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# **GUSTAVO RUIZ**

**SEMI-ANNUAL REPORT  
JANUARY 15, 2021**



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b>		<u>Gustavo C. Ruiz</u>	<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>31,350.00</u>
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>10.00</u>
	4.	TOTAL POLITICAL EXPENDITURES	\$ <u>3,010.00</u>
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>35,664.60</u>
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,495.95</u>

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

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 administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Gustavo C. Ruiz, and my date of birth is 2-10-81.  
 My address is 21434 Retama Rd., Harlingen, TX, 78550, USA.  
(street) (city) (state) (zip code) (country)  
 Executed in Cameron County, State of Texas, on the 12 day of January, 2021.  
(month) (year)  
Gustavo C. Ruiz  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
Gustavo C. Ruiz		
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 31,350.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 1,094.45
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,000
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1,094.45
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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:

8

2 FILER NAME

Gustavo C. Ruiz

3 Filer ID (Ethics Commission Filers)

4 Date

9-22-20

5 Full name of contributor

TRE PAC

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 1,500

6 Contributor address; City; State; Zip Code

PO Box 2246 Austin TX 78768

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-24-20

Full name of contributor

Half Associates State PAC

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 2,500

Contributor address; City; State; Zip Code

1201 N. Bowser Road Richardson TX 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-15-20

Full name of contributor

Linebarger Goggan Blain Sampson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 2,500

Contributor address; City; State; Zip Code

PO Box 17428 Austin TX 78760

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-15-20

Full name of contributor

Ric Cardenas

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 1,000

Contributor address; City; State; Zip Code

1603 E. Price Road Brownsville TX 78521

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date 9-11-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LDR Enterprises LLC	7 Amount of contribution (\$) \$ 2,500
6 Contributor address; City; State; Zip Code 2608 Live Oak Mission TX 78574		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-27-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rene Capistran	Amount of contribution (\$) \$ 2,500
Contributor address; City; State; Zip Code 3512 LA Soledad Court Brownsville TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-14-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacinto Garza	Amount of contribution (\$) \$ 2,500
Contributor address; City; State; Zip Code 27304 South Bass Blvd. Harlingen TX 78552		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-21-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royston Rayzor Vickery Williams	Amount of contribution (\$) \$ 1,000
Contributor address; City; State; Zip Code 55 Cove Circle Brownsville TX 78521		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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.

