

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: **11**

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

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

Receipt # Amount \$
Date Processed
Date Imaged

7 CAMPAIGN TREASURER ADDRESS

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 279-9517

9 REPORT TYPE

January 15 90th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 1 / 24 THROUGH 6 / 30 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
General Special JULY 2024 Semi-Annual Report

12 OFFICE

OFFICE HELD (if any)
City Council, Place 3

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

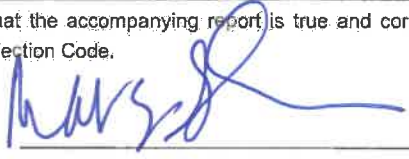
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME 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)	\$ 31,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,904.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,229.51
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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit
Sworn and subscribed before me by Marissa Gerlach this the 15th day of July, 2020 to certify which witness my hand and seal of office.
Signature of officer administering oath: Anna Carrillo Printed name of officer administering oath: Anna Carrillo Title of officer administering oath: Notary

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	\$ 31,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,785.60
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,118.75
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: **6**

2 FILER NAME
Mrs. Marissa Ortega Gerlach

3 Filer ID (Ethics Commission Filers)

4 Date
04/20/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Ruben Dario Plata Campaign Acct.

7 Amount of contribution (\$)

750.00

6 Contributor address; City; State; Zip Code
1613 Solar Dr. Mission TX 78572

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)
as listed

Date
04/09/2024

Full name of contributor out-of-state PAC (ID#: _____)
Silva, Kristina

Amount of contribution (\$)

1,400.00

Contributor address; City; State; Zip Code
2118 E. 27th St. Mission TX 78572

Principal occupation / Job title (See Instructions)
Self employed

Employer (See Instructions)
Self

Date
04/07/2024

Full name of contributor out-of-state PAC (ID#: _____)
Vela, Jose Alberto

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
1405 Melinda Dr. Mission TX 78572

Principal occupation / Job title (See Instructions)
Self employed

Employer (See Instructions)
Self

Date
04/06/2024

Full name of contributor out-of-state PAC (ID#: _____)
956 Towing & Recovery, LLC

Amount of contribution (\$)

750.00

Contributor address; City; State; Zip Code
1515 W. 3 Mi. Rd. Mission TX 78572

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
as listed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 6
2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Mendoza, Veronica 6 Contributor address; City; State; Zip Code 704 Chelsea Dr. Palmhurst TX 78573	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) self
Date 04/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Iglesias, Moises & Nelda Iris Contributor address; City; State; Zip Code 2325 W. Palm Circle Mission TX 78574	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self
Date 04/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Pena, Suzanne Contributor address; City; State; Zip Code 3500 San Clemente Mission TX 78572	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self
Date 04/06/2024	Full name of contributor out-of-state PAC (ID#: _____) De Jesus, Diana & Ruben Contributor address; City; State; Zip Code 1620 N. Armagoza Dr. Edinburg TX 78541	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: **6**

2 FILER NAME
Mrs. Marissa Ortega Gerlach

3 Filer ID (Ethics Commission Filers)

4 Date
04/06/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
3GS, LLC

7 Amount of contribution (\$)

750.00

6 Contributor address; City; State; Zip Code
1970 W. Expwy. 83 Mercedes TX 78570

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)
as listed

Date
04/05/2024

Full name of contributor out-of-state PAC (ID#: _____)
Garza, Oscar & Maiela

Amount of contribution (\$)

750.00

Contributor address; City; State; Zip Code
2313 Brock St. Mission TX 78572

Principal occupation / Job title (See Instructions)
Self employed

Employer (See Instructions)
Self

Date
04/02/2024

Full name of contributor out-of-state PAC (ID#: _____)
Hinojosa, Javier & Maria Alma

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code
1308 Encanto Blvd. Mission TX 78574

Principal occupation / Job title (See Instructions)
Self employed

Employer (See Instructions)
Self

Date
04/02/2024

Full name of contributor out-of-state PAC (ID#: _____)
Cerda, Julio & Maria

Amount of contribution (\$)

2,000.00

Contributor address; City; State; Zip Code
2800 N. Stewart Dr. Mission TX 78574

Principal occupation / Job title (See Instructions)
Self employed

Employer (See Instructions)
self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 6
2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2024	5 Full name of contributor Ortegon, Carlos <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 750.00
	6 Contributor address; City; State; Zip Code 2915 Driftwood Ln. Mission TX 78574	
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) as listed
Date 04/01/2024	Full name of contributor Jeffrey Wayne Everitt & Araceli Garza POD <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 750.00
	Contributor address; City; State; Zip Code 901 S. TX Blvd. Weslaco TX 78596	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) as listed
Date 03/26/2024	Full name of contributor Linebarger, goggan, Blair & Sampson, LLP <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 1,500.00
	Contributor address; City; State; Zip Code P O Box 17428 Austin TX 78760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) as listed
Date 03/25/2024	Full name of contributor Palma, Andres & Suzanne <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 1,500.00
	Contributor address; City; State; Zip Code 1801 Battista St. Edinburg TX 78542	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 6
2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Gerlach, Shawn & Lori 6 Contributor address; City; State; Zip Code 3101 Las Colinas Ln. Mission TX 78574	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) as listed
Date 03/13/2024	Full name of contributor out-of-state PAC (ID#: _____) Jones, Galligan, Key & Lozano, LLP Contributor address; City; State; Zip Code 2300 W. Pike Weslaco TX 78596	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Self employed		as listed
Date 03/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Garcia, Omar & Diana Contributor address; City; State; Zip Code 5715 N. 6th Ln. McAllen TX 78704	Amount of contribution (\$) 1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Self employed		self
Date 03/05/2024	Full name of contributor out-of-state PAC (ID#: _____) Mission Fire Fighters Committee Contributor address; City; State; Zip Code P O Box 4710 Mission TX 78572	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Self employed		self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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: 6
2 FILER NAME Mrs. Marissa Ortega Gerlach		3 Filer ID (Ethics Commission Filers)
4 Date: 03/04/2024	5 Full name of contributor out-of-state PAC (ID#: _____) B2Z Engineering 6 Contributor address; City; State; Zip Code P O Box 2724 McAllen TX 78502	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) as listed
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)
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)

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Mrs. Marissa Ortega Gerlach	3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2024	5 Payee name Marissa Gerlach	
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 1207 Encanto Blvd. Mission TX 78572	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement	(b) Description fundraiser/event expense
	(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 01/06/2024	Payee name Rosanna Haro	
Amount (\$) 1,385.60	Payee address; City; State; Zip Code 2419 E. Griffin Pkwy Mission TX 78572	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description event decor
	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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By:	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Mrs. Marissa Ortega Gerlach	3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2024	5 Payee name Mission Skeet & Trap Club	
6 Amount (\$) 3,118.75 <small>Reimbursement from political contributions intended <input checked="" type="checkbox"/></small>	7 Payee address; City; State; Zip Code 1306 S. Conway Ave. Mission TX 78572	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description event venue fee
	(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	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED