

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

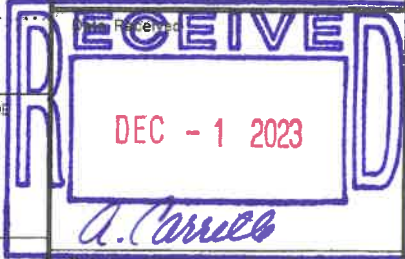
FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

26

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	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	<input type="checkbox"/> January 15 <input checked="" 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 checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	11	6	23	THROUGH	11	30	23
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	Primary	Runoff	Other Description	
	12	9	23	General	<input checked="" type="checkbox"/> Special	8-Day Before Election Report	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
	n/a		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.						
Additional Pages:	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME 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)	\$ 1,150.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 79,976.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12,122.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 60,000.00

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.

*Marissa Ortega Gerlach*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Marissa Ortega Gerlach this the 1st day of December, 2023 to certify which, witness my hand and seal of office.

Anna Carrillo Anna 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 SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,150.60
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 60,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 50,496.34
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 9,480.56
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 20,000.00
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 <b>Mrs. Marissa Ortega Gerlach</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/27/2023</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Hiram A. Gutierrez</b> 6 Contributor address; City; State; Zip Code <b>701 N. Bentsen McAllen TX 78501</b>	7 Amount of contribution (\$)  <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Perdue, Brandon, Fielder, Collins &amp; Mott</b>
Date <b>11/10/2023</b>	Full name of contributor out-of-state PAC (ID#: <b>Charles D. Cartwright</b> Contributor address; City; State; Zip Code <b>7519 Cherry Brook Ct. Sugarland, TX 77479</b>	Amount of contribution (\$)  <b>150.60</b>
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>Self</b>
Date	Full name of contributor 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 out-of-state PAC (ID#: 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> 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>1</b>
2 FILER NAME <b>Mrs. Marissa Ortega Gerlach</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>11/07/2024</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marissa Ortega Gerlach</b>	9 Loan Amount (\$) <b>60,000.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>1207 Encanto Blvd. Mission TX 78574</b>	10 Interest rate <b>0.00</b>
		11 Maturity date <b>11/07/2025</b>
12 Principal occupation / Job title (See Instructions) <b>Self-employed</b>		13 Employer (See Instructions) <b>Self</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender 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  
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  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11 of 7		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/27/2023		<b>5</b> Payee name Juanita Barajas			
<b>6</b> Amount (\$) 1,740.00		<b>7</b> Payee address; 6204 N. Bentsen Palm Dr.		City; Mission	State; TX
				Zip Code 78572	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting expense		<b>(b)</b> Description campaign consulting		
	<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					
Date 11/27/2023		Payee name The Monitor			
Amount (\$) 7,690.29		Payee address; 1400 E. Nolana Ave.		City; McAllen	State; TX
				Zip Code 78504	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense		Description campaign ad.		
	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					
Date 11/27/2023		Payee name LMH Employment Group			
Amount (\$) 1,994.00		Payee address; 3711 N. 10th St.		City; McAllen	State; TX
				Zip Code 78501	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages		Description staffing salaries		
	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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2 of 7</b>		2 FILER NAME <b>Mrs. Marissa Ortega Gerlach</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/26/2023</b>		5 Payee name <b>Ruth Ramirez</b>			
6 Amount (\$) <b>2,330.00</b>		7 Payee address; City; State; Zip Code <b>418 N. St. Mariest Mission TX 78572</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Contract labor</b>		(b) Description <b>general campaign labor</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>11/21/2023</b>		Payee name <b>Ruth Ramirez</b>			
Amount (\$) <b>160.00</b>		Payee address; City; State; Zip Code <b>418 N. St. Mariest Mission TX 78572</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Travel in district</b>		Description <b>fuel</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>11/26/2023</b>		Payee name <b>HEB</b>			
Amount (\$) <b>200.00</b>		Payee address; City; State; Zip Code <b>820 S. Conway Mission TX 78572</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Travel in district</b>		Description <b>fuel</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3 of 7</b>		2 FILER NAME <b>Mrs. Marissa Ortega Gerlach</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/21/2023</b>		5 Payee name <b>Angel's Kitchen</b>			
6 Amount (\$) <b>900.00</b>		7 Payee address; <b>2005 W. Mile 3 Rd.</b>		City; <b>Mission</b>	State; <b>TX</b>
				Zip Code <b>78572</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event expense</b>		(b) Description <b>campaign event</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>11/21/2023</b>		Payee name <b>Joshua Alvarez</b>			
Amount (\$) <b>160.00</b>		Payee address; <b>2405 N. J St. Unit B</b>		City; <b>McAllen</b>	State; <b>TX</b>
				Zip Code <b>78501</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract labor</b>		Description <b>phone banking</b>		
	Check if travel outside of Texas. Complete Schedule T.		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 <b>11/20/2023</b>		Payee name <b>Rosanna Haro</b>			
Amount (\$) <b>644.10</b>		Payee address; <b>2419 E. Griffin Pkwy</b>		City; <b>Mission</b>	State; <b>TX</b>
				Zip Code <b>78572</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>		Description <b>event decor</b>		
	Check if travel outside of Texas. Complete Schedule T.		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

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# 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  
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  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4 of 7</b>		2 FILER NAME <b>Mrs. Marissa Ortega Gerlach</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/20/2023</b>		5 Payee name <b>LHM Employment Group</b>			
6 Amount (\$) <b>964.00</b>		7 Payee address; <b>3711 N. 10th St.</b>		City; <b>McAllen</b>	State; <b>TX</b>
				Zip Code <b>78501</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Salaries/Wages</b>		(b) Description <b>campaign staff</b>		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/>				
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <b>11/20/2023</b>		Payee name <b>Juanita Barajas</b>			
Amount (\$) <b>2,380.00</b>		Payee address; <b>6204 N. Bentsen Palm Dr.</b>		City; <b>Mission</b>	State; <b>TX</b>
				Zip Code <b>78572</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract labor</b>		Description <b>campaign labor</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				
Date <b>11/16/2023</b>		Payee name <b>Derty Sports</b>			
Amount (\$) <b>119.00</b>		Payee address; <b>1400 N. Cage Blvd.</b>		City; <b>Pharr</b>	State; <b>TX</b>
				Zip Code <b>78577</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		Description <b>campaign embroidery</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				
Date <b>11/16/2023</b>		Payee name <b>Derty Sports</b>			
Amount (\$) <b>119.00</b>		Payee address; <b>1400 N. Cage Blvd.</b>		City; <b>Pharr</b>	State; <b>TX</b>
				Zip Code <b>78577</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		Description <b>campaign embroidery</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				