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: 8
2 FILER NAME Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date 9-22-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando Rubiano	7 Amount of contribution (\$) \$ 1,250
6 Contributor address; City; State; Zip Code 518 E. Woodland Dr. Harlingen TX 78550		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-28-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene Ramirez	Amount of contribution (\$) \$ 1,500
Contributor address; City; State; Zip Code 1508 S Lone Star Way unit 1 Edinburg TX 78539		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-16-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Percy	Amount of contribution (\$) \$ 1,000
Contributor address; City; State; Zip Code 561 Lake Dr. Harlingen TX 78550		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-28-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Lazaro	Amount of contribution (\$) \$ 750
Contributor address; City; State; Zip Code 512 E. Magnolia Ave. La Feria TX 78559		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>8</u>
2 FILER NAME <u>Gustavo C. Ruiz</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9-14-20</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rudolph Gomez</u> 6 Contributor address; City; State; Zip Code <u>22 Alverado Ave. Rancho Viejo TX 78575</u>	7 Amount of contribution (\$) <u>\$ 1,000</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>9-24-20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Guillermo Quintanilla</u> Contributor address; City; State; Zip Code <u>3818 Bourbon Harlingen TX 78550</u>	Amount of contribution (\$) <u>\$ 1,000</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9-28-20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Diamond Eight Industries</u> Contributor address; City; State; Zip Code <u>PO Box 471 Santa Rosa TX 78593</u>	Amount of contribution (\$) <u>\$ 500</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9-23-20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>IT Engineering</u> Contributor address; City; State; Zip Code <u>PO Box 149 La Feria TX 78559</u>	Amount of contribution (\$) <u>\$ 500</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date 9-21-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead PAC 6 Contributor address; City; State; Zip Code 2728 N. Harwood Street Ste 500 Dallas, TX 75201	7 Amount of contribution (\$) \$ 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-23-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tre Peacock Contributor address; City; State; Zip Code 5313 Hund Ct. Harlingen TX 78552	Amount of contribution (\$) \$ 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-18-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oscar Aranza Contributor address; City; State; Zip Code 1502 Dona Jeanne Mission TX 78572	Amount of contribution (\$) \$ 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-18-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Pena Contributor address; City; State; Zip Code PO Box 1847 Edinburg TX 78540	Amount of contribution (\$) \$ 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <b>8</b>
2 FILER NAME <b>Gustavo C. Ruiz</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9-15-20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Raba Kistner PAC</b>	7 Amount of contribution (\$) <b>\$ 500</b>
6 Contributor address; City; State; Zip Code <b>PO Box 690287 San Antonio TX 78269</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>8-13-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arturo Mc Donald Jr.</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>6503 Esjobedo St. Brownsville TX 78521</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9-28-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Humberto Garza Jr.</b>	Amount of contribution (\$) <b>\$ 250</b>
Contributor address; City; State; Zip Code <b>877 Quail Hollow Dr. Weslaco TX 78596</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9-23-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose Gonzalez</b>	Amount of contribution (\$) <b>\$ 250</b>
Contributor address; City; State; Zip Code <b>2010 Peace Ave Mission TX 78572</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 8
2 FILER NAME Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date 8-13-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie Lucio III	7 Amount of contribution (\$) \$ 250
6 Contributor address; City; State; Zip Code PO Box 2106 San Benito TX 78586		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-24-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S+B PAC	Amount of contribution (\$) \$ 2,500
Contributor address; City; State; Zip Code PO Box 266245 Houston TX 77207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-1-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando Rios	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 110 Broadway St. 355 San Antonio TX 78205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-24-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caso Law Firm	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 112 E. Cano St. Edinburg TX 78539		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 8
2 FILER NAME <b>Gustavo C Ruiz</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9-23-20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Republic Services PAC</b>	7 Amount of contribution (\$) <b>\$ 1,000</b>
6 Contributor address; City; State; Zip Code <b>1800 N Solis Rd. La Feria TX 78559</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# LOANS

# 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: <b>2</b>
2 FILER NAME <b>Gustavo C Ruiz</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>8-11-20</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Gustavo C. Ruiz</b>	9 Loan Amount (\$) <b>\$ 749.75</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/>	8 Lender address; City; State; Zip Code <b>21434 Retama Rd. Hanlinton TX 78856</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Attorney</b>		13 Employer (See Instructions) <b>self employed</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# LOANS

# 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: <b>2</b>
2 FILER NAME <b>Gustavo C. Ruiz</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>9-17-20</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Gustavo C. Ruiz</b>	9 Loan Amount (\$) <b>\$115.85</b>
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>21434 Retama Rd. Harlingen TX 78550</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Attorney</b>		13 Employer (See Instructions) <b>Self employed</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

  

Date of loan <b>8-14-20</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Gustavo C. Ruiz</b>	Loan Amount (\$) <b>\$ 228.85</b>
Is lender a financial institution? <b>Y (N)</b>	Lender address; City; State; Zip Code <b>21434 Retama Rd. Harlingen TX 78550</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self employed</b>
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <u>1</u>	<b>2</b> FILER NAME <u>Gustavo C. Ruiz</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>9-17-20</u>	<b>5</b> Payee name <u>OPRI6 Depot</u>	
<b>6</b> Amount (\$) <u>115.85</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <u>605 S Expressway 83 Harlingen TX 78550</u>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	(b) Description <u>OPRI6 Supplies</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <u>8-14-20</u>	Payee name <u>Walmart</u>	
Amount (\$) <u>228.85</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1801 W Lincoln St. Harlingen TX 78552</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>School Supplies</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <u>8-11-20</u>	Payee name <u>Walmart</u>	
Amount (\$) <u>749.75</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1801 W Lincoln St. Harlingen TX 78552</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>School Supplies</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Gustavo C. Ruiz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9-28-20	<b>5</b> Payee name Frankie Flauz	
<b>6</b> Amount (\$) \$ 3,000	<b>7</b> Payee address; City; State; Zip Code 619 E. Harrison Ave. Harlingen TX 78550	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food Expense	<b>(b)</b> Description Food Expense
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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**