

# 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: 10

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Mrs. Marissa O.  
NICKNAME LAST SUFFIX  
Gerlach

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
1207 Encanto Blvd. Mission TX 78574

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956 ) 279-7503

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mrs. Lori Leo  
NICKNAME LAST SUFFIX  
Gerlach

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
3101 Las Colinas Lane Mission TX 78574

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(956 ) 279-9517

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
10 / 26 / 23 THROUGH 11 / 5 / 23

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year Primary Runoff Other Description  
12 / 9 / 23 General  Special

12 OFFICE

OFFICE HELD (if any)

n/a

13 OFFICE SOUGHT (if known)

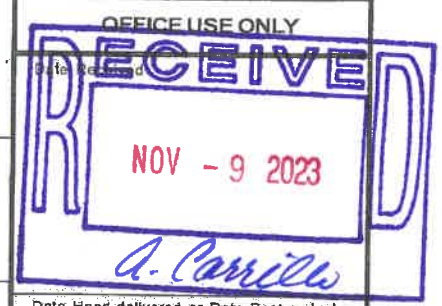
City Council, Place 3

14 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        | COMMITTEE ADDRESS                    |
| SPECIFIC       | COMMITTEE CAMPAIGN TREASURER NAME    |
|                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages



GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|   |   |  |
|---|---|--|
| 15 C/OH NAME<br>Mrs. Marissa Ortega Gerlach |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                      | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 4,640.76                            |
| EXPENDITURE TOTALS                          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 9,391.53                            |
| CONTRIBUTION BALANCE                        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1,468.00                            |
| OUTSTANDING LOAN TOTALS                     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                |

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



Sworn to and subscribed before me by Marissa O. Gerlach this the 9th day of November,

2023 to certify which, witness my hand and seal of office.

Anna Carrillo

Anna Garza Carrillo

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME

Mrs. Marissa Ortega Gerlach

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

|     |   |             |
|-----|---|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 1,500.00 |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           | \$ 3,140.76 |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$          |
| 4.  | SCHEDULE E: LOANS   | \$          |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 32.00    |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$          |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                                    | \$          |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$          |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS           | \$ 9,359.53 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                               | \$          |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                                  | \$          |
| 12. | 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: <b>1</b>              |
| 2 FILER NAME<br><b>Mrs. Marissa Ortega Gerlach</b>  |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>11/01/2023</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Yvonne Salinas</b>                    | 7 Amount of contribution (\$)<br><b>1,500.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>2121 Solar Dr. Mission TX 78574</b>  |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Self employed</b>   |  | 9 Employer (See Instructions)<br><b>Self</b>     |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                      |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                      |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                      |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |  |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>2</b>                             |   |
| 2 FILER NAME<br><b>Mrs. Marissa Ortega Gerlach</b>  |   | 3 Filer ID (Ethics Commission Filers)                           |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$  |   |
| 5 Date<br><b>11/01/2023</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Marco and Carina De Luna</b><br>7 Contributor address; City; State; Zip Code<br><b>1301 En Canto Blvd. Mission TX 78574</b> | 8 Amount of Contribution \$<br><b>1,509.49</b>                  | 9 in-kind contribution description<br><b>event expense</b><br><small>Check if travel outside of Texas. Complete Schedule T.</small> |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>Attorney(s)</b>  |   | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br><b>Self</b> |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |   | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)     |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)     |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |   |   |   |
| Date<br><b>11/01/2023</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ted and Maritza Venecia</b><br>Contributor address; City; State; Zip Code<br><b>1611 Madison Hope Dr. Mission TX 78572</b>    | Amount of Contribution \$<br><b>1,509.49</b>                    | In-kind contribution description<br><b>event expense</b><br><small>Check if travel outside of Texas. Complete Schedule T.</small>   |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>Self employed</b>   |   | Employer (FOR NON-JUDICIAL)(See Instructions)<br><b>Self</b>    |   |
| Contributor's principal occupation (FOR JUDICIAL)   |   | Contributor's job title (FOR JUDICIAL)(See Instructions)        |   |
| Contributor's employer/law firm (FOR JUDICIAL)  |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)        |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |   |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |   |   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>2</b>                             |   |
| 2 FILER NAME<br><b>Mrs. Marissa Ortega Gerlach</b>  |   | 3 Filer ID (Ethics Commission Filers)                           |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |   | \$  |   |
| 5 Date<br><b>10/28/2023</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Marco and Carina De Luna</b>          | 8 Amount of Contribution \$<br><b>121.78</b>                    | 9 In-kind contribution description<br><b>printing expense</b> |
| 7 Contributor address; City; State; Zip Code<br><b>1301 En Canto Blvd. Mission TX 78574</b>   |   | Check if travel outside of Texas. Complete Schedule T.          |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>Attorney(s)</b>  |   | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br><b>Self</b> |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)  |   | 13 Contributor's job title (FOR JUDICIAL)(See Instructions)     |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)   |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)     |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |   |   |   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of Contribution \$                                       | In-kind contribution description                              |
|   |   |   | Check if travel outside of Texas. Complete Schedule T.        |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)   |   | Employer (FOR NON-JUDICIAL)(See Instructions)                   |   |
| Contributor's principal occupation (FOR JUDICIAL)   |   | Contributor's job title (FOR JUDICIAL)(See Instructions)        |   |
| Contributor's employer/law firm (FOR JUDICIAL)  |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)        |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |   |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. |   |   |   |

