1		ICEHOLDER CE REPORT	_			ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains hov	to complete this form.	1 Filer ID (Ethic	s Commission Filers)	2 Total pages fi	13
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Marissa LAST Gerlach	***************************************	MI O. SUFFIX		USEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		CITY: STATE	78574	JAN 1	2 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 279-7503	EXTEN	ISION		or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	Lori LAST Gerlach	**************	MI Leo SUPPIX	Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #; CIT		STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(956)	279-9517	EXTEN:	SION		
9 REPORT TYPE	January 15 July 15	30th day before	election E	unoff ceeded Modified eporting Limit	treasurer ar (Officeholde	
10 PERIOD COVERED	Month 12	Day Year / 1 / 23	THROUGH	Month	Day Year / 31 / 23	
11 ELECTION	Month Day	Year Primary / 23 Genera	200	ELECTION TYPE Other Description JAN 2024 Ser	ni-Annual Report	
12 OFFICE	OFFICE HELD (If any)	n/a		Council, Pl	•	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REQ COMMITTEE NAME	ES MAY HAVE BEEN MADE	WITHOUT THE CAND	IDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TO				
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mrs. Ma	arissa Ortega Gerlach	16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
X - F - 4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	:\$.	29,248.09
CONTRIBUTION BALANCE	5, TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	4,265.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLLAST DAY OF THE REPORTING PERIOD	FTHE \$	60,000.00
	swear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Eleption Code. Signature of Ca		
	Please complete either option below	<i>i</i> :	
Walter Commence (A)	before me by <u>Marissa Ortega Gerlach</u> this the office. Anna Carrillo	<i>12th</i> da	btary Aublic
Signature of officer administer	The state of the s	Title	of officer administering oath
(2) Unsworn Declaration	OR OR	1112/11/21	
My name is	, and my date of birth is		
My address is		· · · · · · · · · · · · · · · · · · ·	A STATE OF THE STA
Executed in	(street) (city) (s County, State of , on the day of (month	. 2	code) (country) 0(year)
	Signature of Candid	ate/Officehold	der (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 M	FILER N	^{AME} Arissa Ortega Gerlach	20 Filer ID (Ethics Comm	niśśion Filers)
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 1,100.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL COI	NTRIBUTIONS	\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			6,763.42
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FR	OM POLITICAL CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	;	2,332.67
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM	PERSONAL FUNDS	20,152.00
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTR	BUTIONS TO A BUSINESS OF C/OH	6
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 reques	sted information is not applicable, DO NOT include	de this page in the r	eport.
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME Mrs. Maris	ssa Ortega Gerlach		3 Filer ID (Ethics Commission Filers)
4 Date 12/07/2023	5 Full name of contributor out-of-state PAC (ID#: Linebarger, Goggan, Blair & Sampson, 6 Contributor address: City; St P O Box 17428 Austin TX	LLP tate; Zip Code	7 Amount of contribution (\$) 1,000.00
8 Principal occu Law firm		Employer (See Instruction (See Instructi	ons)
Date	Full name of contributor eut-of-state PAC (ID#:		Amount of contribution (\$)
11/28/2023	Albert X. Chapa Contributor address; City; St 2007 Fair Oaks Dr. Mission TX 7	tate; Zip Code	100.00
Principal occup Self employe		Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; St		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Emplayer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; St		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONIAL CORIES OF TI	UIQ QCHEDIII E AC NE	EDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out Of District