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5 of 7</b>		2 FILER NAME <b>Mrs. Marissa Ortega Gerlach</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/17/2023</b>		5 Payee name <b>Brand Boosters</b>			
6 Amount (\$) <b>8,454.33</b>		7 Payee address; <b>301 N. McColl Rd.</b>		City; <b>McAllen</b>	State; <b>TX</b>
8  <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Printing expense</b>		(b) Description <b>campaign material</b>	
		(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>11/18/2023</b>		Payee name <b>Ranch House Burgers</b>			
Amount (\$) <b>649.46</b>		Payee address; <b>409 N. Bryan Rd</b>		City; <b>Mission</b>	State; <b>TX</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Event expense</b>		Description <b>campaign event</b>	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>11/17/2023</b>		Payee name <b>Ruth Ramirez</b>			
Amount (\$) <b>1,000.00</b>		Payee address; <b>418 N. St. Mariest</b>		City; <b>Mission</b>	State; <b>TX</b>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Contract labor</b>		Description <b>campaign labor</b>	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6 of 7</b>		2 FILER NAME <b>Mrs. Marissa Ortega Gerlach</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/11/2023</b>		5 Payee name <b>Hector Hernandez</b>			
6 Amount (\$) <b>1,750.00</b>		7 Payee address; <b>300 E. 14th St.</b>		City; <b>Mission</b>	State; <b>TX</b>
				Zip Code <b>78572</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Contract labor</b>		(b) Description <b>campaign labor</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>11/10/2023</b>		Payee name <b>The Progress Times</b>			
Amount (\$) <b>12,000.00</b>		Payee address; <b>1217 N. Conway Ave.</b>		City; <b>Mission</b>	State; <b>TX</b>
				Zip Code <b>78572</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		Description <b>campaign ads</b>		
	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 <b>11/09/2023</b>		Payee name <b>Nappa Valley Investment Group</b>			
Amount (\$) <b>2,500.00</b>		Payee address; <b>2402 Brock St.</b>		City; <b>Mission</b>	State; <b>TX</b>
				Zip Code <b>78572</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event expense</b>		Description <b>campaign event</b>		
	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 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  
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  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>7 of 7</b>		2 FILER NAME <b>Mrs. Marissa Ortega Gerlach</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/09/2023</b>		5 Payee name <b>Desi Romero</b>			
6 Amount (\$) <b>1,500.00</b>		7 Payee address; <b>1722 N. Alamo Rd.</b>		City; <b>Alamo</b>	State; <b>TX</b>
				Zip Code <b>78516</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting expense</b>		(b) Description <b>campaign consulting</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense.				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>11/09/2023</b>		Payee name <b>Brand Boosters</b>			
Amount (\$) <b>3,361.16</b>		Payee address; <b>301 N. McColl Rd.</b>		City; <b>McAllen</b>	State; <b>TX</b>
				Zip Code <b>78501</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>		Description <b>campaign material</b>		
	Check if travel outside of Texas. Complete Schedule T.				
	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		
	Check if travel outside of Texas. Complete Schedule T.				
	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

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 11/3		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date 11/28/2023		<b>6</b> Payee name Tacos Yoya, LLC			
<b>7</b> Amount (\$) 179.37		<b>8</b> Payee address: 1928 N. Conway Ave.		<b>City:</b> Mission	<b>State:</b> TX <b>Zip Code</b> 78572
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/beverage expense		<b>(b)</b> Description campaign lunch	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> 11/28/2023		<b>Payee name</b> Diaz Diner			
<b>Amount (\$)</b> 93.85		<b>Payee address:</b> 501 E. 9th St.		<b>City:</b> Mission	<b>State:</b> TX <b>Zip Code</b> 78572
<b>TYPE OF EXPENDITURE</b>		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/beverage expense		<b>Description</b> campaign lunch	
		Check if travel outside of Texas. Complete Schedule T.		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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>2/13</b>	2 FILER NAME <b>Mrs. Marissa Ortega Gerlach</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>11/27/2023</b>	6 Payee name <b>Facebook</b>	
7 Amount (\$) <b>223.78</b>	8 Payee address; <b>www.facebook.com</b>	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	(b) Description <b>campaign advertising</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11/27/2023</b>	Payee name <b>OG Marketing</b>	
Amount (\$) <b>643.75</b>	Payee address; <b>311 W. University Dr.</b>	City; State; Zip Code <b>Edinburg TX 78539</b>
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>campaign advertising</b>
	Check if travel outside of Texas. Complete Schedule T. 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		

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <u>3/13</u>		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date 11/26/2023		<b>6</b> Payee name Lowe's			
<b>7</b> Amount (\$) 39.88		<b>8</b> Payee address: 5700 N. 10th St.		City: McAllen	State: TX Zip Code 78504
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office overhead		<b>(b)</b> Description sign supplies	
		<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/22/2023		Payee name Church's Chicken			
Amount (\$) 95.54		Payee address: 905 E. Hwy 83		City: Mission	State: TX Zip Code 78572
<b>TYPE OF EXPENDITURE</b>		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/beverage expense		<b>Description</b> campaign meals	
		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	Office held