# 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:<br>1                              | <b>2</b> FILER NAME<br>Mrs. Marissa Ortega Gerlach   | <b>3</b> Filer ID (Ethics Commission Filers)                                |
| <b>4</b> Date<br>11/01/2023   | <b>5</b> Payee name<br>Deluxe Checks   |   |
| <b>6</b> Amount (\$)<br>32.00                                       | <b>7</b> Payee address; City; State; Zip Code<br>www.2deluxe.com   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br>Accounting/Banking expense  | <b>(b) Description</b><br>checks for campaign account                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description   |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description   |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought <input type="checkbox"/> Office held <input type="checkbox"/> |

**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                        | 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:<br><b>3</b>   | <b>2</b> FILER NAME<br><b>Mrs. Marissa Ortega Gerlach</b>  | <b>3</b> Filer ID (Ethics Commission Filers)      |
| <b>4</b> Date<br><b>11/04/2023</b>   | <b>5</b> Payee name<br><b>Ultra Print</b>  |   |
| <b>6</b> Amount (\$)<br><b>1,353.13</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address: City: State: Zip Code<br><b>2116 Oleander Mission TX 78573</b>   |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Printing expense</b>   | <b>(b)</b> Description<br><b>signs</b>            |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br><b>Mrs. Marissa Ortega Gerlach</b>  | Office sought<br><b>City Council, Pl. 3</b>       |
|  |  | Office held<br><b>n/a</b>                         |
| Date<br><b>11/01/2023</b>  | Payee name<br><b>McAllen Sports</b>  |   |
| Amount (\$)<br><b>1,987.47</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address: City: State: Zip Code<br><b>108 S. 16th St. McAllen TX 78501</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><b>Advertising expense</b>   | Description<br><b>Campaign attire (caps)</b>      |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><b>Mrs. Marissa Ortega Gerlach</b>  | Office sought<br><b>City Council, Pl. 3</b>       |
|  |  | Office held                                       |
| Date<br><b>11/01/2023</b>  | Payee name<br><b>Brand Boosters</b>  |   |
| Amount (\$)<br><b>3,085.13</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address: City: State: Zip Code<br><b>301 N. McColl Rd. McAllen TX 78501</b>  |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><b>Printing expense</b>  | Description<br><b>signs and campaign material</b> |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><b>Mrs. Marissa Ortega Gerlach</b>  | Office sought<br><b>City Council, Pl. 3</b>       |
|  |  | Office held                                       |

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   | 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 Candidate/Officeholder/Political Committee. | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:<br><b>3</b>   | <b>2</b> FILER NAME<br><b>Mrs. Marissa Ortega Gerlach</b>  | <b>3</b> Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date<br><b>11/01/2023</b>   | <b>5</b> Payee name<br><b>Derty Sports</b>   |  |
| <b>6</b> Amount (\$)<br><b>839.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><b>400 N. Cage Blvd. Pharr TX 78577</b>   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Advertising expense</b>  | <b>(b)</b> Description<br><b>campaign attire</b> |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><b>Mrs. Marissa Ortega Gerlach</b>  | Office sought<br><b>City Council, Pl. 3</b>      |
|  |  | Office held<br><b>n/a</b>                        |
| Date<br><b>11/01/2023</b>  | Payee name<br><b>Daniel Herrera</b>  |  |
| Amount (\$)<br><b>200.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br><b>1616 Mayhem Edinburg TX 78542</b>   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Advertising expense</b>   | Description<br><b>photography</b>                |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br><b>Mrs. Marissa Ortega Gerlach</b>  | Office sought<br><b>City Council, Pl. 3</b>      |
|  |  | Office held                                      |
| Date<br><b>10/31/2023</b>  | Payee name<br><b>Academy</b>   |  |
| Amount (\$)<br><b>177.30</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br><b>3901 Expwy. 83 McAllen TX 78503</b>   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Advertising expense</b>   | Description<br><b>campaign attire</b>            |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br><b>Mrs. Marissa Ortega Gerlach</b>  | Office sought<br><b>City Council, Pl. 3</b>      |
|  |  | Office held                                      |

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                        | 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:<br><b>3</b>   | <b>2</b> FILER NAME<br><b>Mrs. Marissa Ortega Gerlach</b>  | <b>3</b> Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date<br><b>10/31/2023</b>   | <b>5</b> Payee name<br><b>Tractor Supply</b>   |  |
| <b>6</b> Amount (\$)<br><b>518.52</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><b>1501 W. Expwy. 83 Mission TX 78572</b>   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Overhead expense</b>   | <b>(b)</b> Description<br><b>sign supplies</b>   |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name<br><b>Mrs. Marissa Ortega Gerlach</b>  | Office sought<br><b>City Council, Pl. 3</b>      |
|  |  | Office held<br><b>n/a</b>                        |
| Date<br><b>10/30/2023</b>  | Payee name<br><b>Home Depot</b>  |  |
| Amount (\$)<br><b>393.60</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br><b>120 S. Shary Rd. Mission TX 78573</b>   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><b>Overhead expense</b>  | Description<br><b>sign supplies</b>              |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><b>Mrs. Marissa Ortega Gerlach</b>  | Office sought<br><b>City Council, Pl. 3</b>      |
|  |  | Office held                                      |
| Date<br><b>10/27/2023</b>  | Payee name<br><b>McAllen Sports</b>  |  |
| Amount (\$)<br><b>805.38</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br><b>108 S. 16th McAllen TX 78501</b>  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><b>Advertising expense</b>   | Description<br><b>campaign attire/embroidery</b> |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><b>Mrs. Marissa Ortega Gerlach</b>  | Office sought<br><b>City Council, Pl. 3</b>      |
|  |  | Office held                                      |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED