		ICEHOLDER CE REPORT				ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains ho	v to complete this form.	1 Filer ID (Ethics Comm	ission Filers)	2 Total pages fil	^{ed;} 2 6
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Marissa LAST Gerlach	M C		OFFICE	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS 7 PO BO		city; state; zi	574	DEC - 1	2023
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 279-7503	EXTENSION		Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs. NICKNAME	First Lori LAST Gerlach	******	.eo Jffix	Processed Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE): APT / S plinas Lane	UITE#: CITY: Mission		TX 78	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (.956)	279-9517	EXTENSION			
9 REPORT TYPE	January 15	30th day before e			15th day after treasurer app (Officeholder	ointment
10 PERIOD COVERED	Month.	Day Year / 6 / 23	THROUGH	Month 11	Day Year / 23	*
11 ELECTION	Month Day	Year Primary 23 General	Runoff C	TION TYPE Other Description 3-Day Before El	ection Report	
12 OFFICE	OFFICE HELD (if any)	n/a	13 OFFICE SOUGH		ace 3	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	E OF POLITICAL CONTRIBUTIONS ; EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIR COMMITTEE NAME	MAY HAVE BEEN MADE WITHOU	IT THE CANDID	ATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR
Additional Pages	"GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA				
		GO TO				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mrs. Ma	rissa Ortega Gerlach	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIE PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALL	LOANS, OR	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$ 1,150.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDI	TURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 79,976.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAST DAY	s 12,122.26
OUTSTANDING LOAN TOTALS	6, TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF THE	\$ 60,000.00
BERTA OTARI (1) Affidavit NOTARY, STAMM SEAL Swort 49, and subscribed	Please complete either the state of the stat		
20 23 10 Certify v	hich, withess my hand and seal of office.	arrillo R	Popra Public
Signature of officer administer	ng oath Printed name of officer administer	ing oath	Title of officer administering eath
	OR		
(2) Unsworn Declaratio	n		
My name is	, а	nd my date of birth is	
My address is		i Same or a Marine	
Executed in	(street)County, State of, on the	(city) (state) day of (month)	(zip code) (country), 20(year)
		Signature of Candidate/Office	eholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 M	9 FILER NAME Mrs. Marissa Ortega Gerlach 20 Filer ID (Ethics Cor			mmis	sion Filers)
Ž 1		ULE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.	M	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,150.60
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$,
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS				60,000.00
5,	100	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,480.56
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	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 CO.	NTRIBUTIONS	\$	
12.	ŚCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applicable, DO NO	T include this page in the	report.			
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:			
2 FILER NAME Mrs. Maris	ssa Ortega Gerlach		3 Filer ID (Ethios Commission Filers)			
4 Date 11/27/2023	5 Full name of contributor put-of-star Hiram A. Gutierrez 6 Contributor address; City; 701 N. Bentsen McAll	State: Zip Code en TX 78501	7 Amount of contribution (\$) 1,000.00			
8 Principal occur Attorney	pation / Job title (See Instructions)	9 Employer (See Instruction Perdue, Brandon,	rtions) Fielder, Collins & Mott			
Dete 11/10/2023	Charles D. Cartwright Contributor address; City; 7519 Cherry Brook Ct. Sugar	State; Zip Code arland, TX 77479	Amount of contribution (\$) 150.60			
Principal occup Self employe	ation / Job title (See Instructions) d	Employer (See Instruc	tions).			
Date	Full name of contributor out-of-stat	e PÄC (ID#:	Amount of contribution (\$)			
	Gontributor address; City;	State; Zip Code				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	lions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filet ID (Ethics Commission Filers) Mrs. Marissa Ortega Gerlach 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 9 Loan Amount (\$) Out-of-state PAC (ID#:___ 11/07/2024 Marissa Ortega Gerlach 60.000.00 10 Interest rate 6 is lender 8 Lender address: City; State: Zip Code a financial 0.00 1207 Encanto Blvd. Mission institution? TX 78574 11 Maturity date YN 11/07/2025 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Self-employed Self 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City: State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:____ Interest rate Is lender Lender address; City; State: Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION

City;

Guarantor address:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

State: Zip Code

Employer (See Instructions)

Principal Occupation (See Instructions)

not applicable

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/Bankirig
Consulting Expense
Contributions/Donations Made By
Canadidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials.Expense Loan Repayment/Rembursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Qui Of District
Other (entry a category not listed shove)

Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Travel Out Of District Other (enter a caregory not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
11/27/2023	Juanita Barajas				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,740.00	6204 N. Bentsen Palm Dr.	Mission	CT	78572	
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	(b) Description			
OF EXPENDITURE	Consulting expense	campaign cons	ulting		
	(C) Check if travel outside of Texas. Complete Sche	dule T. Gheck if Austin.	TX, officefolder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	1-			
11/27/2023	The Monitor				
Amount (\$)	Payee address;	City;	State;	Zip Code	
7,690.29	1400 E. Nolana Ave.	McAllen	TX	78504	
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE OF EXPENDITURE	Advertising expense	campaign ad			
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin,	TX. öfficeholder living	ving expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1	Office held	
Date	Payee name				
11/27/2023	LMH Employment Group				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,994.00	3711 N. 10th St.	McAllen	TX	78501	
	Category (See Categories listed at the top of this sched	dule) Description			
FURPOSE OF EXPENDITURE	Salaries/Wages	staffing salaries		"ien	
	Check if travel outside of Texas. Complete Sched	uleT. Check if Austin,	Chéck 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 NEED)ED		

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/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others of the property o

Contributions/Donations Made f Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Travel Out Of Dist Other (enter a cate	rict gary not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Eth	ics Commission Filers)		
4 Date	5 Payee name		*			
11/26/2023	Ruth Ramirez	2011.7		and the state of		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
2,330.00	418 N. St. Mariest	Mission	TX	78572		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Contract labor	general camp	aign labor			
	(c) Check if travel outside of Texas. Complete Schedule 7.	Check if Austi	in, TX, officeholder livi	ng expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
11/21/2023	Ruth Ramirez					
Amount (\$)	Payee address:	City;	State;	Zip Code		
160.00	418 N. St. Mariest	Mission	TX	78572		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Travel in district	fuel				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Living expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/26/2023	HEB					
Amount (\$)	Payee address:	City;	State;	Zip Code		
200.00	820 S. Conway	Mission	TX	78572		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Travel in district	fuel				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

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/Office/holder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	*	Wages/Contract Labor	Other (enter a categ		
	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee name				
11/21/2023	Angel's Kitchen				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
900.00	2005 W. Mile 3 Rd.	Mission	TX	78572	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE					
OF EXPENDITURE	Event expense	campaign ever	nt		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/21/2023	Joshua Alvarez				
Amount (\$)	Payee address;	City;	State;	Zip Code	
160.00	2405 N. J St. Unit B	McAllen	TX	78501	
	Category (See Categories listed at the top of this schedule)	Déscription			
PURPOSE OF EXPENDITURE	Contract labor	phone banking			
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/20/2023	Rosanna Haro				
Amount (\$)	Payee address;	City;	State;	Zip Code	
644.10	2419 E. Griffin Pkwy	Mission	TX	78572	
	Category (See Categories listed at the top of this schedule)	Description		Silve Ver	
PURPOSE OF EXPENDITURE	Event expense	event decor			
	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 NEE	DED		