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**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 4/13		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date 11/20/2023		<b>6</b> Payee name Eduardo Santillan			
<b>7</b> Amount (\$) 200.00		<b>8</b> Payee address; 900 N. 22nd St.		<b>City;</b> McAllen	<b>State;</b> TX <b>Zip Code</b> 78501
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event expense		<b>(b)</b> Description event staff	
		<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> 11/20/2023		<b>Payee name</b> Academy			
<b>Amount (\$)</b> 108.23		<b>Payee address;</b> 3901 Exwy 83		<b>City;</b> McAllen	<b>State;</b> TX <b>Zip Code</b> 78503
<b>TYPE OF EXPENDITURE</b>		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Overhead expense		<b>Description</b> campaign supplies	
		<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		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 5/13		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date 11/20/2023		<b>6</b> Payee name Walmart			
<b>7</b> Amount (\$) 480.02		<b>8</b> Payee address; 2410 E. Expwy 83		<b>City;</b> Mission	<b>State;</b> TX <b>Zip Code</b> 78572
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event expense		<b>(b)</b> Description event supplies	
		<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> 11/20/2023		<b>Payee name</b> WB Liquors			
<b>Amount (\$)</b> 452.23		<b>Payee address;</b> 1401 W. Kelly Ave.		<b>City;</b> Pharr	<b>State;</b> TX <b>Zip Code</b> 78577
<b>TYPE OF EXPENDITURE</b>		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Overhead expense		<b>Description</b> campaign supplies	
		<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		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolidation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 6/13		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date: 11/20/2023		<b>6</b> Payee name Aguilar's Meat Market			
<b>7</b> Amount (\$) 898.35		<b>8</b> Payee address: 1900 W. Interstate Hwy 2		<b>City:</b> Mission	<b>State:</b> TX
		<b>Zip Code</b> 78572			
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event expense		<b>(b)</b> Description event food supplies	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense.	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH. Candidate / Officeholder name Office sought Office held					
<b>Date</b> 11/20/2023		<b>Payee name:</b> Stripes			
<b>Amount (\$)</b> 30.22		<b>Payee address:</b> 100 E. Expwy 83		<b>City:</b> Mission	<b>State:</b> TX
		<b>Zip Code</b> 78572			
<b>TYPE OF EXPENDITURE</b>		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Event expense		<b>Description</b> event supplies	
		Check if travel outside of Texas. Complete Schedule T.		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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>7/13</b>		2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date 11/20/2023		6 Payee name JJ Rentals			
7 Amount (\$) <b>162.45</b>		8 Payee address: 2104 S. Shary Rd.		City: Mission	State: TX Zip Code: 78572
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event expense		(b) Description event rentals	
		(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/20/2023		Payee name Jesus Mendoza			
Amount (\$) <b>500.00</b>		Payee address: 6909 N. Brushline Rd.		City: Mission	State: TX Zip Code: 78572
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event expense		Description event entertainment	
		(c) 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	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 8/14		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date 11/20/2023		<b>6</b> Payee name Party City			
<b>7</b> Amount (\$) 72.97		<b>8</b> Payee address; 305 E. Trenton Rd.		<b>City;</b> McAllen	<b>State;</b> TX <b>Zip Code</b> 78504
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event expense		<b>(b)</b> Description event supplies	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> 11/20/2023		<b>Payee name</b> JL Print House			
<b>Amount (\$)</b> 108.79		<b>Payee address;</b> 414 S. Broadway St.		<b>City;</b> McAllen	<b>State;</b> TX <b>Zip Code</b> 78501
<b>TYPE OF EXPENDITURE</b>		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Office overhead		<b>Description</b> campaign supplies	
		Check if travel outside of Texas. Complete Schedule T.		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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 9/13		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date 11/18/2023		<b>6</b> Payee name HEB			
<b>7</b> Amount (\$) 738.14		<b>8</b> Payee address; 820 S. Conway		<b>City;</b> Mission	<b>State;</b> TX <b>Zip Code</b> 78572
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Event expense		<b>(b)</b> Description event supplies	
		<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> 11/15/2023		<b>Payee name</b> El Patio			
<b>Amount (\$)</b> 264.45		<b>Payee address;</b> 2003 N. Conway		<b>City;</b> Mission	<b>State;</b> TX <b>Zip Code</b> 78572
<b>TYPE OF EXPENDITURE</b>		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Event expense		<b>Description</b> event food/beverage	
		<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		Office sought	Office held

