GUSTAVO RUIZ

SEMI-ANNUAL REPORT JULY 15, 2024

FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR GUSTAVO Mi OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX JUL 23 2024 4 CANDIDATE/ STATE; ZIP CODE **OFFICEHOLDER** hetama Rd. MAILING RECEIVED **ADDRESS** Change of Address 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN МІ **TREASURER** NAME Date Processed NICKNAME SUFFIX Date Imaged 1) auis STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: **CAMPAIGN** STATE: ZIP CODE TREASURER 00 Box 531651 **ADDRESS** (Residence or Business) 8 CAMPAIGN PHONE NUMBER **EXTENSION TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election Renoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED **THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Month Other Description General Special 12 OFFICE 13 OFFICE SOUGHT (if known) COUNTY OMMI THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL COMMISSIONS ACCEPTED ON POLITICAL EAPENDITURES MADE BY POLITICAL COMMISSIONS TO SUPPORT THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

MS A

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	·	16 Filer ID (Ethios Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN \$
*********	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	s) \$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	4ST DAY \$ 125.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S 31,347.23
18 SIGNATURE I sv req	vear, or affirm, under penalty of perjury, that the accompanying report is trulied to be reported by me under Title 15, Election Code.	
	Sub c	Rev
	Signature of C	andidate or Officeholder
	Please complete either option below	v:
	•	
1) Affidavit		
i) Amaavit		
NOTARY STAMP/SEAL		
swom to and subscribed b	efore me by this the	day of
	nich, witness my hand and seal of office.	uay or,
ignature of officer administerin	g oath Printed name of officer administering oath	Title of officer administering oath
	OR	This of the administering dati
2) Unsworn Declaration		
Cours	na	
y name is	Signature and the signature of the signa	2-10-81
y address is	4 Betama Rd. Harlingen , T	R 78550 USA.
ecuted in Cameror		tate) (zip code) (country)
ecrison in / Whitelot	County, State of Ty, on the 22 day of Tuy	, 20 <u>24</u> .
		ky (year)
	Signature of Candid	ate/Officeholder (Declarant)