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
Gandidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Feés Food/Beverage Expense Gift/Awards/Memorials Expens Loan Repayment/Reimbursement Office Overhead/Rental Expense Palling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made a Candidate/Officeholder/Politic Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	Wages/Contract Labor	Other (enter a categ		
1 Total pages Schedule F1:	2 FILER NAME Mrs. Marissa Ortega Gerlach	As in the	3 Filer ID (Ethic	s Commission Filers)
4 Date 11/20/2023	5 Payee name LHM Employment Group				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
964.00	3711 N. 10th St.	McAllen	TX	78501	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Salaries/Wages	campaign staf	f		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officehölder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
11/20/2023	Juanita Barajas				
Amount (\$)	Payee address;	City;	State:	Zip Code	
2,380.00	6204 N. Bentsen Palm Dr.	Mission	TX	78572	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contract labor	campaign labor			
	Check if (ravel 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	Payes name	.;			
11/16/2023	Derty Sports				
Amount (\$)	Payee address;	City;	State;	Zip Code	
119.00	1400 N. Cage Blvd.	Pharr	TX	78577	
Dunness	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising expense	campaign embroidery			
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fcod/Beverage Expense Gift/Awards/Memorials Expense Legal Services	rds/Memorials Expense Printing Expense		Travel in District Travel Out Of District Other (enter a calegory not listed above)		
Credit Card Payment	Payment The Instruction Guide explains how to co		complete this form.				
1 Total pages Schedule F1:		AME rissa Ortega Gerlach			3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee na						
11/17/2023	Brand B	oosters		40,444.			
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code	
8,454.33	301 N. N	1cColl Rd.		McAllen	TX	78501	
8 PURPOSE	(a) Category	y (See Categories listed at the top of this s	schedule)	(b) Description			
OF EXPENDITURE	Printing	expense		campaign mate	erial		
	(c)	Check if Iravel outside of Texas. Complete Sc	hedule T.	Check If Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OI		ale / Officeholder name		Office sought		Office held	
Date	Payee na	me					
11/18/2023	Ranch H	ouse Burgers					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
649.46	409 N. B	ryan Rd	Miss	ion TX	78572		
	Category	(See Categories listed at the top of this so	hedule)	Description			
PURPOSE OF EXPENDITURE	Event e	xpense		campaign event			
	Check if travel outside of Texas. Complete Schedule T. Ghack if Austin			, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Рауее па	me					
11/17/2023	Ruth Rar	mirez					
Amount (\$)	Payee add	dress;		City:	State;	Zip Code	
1,000.00	418 N. St	. Mariest		Mission	TX	78572	
	Category	(See Categories listed at the top of this sol	redute)	Description			
PURPOSE OF EXPENDITURE	Contract	labor		campaign labor			
	40	Check if travel outside of Texas, Complete Sch	edule T.	Check If Austin,	TX, afficeholder living	expense	
Complete ONLY If direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED		

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 Committée
Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Selaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (extense options on listed shove)

Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Expense Wages/Contract Labor complete this form.	Travel Out Of I Other (enter a c	District pategory not fisted above)		
1 Total pages Schedule F1:	2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name					
11/11/2023	Hector Hernandez	C:h	C)-1-	72.0.4		
6 Amount (\$)	7 Payee address;	City;	State			
1,750.00	300 E. 14th St.	Mission	TX	78572		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Contract labor	campaign labo	r			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin	ı, TX, officeholder	living expense		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/10/2023	The Progress Times					
Amount (\$)	Payee address:	City;	State	; Zip Code		
12,000.00	1217 N. Conway Ave.	Mission	TX	78572		
	Category (See Categories listed al the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising expense	campaign ads				
	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/Ol	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
11/09/2023	Nappa Valley Investment Group					
Amount (\$)	Payee address;	City;	State	the state of the s		
2,500.00	2402 Brock St.	Mission	TX	78572		
15.00	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event expense	campaign event				
	Check if travel pulside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder	living expanse		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	4		

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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 Capter a catteriory not listed above)

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Other (enter a cate)	or pory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethi	cs Commission Filers)
4 Date 11/09/2023	5 Payee name Desi Romero			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
at 1 Mars day day as	1722 N. Alamo Rd.	Alamo	TX	78516
1,500.00		7 101110		, 50.0
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting expense	campaign cons	sulting	
	(a) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livir	g expense:
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
11/09/2023	Brand Boosters			
Amount (\$)	Payee address;	City;	State;	Zip Code
3,361.16	301 N. McColl Rd.	McAllen	TX	78501
	Category (See Categories fisted at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense	campaign materia	al	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder livin	g expense
Complete ONLY 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 Auslin	, TX, officeholder living	у охрепяе
Complete ONLY if direct experiditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