Candidate/Officehelder/Politic Credit Card Payment	al Committee	Legal Services	Salaries/M	Vages/Contract Labor	Other (enter a cate	gory not listed above)	
	ng a start a	The Instruction Guide explain	s how to c	complete this form.			
1 Total pages Schedule F1:	197 4 97	AME rissa Ortega Gerlach			3 Filer ID (Ethi	cs Commission Filers)	
4 Date	5 Payee na						
12/20/2023	Upper V	alley Mail Services					
6 Amount (\$)	7 Payee ac	dress;		City;	State;	Zip Code	
5,763.42	1418 Be	ech St. #109		McAllen	TX	78501	
8	(a) Categor	y (See Categories listed at the top of this	chedule)	(b) Description			
PURPOSE							
OF EXPENDITURE	Advertis	sing expense		campaign advertising			
	(c)	Gheck if travel outside of Texas. Complete So	hedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
12/14/2023	Leaders	nip Mission					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
500.00				Mission	TX	78572	
	Category	(See Categories listed at the top of this so	hedule)	Description			
PURPOSE OF EXPENDITURE	Donatio	n by candidate		event sponsorship	Ď.		
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				Office held		
Date	Payee na	me					
12/04/2023	Ramiro F	Ramirez					
Amount (\$)	Payee ad			City;	State:	Zip Code	
	,	-		O.J.		ZIP 0009	
500.00	6304 N. 3	86th St.		McAllen	TX	78504	
•	Category	(See Categories listed at the top of this sci	nedule)	Description			
PURPOSE							
OF EXPENDITURE	Contract	Labor		general contrac	t labor		
		Sheck if travel outside of Texas, Complete Sch	redule T.	Check if Austin	TX, officeholder living	g axpense	
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES (OF THIS S	SCHEDULE AS NEE	DED		

SCHEDULE F4

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

are todespied impr		www.tille	page mane rep		
	EXPENDITURE CATEGO	ORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel in District Travel Out Of Distri Other (enter a categ	oment& Related Expens
1 Total pages Schedule F4:	2 FILER NAME	11011 10 0	amplete Mie les im	S Eller ID (Filtre	Outline to Sold Private
4	Mrs. Marissa Ortega Gerlach			3 Filer ID (Ethics:	Commission Filers
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED T	OACR	EDIT CARD	\$	
5 Date	6 Payee name				
12/27/2023	Facebook				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
225.61	facebook.com				
9 TYPE OF EXPENDITURE	Political	Non-Po	litical		
10	(a) Category (See Categories listed at the top of this sol	hedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising expense social media			ads	
	(c) Check if travel outside of Texas. Complete Sch	hedule T.	Check if Aus	stin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Ö	fice sought	Office h	ëld
Date	Payee name				
12/09/2023	Brick Fire Pizza				
Amount (\$)	Payee address;		City;	State;	Zip Code
350.95	704 E. Griffin Pkwy		Mission	TX	78572
TYPE OF EXPENDITURE	Political	Non-Po	itical		
	Category (See Categories listed at the top of this sol	hedule)	Description		
PURPOSE OF EXPENDITURE	Event expense		watch party		
	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office h	eld
or the state of th					
	ATTACH ADDITIONAL COPIES OF	THIS SC	CHEDULE AS NEI	EDED	

SCHEDULE F4

If the requested infor	mation is not applicable, DO NOT inc	lude this	s page in the rep	port.	
	EXPENDITURE CATEG	ORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Office Ove Polling Exp Printing Ex Salaries/M	pense /ages/Contract Labor	Selicitation/Fundrais Transportation Equip Travel In Distric Travel Out Of Distric Other (enter a catego	oment & Related Expens
A Tital Babadat Br.		3 11044 10 4	omplete tille 1911it.		
1 Total pages Schedule F4: 4	2 FILER NAME Mrs. Marissa Ortega Gerlach			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACR	REDIT CARD	\$	
5 Date	6 Payee name				
12/09/2023	Semper Fried				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
225.61	801 Bryan Rd.		Mission	TX	78572
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	Food/Beverage expense		luncheon		
	(c) Check if travel outside of Texas. Complete Sc	shedule T.	Check if Au	stin, TX, officeholder living] expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	0	ffice sought	Office h	eld
Date	Payee name				
12/08/2023	Meta				
Amount (\$) 250.00	Payee address; facebook.com		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Po	litical		
	Category (See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF Expenditure	Advertising expense		ad		
	Check if travél outside of Texas. Complete So	chedule T,	Check if Au	stin, TX, officeholder living	expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	ÓI	fice sought	Office h	eld
	ATTACH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NE	EDED	

