

GUSTAVO
RUIZ

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: <div style="text-align: center; font-size: 2em;">10</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Gustavo MI: C NICKNAME: Gus LAST: Ruiz SUFFIX:	OFFICE USE ONLY Date Received <div style="text-align: center;">CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION</div> <div style="text-align: center; font-size: 1.2em;">11:30am JAN 16 2018</div> <div style="text-align: center; border: 1px solid black; padding: 5px;"> RECEIVED Date Hand-delivered or Date Postmarked BY: <i>[Signature]</i> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 21434 Retama Ad. Harlingen TX 78550	Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (956) PHONE NUMBER: 421-4373 EXTENSION:	6 CAMPAIGN TREASURER NAME MS / MRS / MR: Mr FIRST: Robert MI: Jr. NICKNAME: Davis LAST: Davis SUFFIX: Jr.	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1106 E Tyler Harlingen TX 78550		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (956) PHONE NUMBER: 421-4373 EXTENSION:		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2017 THROUGH 12 / 31 / 2017		
11 ELECTION	ELECTION DATE Month Day Year 11 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) County Commissioner Pct. 4	13 OFFICE SOUGHT (if known) County Commissioner Pct. 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Gustavo C. Ruiz

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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 OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *27,950*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *15.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *2,105.93*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *35,553.65*

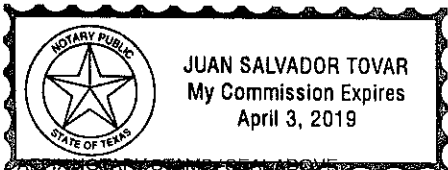
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *27,304.39*

18 AFFIDAVIT

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.



Gustavo C. Ruiz

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Gustavo C. Ruiz*, this the *16th* day of *January*, 20 *18*, 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

SUBTOTALS - C/OH

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

19 FILER NAME

Gustavo C. Ruiz

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,950
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,093.93
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Gustavo C. Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date 11-27-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cris Villarreal 6 Contributor address; City; State; Zip Code 3109 Treasure Hills Blvd Hgn TX 78706	7 Amount of contribution (\$) \$ 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-27-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Hoggson Blair Sampson Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760	Amount of contribution (\$) \$ 1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-28-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haiff Associates State PAC Contributor address; City; State; Zip Code 1201 N Bowser Rd. Richardson TX 75081	Amount of contribution (\$) \$ 2,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-1-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan L. Johnson Contributor address; City; State; Zip Code 28977 Altas Palmas Road Harlingen TX 78552	Amount of contribution (\$) \$ 250
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Gustavo C. Ruiz

3 Filer ID (Ethics Commission Filers)

4 Date

11-30-17

5 Full name of contributor

Rolando R. Rubiano

out-of-state PAC (ID#: _____)

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

11-30-17

Full name of contributor

Alfredo Garcia Jr.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,500

Contributor address;

City; State; Zip Code

153 Lakeview St. South San Benito TX 78586

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-30-17

Full name of contributor

Miguel Chanin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 1,000

Contributor address;

City; State; Zip Code

2201 E. Augusta Sq. McAllen TX 78503

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-30-17

Full name of contributor

Benjamin R. Guerra

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 750

Contributor address;

City; State; Zip Code

3017 Indian Wells Harlingen TX 78550

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Gustavo C. Ruiz

3 Filer ID (Ethics Commission Filers)

4 Date

11-20-17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Linda Alaniz

7 Amount of contribution (\$)

\$ 500

6 Contributor address;

City; State; Zip Code

PO Box 217 Rio Hondo TX 78583

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-29-17

Full name of contributor

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

11-30-17

Full name of contributor

out-of-state PAC (ID#: _____)

David A. Garza

Amount of contribution (\$)

\$ 2,500

Contributor address;

City; State; Zip Code

PO Box 1194 San Benito TX 78586

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-30-17

Full name of contributor

out-of-state PAC (ID#: _____)

Jesus Salinas

Amount of contribution (\$)

\$ 2,500

Contributor address;

City; State; Zip Code

1201 E. Interstate Highway 2 Mission TX 78572

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Gustavo C Ruiz		3 Filer ID (Ethics Commission Filers)
4 Date 11-30-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker Smith	7 Amount of contribution (\$) \$ 200
6 Contributor address; City; State; Zip Code 15155 Sparrow Harlingen TX 78552		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-29-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julio Cenda	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code 1602 solar Dr. Mission TX 78574		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-28-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raba-Kistner PAC	Amount of contribution (\$) \$ 1,000
Contributor address; City; State; Zip Code PO Box 690287 San Antonio TX 78269		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-28-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SJB PAC	Amount of contribution (\$) \$ 5,000
Contributor address; City; State; Zip Code PO Box 266245 Houston TX 77207		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Gustavo C. Ruiz

3 Filer ID (Ethics Commission Filers)

4 Date

12-5-17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Rene A. Ramirez

7 Amount of contribution (\$)

\$ 500

6 Contributor address;

City; State; Zip Code

612 W Nolana Ave. ste 415 McAllen TX 78504

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12-5-17

Full name of contributor

out-of-state PAC (ID#: _____)

Garver PAC

Amount of contribution (\$)

\$1,000

Contributor address;

City; State; Zip Code

1906 East Tyler Ave Harlingen TX 78550

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-7-17

Full name of contributor

out-of-state PAC (ID#: _____)

Halff Associates State PAC

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

11-28-17

Full name of contributor

out-of-state PAC (ID#: _____)

George Hazaro

Amount of contribution (\$)

\$ 500

Contributor address;

City; State; Zip Code

133 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 2	2 FILER NAME Gustavo C. Ruiz	3 Filer ID (Ethics Commission Filers)
4 Date 12-1-17	5 Payee name Maya Designs	
6 Amount (\$) \$ 90.93	7 Payee address; City; State; Zip Code 250 S. Williams Road San Benito TX 78589	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Magnets
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 12-1-17	Candidate / Officeholder name Cameron County Democratic Party	
Amount (\$) \$ 1,250	Payee address; City; State; Zip Code PO Box 4647 Brownsville TX 78523	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Candidate	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 12-1-17	Candidate / Officeholder name Cameron County Democratic Party	
Amount (\$) \$ 250	Payee address; City; State; Zip Code PO Box 4647 Brownsville TX 78523	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Candidate	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Party Donation
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME <i>Gustavo C. Ruiz</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>9-28-17</i>	5 Payee name <i>Junior League of Harlingen</i>				
6 Amount (\$) <i>\$500</i>	7 Payee address; City; State; Zip Code <i>PO Box 1726 Harlingen TX 78551</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Fundraiser</i>			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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