EXPENDITOR	KED IVI	AUE BY CRE	DII GAI	KD.	SCH	EDULE F4
If the requested inform	mation is n	ot applicable, DO NOT	f include this	s page in the re	port.	
		EXPENDITURE CA	ATEGORIES F	OR BOX 10(a)		
Advertising Expense Adepunting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expens Legal Services The Instruction Guide ex	Loan Repa Office Ove Polling Exp Pdnting Ex Salaries/W	yment/Reimbursement rhead/Rental Expense cense cpense /ages/Contract Labor	Travel in District Travel Out Of Distri	oment & Related Expen
1 Total pages Schedule F4:	2 FILER				3 Filer ID (Ethics	Commission Filers)
1//3	Mrs. Mari	ssa Ortega Gerlach				
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARG	SEDTOACR	EDIT CARD	\$	
5 Date	6 Payee					
11/28/2023	Tacos Y	oya, LLC				
7 Amount (\$)	8 Payee 1928 N.	address; Conway Ave.		Gity: Mission	State; TX	Zip Code 78572
179.37				111001011	1.23	10012
9 TYPE OF EXPENDITURE	■ F	Political	Non-Po	litical		
10	(a) Category	y (See Calegories listed at the top	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/be	everage expense		campaign lur	nch	
	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Ac	istin, TX, officeholder livin	g expense
11 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Cano	didate / Officeholder name	a. Oi	ffice sought	Office h	eld
Date	Payee	name			n'i	
11/28/2023	Diaz Din	er				
Amount (\$)	Payee	address;		City;	State;	Zip Code
93.85	501 E. 9	th St.	Miss	ion 1	TX 78572	
TYPE OF EXPENDITURE	F	Political	Non-Po	litical		
	Categor	y (See Categories listed at the top	of this schedule)	Description		
PURPOSE OF	Food/be	everage expense		campaign lur	nch	
EXPENDITURE			-alata Babandasia T			
		Check if travel outside of Texas. Con			ustin, TX, officeholder livin	g expense
Complete ONLY If direct expanditure to benefit C/OH	Cano	didate / Officeholder name	e Of	ffice sought	Office h	eld

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If the requested inform	mation is not applicable, DO NOT incl	ude this	s page in the rep	ort.			
	EXPENDITURE CATEG	ORIES F	OR BOX 10(a)				
Advertising Expense Accounting/Bankling Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Over Pelling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	nment & Related Expens		
1 Total pages Schedule F4:	2 FILER NAME	- <u> </u>	1	3 Filer ID (Ethics	Commission Filers		
2/13	Mrs. Marissa Ortega Gerlach						
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$			
5 Date	6 Payee name						
11/27/2023	Facebook						
7 Amount (\$)	8 Payee address:		City;	State:	Zip Code		
223.78	www.facebook.com				- ,		
9 TYPE OF EXPENDITURE	Political	Non-Po	litical				
10	(a) Category (See Categories listed at the top of this se	chedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising expense campaign ad			vertising			
	(c) Check if travel outside of Texas. Complete Sc	(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	.01	ffice sought	Office h	eld		
Date	Payee name						
11/27/2023	OG Marketing						
Amount (\$)	Payee address;		City;	State:	Zip Code		
	311 W. University Dr.		Edinburg		78539		
643.75					1. 303.0		
TYPE OF EXPENDITURE	■ Political	Non-Po	litical				
	Category (See Categories listed at the top of this s	chedule)	Description				
PURPOSE OF EXPENDITURE	Advertising expense		campaign ad	vertising			
	Check if travel outside of Texas. Complete Se	chedule T.	Check if Au	stin _k TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	OI	ffice sought	Office h	eld		
	3. N. S.				• .		
	ATTACH ADDITIONAL COPIES OF	TUJE E	CHEDIII E AS NEI	EDED			