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**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 10/13		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date 11/15/2023		<b>6</b> Payee name OG Marketing			
<b>7</b> Amount (\$) 3,306.30		<b>8</b> Payee address; 311 W. University Dr.		<b>City;</b> Edinburg	<b>State;</b> TX <b>Zip Code</b> 78539
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising expense		<b>(b)</b> Description video & design	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.      Check if Austin, TX, officeholder living expense			
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/14/2023		Payee name La Fogata			
Amount (\$) 39.57		Payee address; 300 N. Shary Rd.		City; Mission	State; TX      Zip Code 78572
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event expense		Description event food/beverage	
		Check if travel outside of Texas. Complete Schedule T.      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

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**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 11/13		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date 11/11/2023		<b>6</b> Payee name Academy			
<b>7</b> Amount (\$) 384.08		<b>8</b> Payee address; 3901 Expwy 83		<b>City;</b> McAllen	<b>State;</b> TX <b>Zip Code</b> 78501
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising expense		<b>(b)</b> Description campaign shirts	
		<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> 12/01/2023		<b>Payee name</b> El Patio			
<b>Amount (\$)</b> 42.64		<b>Payee address;</b> 2401 E. Expwy 83		<b>City;</b> Mission	<b>State;</b> TX <b>Zip Code</b> 78572
<b>TYPE OF EXPENDITURE</b>		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/beverage expense		<b>Description</b> campaign meals	
		<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		Office sought	Office held

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**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 12/13		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$:					
<b>5</b> Date 11/29/2023		<b>6</b> Payee name The Drunken Chicken			
<b>7</b> Amount (\$) 103.79		<b>8</b> Payee address: 523 N. Conway Ave.		<b>City:</b> Mission	<b>State:</b> TX <b>Zip Code</b> 78572
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/beverage expense		<b>(b)</b> Description campaign meals	
		<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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____					
<b>Date</b> 11/30/2023		<b>Payee name</b> Ranch House Burgers			
<b>Amount (\$)</b> 216.09		<b>Payee address:</b> 409 N. Bryan Rd.		<b>City:</b> Mission	<b>State:</b> TX <b>Zip Code</b> 78572
<b>TYPE OF EXPENDITURE</b>		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule) Food/beverage expense		<b>Description</b> campaign meals	
		<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 _____ Office sought _____ Office held _____					

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**EXPENDITURES MADE BY CREDIT CARD****SCHEDULE F4**

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

**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolidation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F4: 13/13		<b>2</b> FILER NAME Mrs. Marissa Ortega Gerlach		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
<b>5</b> Date 11/30/2023		<b>6</b> Payee name Chick Fil'A			
<b>7</b> Amount (\$) 96.07		<b>8</b> Payee address; 2501 E. Interstate Hwy. 2		<b>City;</b> Mission	<b>State;</b> TX
		<b>Zip Code</b> 78572			
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/beverage expense		<b>(b)</b> Description campaign meals	
		<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
<b>11</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
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
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	
Candidate / Officeholder name      Office sought      Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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  
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  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics Commission Filers)	
4 Date 11/07/2023		5 Payee name Ruth Ramirez			
6 Amount (\$) 7,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: 418 N. St. Mariest		City; Mission	State; Zip Code TX 78572
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract labor/salaries		(b) Description campaign labor	
		(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Mrs. Marissa Ortega Gerlach		Office sought City Council, Pl. 3	Office held n/a
Date 11/06/2023		Payee name Juanita Barajas			
Amount (\$) 2,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: 6204 N. Bentsen Palm Dr.		City; Mission	State; Zip Code TX 78573
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract labor/salaries		Description campaign labor	
		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 Mrs. Marissa Ortega Gerlach		Office sought City Council, Pl. 3	Office held
Date 11/02/2023		Payee name THE Positive Program			
Amount (\$) 10,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: 6508 N. 26th		City; McAllen	State; Zip Code TX 78501
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting expense		Description campaign consulting	
		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 Mrs. Marissa Ortega Gerlach		Office sought City Council, Pl. 3	Office held

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