

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

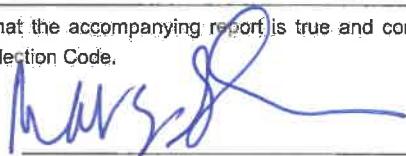
The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed.	
				11		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Marissa	MI O.	OFFICE USE ONLY 		
	NICKNAME	LAST Gerlach	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1207 Encanto Blvd. Mission TX 78574					
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 279-7503	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Lori	MI Leo	Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME	LAST Gerlach	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 3101 Las Colinas Lane Mission TX 78574					
8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 279-9517	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment. (Officeholder Only)		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day / 1	Year / 24	Month 6	Day / 30	Year / 24
11 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE Primary General			
			Runoff Special	Other Description 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.					
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME				
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Mrs. Marissa Ortega Gerlach	
16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 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
	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:



Sworn and subscribed before me by Marissa Gerlach, this the 15th day of July,

2015, to certify which witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month)

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. ■ 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. ■ 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. ■ 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 Ruben Dario Plata Campaign Acct.	out-of-state PAC (ID#:)	7. Amount of contribution (\$) 750.00
6. Contributor address; 1613 Solar Dr. Mission TX 78572		City: _____ State: _____ Zip Code: _____	
8. Principal occupation / Job title (See Instructions) Self employed		9. Employer (See Instructions) as listed	
Date 04/09/2024	Full name of contributor Silva, Kristina	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,400.00
Contributor address; 2118 E. 27th St.		City: _____ State: _____ Zip Code: _____	
Mission TX 78572			
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self	
Date 04/07/2024	Full name of contributor Vela, Jose Alberto	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address; 1405 Melinda Dr.		City: _____ State: _____ Zip Code: _____	
Mission TX 78572			
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self	
Date 04/06/2024	Full name of contributor 956 Towing & Recovery, LLC	out-of-state PAC (ID#:)	Amount of contribution (\$) 750.00
Contributor address; 1515 W. 3 Mi. Rd.		City: _____ State: _____ Zip Code: _____	
Mission TX 78572			
Principal occupation / Job title (See Instructions) Self employed		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 Mendoza, Veronica	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 400.00
	6 Contributor address: 704 Chelsea Dr. Palmhurst TX 78573	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) self	
Date 04/06/2024	Full name of contributor Iglesias, Moises & Nelda Iris	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
	Contributor address: 2325 W. Palm Circle	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self	
Date 04/06/2024	Full name of contributor Pena, Suzanne	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 750.00
	Contributor address: 3500 San Clemente	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self	
Date 04/06/2024	Full name of contributor De Jesus, Diana & Ruben	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,500.00
	Contributor address: 1620 N. Armagoza Dr.	City; State; Zip Code	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) self	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3GS, LLC	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 750.00
	6 Contributor address; 1970 W. Expwy. 83	City; State; Zip Code Mercedes TX 78570	
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) as listed	
Date 04/05/2024	Full name of contributor Garza, Oscar & Maiela	out-of-state PAC (ID#:)	Amount of contribution (\$) 750.00
	Contributor address; 2313 Brock St.	City; State; Zip Code Mission TX 78572	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self	
Date 04/02/2024	Full name of contributor Hinojosa, Javier & Maria Alma	out-of-state PAC (ID#:)	Amount of contribution (\$) 2,500.00
	Contributor address; 1308 Encanto Blvd.	City; State; Zip Code Mission TX 78574	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self	
Date 04/02/2024	Full name of contributor Cerda, Julio & Maria	out-of-state PAC (ID#:)	Amount of contribution (\$) 2,000.00
	Contributor address; 2800 N. Stewart Dr.	City; State; Zip Code 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

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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	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 750.00
	6 Contributor address: 2915 Driftwood Ln.	City: Mission State: TX Zip Code 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	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 750.00
	Contributor address: 901 S. TX Blvd.	City: Weslaco State: TX Zip Code 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	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,500.00
	Contributor address: P O Box 17428	City: Austin State: TX Zip Code 78760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) as listed	
Date 03/25/2024	Full name of contributor Palma, Andres & Suzanne	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,500.00
	Contributor address: 1801 Battista St.	City: Edinburg State: TX Zip Code 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

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

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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 B2Z Engineering	6 Contributor address; P O Box 2724	7 out-of-state PAC (ID#: McAllen TX 78502) 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#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	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: 1207 Encanto Blvd.	City: Mission	State: TX	Zip Code 78572
8 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: 2419 E. Griffin Pkwy	City: Mission	State: TX	Zip Code 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: Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal/Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1306 S. Conway Ave.	City: Mission State: TX Zip Code 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.	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	Payee name		
Amount (\$)	Payee address;	City:	State: Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
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
Date	Payee name		
Amount (\$)	Payee address;	City:	State: Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
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