SCHEDULE F4

					3011	EDULE 1 A
If the requested inforr	mation is n	ot applicable, DO NOT	include this	s page in the rep	ort.	
		EXPENDITURE CA	TEGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donetions Made 8 Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide ex	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expens
1 Total pages Schedule F4:	2 FILER	NAME ssa Ortega Gerlach			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARG	EDTOACR	EDITCARD	s	
5 Date 11/26/2023	6 Payee Lowe's	năme			1	
7 Amount (\$) 39.88	8 Payee 5700 N.			сњ; McAllen	State; TX	Zip Code 78504
9 TYPE OF EXPENDITURE	THE F	Political	Non-Po	litical		
10 PURPOSE OF EXPENDITURE	Office o	y (See Categories listed at the top of		(b) Description		
	(c)	Check if travel outside of Texas. Comp	olete Schedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	QI	ffice sought	Office h	etd
Date 11/22/2023	Payee Church's	chicken	100	14		
Amount (\$) 95.54	905 E. F	address; Iwy 83		city; Mission	State; TX	Zip Code 78572
TYPE OF EXPENDITURE	■ F	olitical	Non-Po	litical		f
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of the company		Description campaign me		
Complete ONLY if direct expenditure to benefit C/OH	Cano	didate / Officeholder name		fice sought	stin, TX, officeholder fiving	72

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If the requested infor	mation is not applicable, DO NOT inclu	de this page in the re	port.
	EXPENDITURE CATEGO	RIES FOR BOX 10(a)	ije.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Cod/Beverage Expense Foot/Beverage Expe	oan Repayment/Relimbursement Office Overhead/Rental Expense colling Expense Winding Expense Italaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Qut Of District Other (enter a category not listed above)
	The Instruction Guide explains i	low to complete this form.	
1 Total parles Schedule F4: 4/13	2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	DACREDIT CARD	\$
5 Date 11/20/2023	6 Payee name Eduardo Santillan		1
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
200.00	900 N. 22nd St.	McAllen	TX 78501
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this scho	edule) (b) Description	
PURPOSE OF EXPENDITURE	Event expense	event staff	
Less Linear ors	(c) Check if travel outside of Texas, Complete Sche	dule T. Check if A	rstin, 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		*-
11/20/2023	Academy		
Amount (\$)	Payee address;	City	State; Zíp Code
108.23	3901 Exwy 83	McAllen	TX 78503
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this schi	edula) Description	W
PURPOSE OF EXPENDITURE	Overhead expense	campaign su	pplies
	Check if travel outside of Texas. Complete Scho	dule T. Check if A	ustin, 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 1	THIS SCHEDULE AS NE	EDED

If the requested infor	mation is not applicable, DO NOT in	clude this	s page in the rep	oort.	
	EXPENDITURE CATE	GORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel in District Travel Out Of Distric Other (enter a categ	iment & Related Expens it
1 Total games Schedule F4:	2 FILER NAME			2 Cilor ID (Elkina	Commission Elforn
3/13	Mrs. Marissa Ortega Gerlach			3 Filter ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGET	OTOACR	REDIT CARD	\$	
5 Date	6 Payee name				
11/20/2023	Walmart			<i>i</i> .	
7 Amount (\$)	8 Payee address;		City:	State;	Zip Code
480.02	2410 E. Expwy 83		Mission	TX	78572
9 TYPE OF EXPENDITURE	Political	Non-Po	litical		
10	(a) Category (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event expense		event supplie	'S	
	(c) Check if travel outside of Texas. Complete	Schedule T.	Check If Au	stin, TX, officeholder livin	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	0	ffice sought	Office h	eld
Date	Payee name				
11/20/2023	WB Liquors				
Amount (\$)	Payee address;		City;	State;	Zip Code
452.23	1401 W. Kelly Ave.		Pharr	TX	78577
TYPE OF EXPENDITURE	Political	Non-Po	litical		ñ
	Category (See Categories listed at the top of thi	is schedule)	Description		
PURPOSE OF	Overhead expense		campaign su	nnlies	
EXPENDITURE	Check if travel outside of Texas. Complete	a Calcalo da T	1		
	L			stin, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	O	ffice sought	Office h	eld
	*				
	ATTACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