SCHEDULE F4

If the requested infor	mation is not applicable, DO NOT is	nclude thi	s page in the rep	oort.	
	EXPENDITURE CATI	EGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Danations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Office Ove Polling Ex Printing Ex Salaries/W	rpense /ages/ContractLabor	Travel In District Travel Out Of Dis	ulpment & Related Expense
	The Instruction Guide expl	ains how to c	omplete this form.	<u> </u>	and the state of t
1 Total pages Schedule F4:	2 FILER NAME Mrs. Marissa Ortega Gerlach			3 Filer ID (Ethic	s Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	DTOACR	EDITCARD	\$	
5 Date	6 Payee name				
12/06/2023	Chick-fil-A				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
110.42	2501 E. Interstate Hwy 2		Mission	TX	78572
9 TYPE OF EXPENDITURE	Political	Non-Po	litical		
10	(a) Category (See Categories listed at the top of the	is schedule)	(b) Description		
PURPOSE	Faal/Daynaana kan asaa		17		
OF EXPENDITURE	Food/Beverage expense		dinner meetin	g	
	(c) Check if travel outside of Texas. Complet	e Schedule T.	Check if Aus	stin, TX. offiseholder liv	ing expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	0	ffice sought	Office	held
Date	Payee name				
12/04/2023	Las Donas				
Amount (\$)	Payee address;		City;	State;	Zip Code
297.40	1786 W. Bus. Hwy 83		Mission	TX	78572
TYPE OF EXPENDITURE	Political	Non-Po	litical		
	Category (See Categories listed at the top of the	is schedule)	Description		32-1-1
PURPOSE OF Expenditure	Food/beverage expense		breakfast and	l lunch meals	3
	Check if travel outside of Texas, Complete	e Schedule T.	Check if Aus	stin, TX, efficeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Öfficë	held
	ATTACH ADDITIONAL COPIES	OF THIS S	HEDIII E AS NE	EDED	
1.6	ACIDOLIADOLIONAL OUTIES	OF THE ST	AUTHORE WO HE	-vev	

SCHEDULE F4

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

	EXPENDITURE CATEGORI	ES FOR	R BOX 10(a)		
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Offic Foot/Beverage Expense Polit Gift/Awards/Memorials Expense Print al Committee Legal Services Sala	te Overher ing Expensiting Exper aries/Wage	nse es/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expens
	The Instruction Guide explains how	v to com	plete this form.		
1 Total pages Schedule F4: 4	2 FILER NAME Mrs. Marissa Ortega Gerlach			3 Filer ID (Ethic	s Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A	ACRE	DITCARD	\$.	
5 Date 12/04/2023	6 Payee name Meta				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
300.00	facebook.com				
9 TYPE OF EXPENDITURE	■ Political No	on-Politic	cal		
10	(a) Category (See Categories listed at the top of this schedul	le) (I	b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	S	ocial media a	ads	
	(c) Check if travel outside of Texas. Complete Schedule	eT.	Check if Aus	tin. TX, officeholder liv	ring expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	e sought	Office	held
Date	Payee name				
12/01/2023	Salad Delights				
Amount (\$)	Payee address;		City;	State:	Zip Code
336.75	2005 W. Mile 3 Rd.	1	Mission	TX	78572
TYPE OF EXPENDITURE	Political No	on-Politic	al		
	Category (See Categories listed at the top of this schedul	le)	Description		
PURPOSE OF EXPENDITURE	Food/beverage expense	lı	unch meals		
	Check if travel outside of Texas. Complete Schedule	et.	Check if Aus	tin, TX, officeholder in	ving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office	e sought	Office	held
	ATTACH ADDITIONAL COPIES OF THI	IS SCH	EDULE AS NEE	DED	

