayment/Reimbi /erhead/Rental xpense Expense Wages/Contrac	irsement Expense t Labor	Travel In Dist	undraising Expense in Equipment & Related Expens trict f District a category not listed above)
4		The Instruction	n Guide explair	is how to	complete this	form.	(4.1101 2	octegory not listed above)
1 Total pages Schedule 4 Date		stavo C	Ruiz				3 Filer ID	(Ethics Commission Filers)
11-15-22 6 Amount (\$)	m	an sie	Cana	les				
\$ 190,00	rayee add	Rycn Ad			,なり	y; 8593	State	e; Zip Code
8 PURPOSE	(a) Category	(See Categories liste	d at the top of this s	chedule)	(b) Descrip	otion	·	
OF EXPENDITURE	Contr	ract Lab	por		has	bor		
9 Complete Oblivia		heck if travel outside of		nedule T.	ch	eck if Austin,	TX, officeholder	living expense
9 Complete ONLY if direct expenditure to benefit Co	OH Gu	e/Officeholderr SRUIZ	ame	(County	ought		Office held
Date	Payee name					-011/01/	37/4/10	<u>S'ame</u>
11-15-22	Mi	evel 7	مأماته					
Amount (\$)	Payee addre	gvel Z						
\$ 500.00		366 50			City;	18597	State;	Zip Code
	Category (Se	e Categories listed at	the top of this sche	edule)	Descripti	ion	 	
PURPOSE OF EXPENDITURE	Control	t habo	^		Lad	_		
	Che	ck if travel outside of Tex	as. Complete Scher	tule T				
Complete ONLY if direct	Candidate /	Officeholder na			Chec	k if Austin, T)	(, officeholder liv	ring expense
expenditure to benefit C/O	H A	_			Office sou	ght		Office held
	Gus	RUIL		(ounty (Commis	Sionen	Same
Date	Payee name	···						
11-29-22	Carl	os Cha	inan					
Amount (\$)	i avec audies	8.		-	City;			
\$1,829.00	3106 M	elissa b	n. Har	lingu	, TX	7855	State;	Zip Code
PURPOSE	Category (See	Categories listed at th	e top of this schedu	ıle)	Description	າ		
OF EXPENDITURE	Contrac	t Labor			Sisa	ا ک		
	TO THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	f travel outside of Texas		→ T.	Check i	f Austin, TX.	officeholder living	D RYDROSA
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Gu S	Officeholder nan	ne	Carr	Office soug	ht		Office held
	ATTAA	ADDITIO		(201		mmi ssic	MA	Same

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

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

Candidate/Officeholder/Politie Credit Card Payment	Salanes	Travel Out Of District S/Wages/Contract Labor Other (enter a category not listed above)
4	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1	Gustaus C Ruiz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
12-19-72	Gustaus C RUIZ	
6 Amount (\$)	7 Pavee address	City; State; Zip Code
\$7,250	21434 Retame Rd. Ho	anlinger, 77 78550
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Loan Repayment	Azimbursement
MA	(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/OI	Lus Bur	County Commissioner Same
Date	Payee name	Januar Sana
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	,	
EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEFDED
ne provided by Toyon Ethio	0	