If the requested inform	nation is not applicable, DO NOT incl	ude this	s page in the rep	ort.	
	EXPENDITURE CATEGO	ORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donaltions Made B Candidate/Officeholder/Politics		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundralsin Transportation Equipr Travel in District Travel Out Of District Other (enter a catego)	nent & Related Expens
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	ommission Filers)
6/13	Mrs. Marissa Ortega Gerlach				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED T	OACR	EDIT CARD	\$	
5 Date	6 Payee name				
11/20/2023	Aguilar's Meat Market				
7 Amount (\$)	8 Payee address:		City;	State;	Zip Code
898.35	1900 W. Interstate Hwy 2		Mission	TX	78572
9 TYPE OF EXPENDITURE	Political	Non-Po	litical		
10	(a) Category (See Categories listed at the top of this so	hedule)	(b) Description		
PURPOSE	Secret comments			- A Bas	
OF EXPENDITURE	Event expense		event food su	pplies	
	(c) Check if travel outside of Texas, Complete Sci	hedule T.	Check if Aust	lin, TX, officeholder living	éxpense
11 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	O	ffice sought	Office he	ilq
Date	Payee name				
11/20/2023	Stripes				
Amount (\$)	Payee address;		City;	State;	Zip Code
30.22	100 E. Expwy 83		Mission	TX	78572
TYPE OF EXPENDITURE	Political	Non-Po	litical		
	Category (See Categories listed at the top of this so	hedule)	Description		
PURPOSE	F			2	
OF EXPENDITURE	Event expense		event supplies	S	يحيد فالشارية الموادية
	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY If direct expenditure to benefit C/OH	Gandidate / Officeholder name	Q:	ffice sought	Office he	ld
					2000
	ATTACH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEE	DED	

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 Committee

Event Expense Fees
Faod/Beverage Expense
Giff/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 c	omplete this form.	
1 Total piges Schedule F4:	2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$
5 Date 11/20/2023	6 Payee name JJ Rentals		
7 Amount (\$) 162.45	8 Payee address; 2104 S. Shary Rd. M	city; ission	State; Zip Code TX 78572
9 TYPE OF EXPENDITURE	Political Non-Po	litical	
10	.(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event expense	event rentals	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	sin, TX, officeholder living expense
11 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office held
Date 11/20/2023	Payee name Jesus Mendoza		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	6909 N. Brushline Rd.	Missio	
TYPE OF EXPENDITURE	Political Non-Po	litical .	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event expense	event enterta	inment
	Gheck if travel outside of Texas. Complete Schedule T.	Check if Au	relih, TX, officeholder living experise
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office held
		28.18	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED

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 Committee

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 co	emplete this form.		·			
1 Total pages Schedule F4:	2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics Commission Filers	s)			
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CR	REDIT CARD	\$				
5 Date 11/20/2023	6 Payee name Party City						
7 Amount (\$) 72.97	8 Payee address; 305 E. Trenton Rd.	čity: McAllen	State; Zip Code TX 78504				
9 TYPE OF EXPENDITURE	Political Non-Political						
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Event expense	event supplie	98				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	ffice sought	Office held				
Date	Payee name						
11/20/2023	JL Print House	: 					
Amount (\$)	Payee address;	City;	State; Zip Code				
108.79	414 S. Broadway St.	McAllen	TX 78501				
TYPE OF EXPENDITURE	Political Non-Po	olítical					
*	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Office overhead	campaign su	pplies				
	Check if travel outside of Texas, Complete Schedule T.	Check If A	ustin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	ffice sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED				
			4.4	$\overline{}$			