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/Memonals 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mrs. Marissa Ortega Gerlach 4 Date 5 Pavee name 12/11/2023 Hector Hernandez 6 Amount (\$) 7 Payee address: City: State: Zip Code 1.000.00 300 E. 14th St. Mission TX 78572 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Contract labor/salaries campaign labor EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct Mrs. Marissa Ortega Gerlach City Council, Pl. 3 n/a expenditure to benefit C/OH Payee name 12/11/2023 Juanita Baraias Amount (\$) Payee address; City: State: Zip Code 2,200.00 Relmbursement from 6204 N. Bentsen Palm Dr. Mission TX 78573 political contributions intended Category (See Calegories listed at the top of this schedule) Description PURPOSE Contract labor/salaries campaign labor OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Mrs. Marissa Ortega Gerlach City Council, Pl. 3 Date Payee name 11/02/2023 LMH Employment Group Amount (\$) Payee address; City: State: Zip Code 1,312.00 3711 N. 10th St. Reimbursement from McAllen TX 78501 political contributions Intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF Salaries / Wages campaign labor **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Mrs. Marissa Ortega Gerlach City Council, Pl. 3 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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule G:	² FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethic	čs Commissión Filers)		
4 Date 12/09/2023	5 Payee name Homer O. Garza					
6 Amount (\$) 800.00 Reimbursement from political contributions intended	7 Payee address; 1307 Emerald Ln.	city; Mission	State;			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract labor/salaries	(b) Description campaign labor	ŕ			
÷	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Mrs. Marissa Ortega Gerlach C	office sought ity Council, Pl.	. 3	office held		
Date 12/05/2023	Payee name Juanita Barajas					
Amount (\$) 3,590.00	Payee address;	City;	State;	Zip Gode		
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	r			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH Mrs. Marissa Ortega Gerlach Ci	Office sought ity Council, Pl.	. 3	Office held		
Date 12/08/2023	Payee name Guadalupe Ramirez					
Amount (\$) 2,400.00 Reimbursement from	Payee address;	City:	State:	Zip Code 78572		
political contributions intended		1: 11: 3: 1 (Specified in the sec.).	***	70012		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description				
OF EXPENDITURE	Salaries / Wages	campaign contract	t labor			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	ехрепѕе		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mrs. Marissa Ortega Gerlach Ci	Office sought ity Council, Pl.	. 3	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	ED			

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 Event Expense Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mrs. Marissa Ortega Gerlach 4 Date 5 Payee name 12/07/2023 The Progress Times 7 Pavee address: 6 Amount (\$) City: Zip Code 2,500.00 1217 N. Conway Ave. Mission TX 78572 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Advertising expense campaign ads OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct Mrs. Marissa Ortega Gerlach City Council, Pl. 3 n/a expenditure to benefit C/OH Payee name 12/04/2023 Martina Gonzalez Payee address; Amount (\$) City; State: Zip Code 1.200.00 Reimbursement from 15490 Tom Gill Rd. Penitas TX 78576 political contributions intended Category (See Calegories listed at the top of this schedule) Description PURPOSE Contract labor/salaries campaign labor OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Mrs. Marissa Ortega Gerlach City Council, Pl. 3 Date Payee name 12/02/2023 Desi Romero Amount (\$) Payee address: Clty; State: Zip Code 2.000.00 Reimbursement from 1722 N. Alamo Rd. Alamo TX 78516 political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Consulting expense campaign consulting **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Mrs. Marissa Ortega Gerlach City Council, Pl. 3 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

Everit 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:	² FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics	Commission Filers)		
4 Date 12/02/2023	5 Payee name Guadalupe Ramirez					
6 Amount (\$) 3,150.00 Reimbursement from political contributions intended	7 Payee address; 418 St. Marie	city; Mission	State: TX	Zip Code 78572		
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule) Contract labor	(b) Description general campa	ign labor	labor		
	(c) Check if travel outside of Texas. Complete Schedule T.	TX, officeholder living e	xpense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mrs. Marissa Ortega Gerlach C	office sought ity Council, Pl.	. 3	n/a		
Date	Payee name					
Amount (\$) Reimbursement from political contributions	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 e	xpense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name:	Office sought		Office held		
Date	Payée namé					
Amount (\$) Reimbursement from political contributions	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 ex	opense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		