If the requested inform	mation is n	ot applicable, DO NOT i	nclude this	page in the rep	oort.	
		EXPENDITURE CAT	EGORIES F	OR BOX 10(a)		:
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form-		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pades Schedule F4:	2 FILER Mrs Mar	NAME issa Ortega Gerlach		=10.00	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM		ENDITURES CHARGE	DTOACR	EDIT CARD	\$	
5 Date 11/18/2023	6 Payee HEB	name				
7 Amount (\$)	8 Payee	•		City;	State:	Zip Code
738.14	820 S. C	Conway		Mission	ŤX	78572
9 TYPE OF EXPENDITURE		Political	Non-Po	litical		
10	(a) Category (See Categories listed at the top of this schedule)			(b) Description		
PURPOSE OF EXPENDITURE	Event expense			event supplie	S	
	(c)	Check if travel outside of Texas. Compl	ete Schedule T.	Check If Au	slin, TX, officeholder livin	g expense
11 Complete QNLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	QI	fice sought	Office I	ield
Date	Payee	name		· · · · · · · · · · · · · · · · · · ·		- H
11/15/2023	El Patio					
Amount (\$)		address; Conway		city; Mission	State;	Zip Code 78572
264.45	2003 IV.	Conway		. IVIISSION	IA	10012
TYPE OF EXPENDITURE	88 F	Political	Non-Po	litical	×	
	Categor	y (See Categories listed at the top of	this schedule)	Description		
PURPOSE OF EXPENDITURE	Event e	xpense	-108 ·	event food/be	everage	
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if Au	istin, TX, officeholder livir	g expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	01	fice sought	Office h	ne[d
						
	ATTAC	ADDITIONAL CODIES	AE TUIO O	PUEDIN E AR NE	EDED	

If the requested infor	nation is not applicable, DO NOT include	this page in the rep	oort.
***	EXPENDITURE CATEGORII	ES FOR BOX 10(a)	5
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees. Offic Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement te Overflead/Rental Expense ng Expense ling Expense rles/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer 1D (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A	ACREDIT CARD	\$
5 Date 11/15/2023	6 Payee name OG Marketing		
7 Amount (\$) 3,306.30	8 Payee address; 311 W. University Dr.	city; Edinburg	State; Zip Code TX 78539
9 TYPE OF EXPENDITURE	Political No	on-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Advertising expense (c) Check if travel outside of Texas. Complete Schedule	video & desig	n stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/14/2023	Payee name La Fogata	a ¹	
Amount (\$) 39.57	Payee address; 300 N. Shary Rd.	city; Mission	State; Zip Code TX 78572
TYPE OF EXPENDITURE	Political No	on-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Event expense Check if Iravel outside of Yexas, Complete Schedule	event food/be	everage stin, TX, officeholder (Iving, expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
***	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED

If the requested infor	mation is n	ot applicable, DO	NOT incl	lude this	s page in the rep	oort.	
		EXPENDITUR	LE CATEG	ORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Contributions/Donations Made By Citt/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Politing Expense Politing Expense Politing Expense Politing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILER	and the second				3 Filer ID (Ethics	Commission Ellers
11/13	_	issa Ortega Gerla	ch			5 Filer 1D (Ethics	COMMISSION (FIBERS)
4 TOTAL OF UNITEM				TOACR	EDIT CARD	\$	1
5 Date	6 Payee	name					
11/11/2023	Academ						
7 Amount (\$)	8 Payee			77.	City;	State:	Zip Code
22.22	3901 Ex				McAllen	TX	78501
384.08		p.1., 00			1470/ WO	124	10001
9 TYPE OF EXPENDITURE		Political		Non-Po	litical		
10.	(a) Categor	y (See Categories listed at t	the top of this st	chedule)	(b) Description	7	
PURPOSE OF EXPENDITURE	Advertising expense			campaign shirts			
Epsilonia de Cele	(c)	Check if travel outside of Tex	as. Complete Sc	hedule T.	Check if Au	stin, TX, officeholder livin	g expense.
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder	name	Ō1	fice sought	Office (reld
Date	Payee	nama			N	}	
12/01/2023	El Patio						
Amount (\$)		address;			City;	State;	Zip Code
42.64	7.	Expwy 83			Mission	TX	78572
TYPE OF EXPENDITURE	■ F	Political		Non-Po	litical		
	Categor	y (See Categories listed at t	the top of this s	chedule)	Description		
PURPOSE	i=0:					. Pau	
OF EXPENDITURE	FOOD/DE	everage expens	se 		campaign me	eals	
		Check if travel outside of Tex	as. Complete Sc	hedula T.	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder	name	Of	fice sought	Office h	eld
	ATTAC	H ADDITIONAL CO	OPIES OF	THIS SC	HEDULE AS NEI	EDED.	

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accountagleanking Consulting Expense Contributions/Donations Made:B Candidate/Officeholder/Politics		Polling Exp Printing Exp Salaries/W	pense ages/ContractLabor	Transportation Equip Travel In District Travel Out of District Other (enter a catego	
1 Total pages Schedule F4:	2 FILER NAME Mrs. Marissa Ortega Gerlach			3 Filer ID (Ethics I	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	FOACR	EDITCARD	\$	
5 Date 11/29/2023	6 Payee name The Drunken Chicken				
7 Amount (\$) 103.79	8 Payee address: 523 N. Conway Ave.	•	City: Mission	State; TX	Zip Code 78572
9 TYPE OF EXPENDITURE	Political	Non-Po	litical		
10	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/beverage expense		campaign me	als	
	(c) Check if travel outside of Texas. Complete So	hedule T.	Check if Aus	tin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office h	əlid
Date	Payee name				
11/30/2023	Ranch House Burgers	.50			
Amount (\$)	Payee address;		City;	State;	Zip Code
216.09	409 N. Bryan Rd.		Mission	TX	78572
TYPE OF EXPENDITURE	Political	Non-Po	litical		
	Category (See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Food/beverage expense		campaign me	als	
	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office he	ald
				747	
	ATTACH ADDITIONAL COPIES OF	THIS S	HEDULE AS NEE	DED	

If the requested inforr	mation is not applicable, DO NOT inclu	de this	page in the rep	ort.	
	EXPENDITURE CATEGO	RIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Travel in District Travel Out Of Distri	pment & Related Expens
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
13/13	Mrs. Marissa Ortega Gerlach				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	OACR	EDITCARD	\$	
5 Date: 11/30/2023	6 Payee name Chick Fil'A				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
96.07	2501 E. Interstate Hwy. 2		Mission	TX	78572
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical		
10 (a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Food/beverage expense campa			als	
,	(c) Check if travel outside of Texas. Complete School	edule T.	Check if Aus	tin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office I	eld
Date	Payee namé			el e	
Amount (\$)	Payee address;		City ₆ ·	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Pol	itical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule)	Description		
	Check if Iravel outside of Texas. Complete Schi	edule T.	Check If Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/QH	Candidate / Officeholder name	Of	fice sought	Office h	eld
	ATTACH ADDITIONAL COPIES OF	rtiko oʻz	MERITE VA N	TOPO.	

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
Conditions/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not isseed above)

Contributions/Donations Made: Candidate/Officeholder/Politii Credit Card Payment			Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	² FILER NAME Mrs. Marissa Ortega Gerlach	3	Filer ID (Ethica	s Commission Filers)	
4 Date	5 Payee name				
11/07/2023	Ruth Ramirez				
6 Amount (\$) 7,500.00	7 Payee address; 418 N. St. Mariest	City; Mission	State; TX	Zip Code 78572	
Reimbursement from Political contributions intended	4 to N. St. Wanest	IVIISSION		10012	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Contract labor/salaries	campaign labor			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX	istin, TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH	Mrs. Marissa Ortega Gerlach (City Council, Pl. 3	3	n/a	
Date	Payee name				
11/06/2023	Juanita Barajas				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2,500.00 Reimbursement from political contributions intended	6204 N. Bentsen Palm Dr.	Mission	TX	78573	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor/salaries	Description campaign labor			
Colon III Frys A May 1 2 Co. 4 To.	Check if Iravel oulside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/C	Mrs. Marissa Ortega Gerlach (City Council, Pl. 3	3		
Date	Payee name				
11/02/2023	THE Positive Program				
Amount (\$)	Payee address;	City;	State;	Zip Code	
10,000.00 Reimbursement from	6508 N. 26th	McAllen	TX	78501	
 political contributions intended 		-40			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	Consulting expense	campaign consulting	g		
	Check if travel outside of Texas. Complete Schedule T.	Check if Iravel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder tiving expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	_	Office held	
expenditure to benefit C/OH	Mrs. Marissa Ortega Gerlach (ity Council, Pl. 3	3		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					