

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

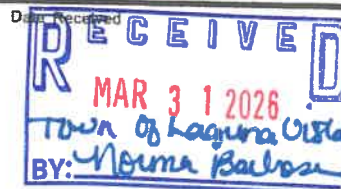
1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **3**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **MS** FIRST **Natalie** MI  
NICKNAME LAST **Ruiz** SUFFIX

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**15 Bethpage Laguna Vista; TX  
Or 78578**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(908) 338-4798**

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Dr.** FIRST **Brian** MI  
NICKNAME LAST **Kanter** SUFFIX **ID MD**

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
**1 Valdarama Dr. Laguna Vista TX 78578**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(956) 426-9160**

9 REPORT TYPE

January 15  30th 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  
**2 / 25 / 26 THROUGH 4 / 3 / 26**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**5 / 2 / 26**  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Town Council Place #3**

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

**DNA**

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

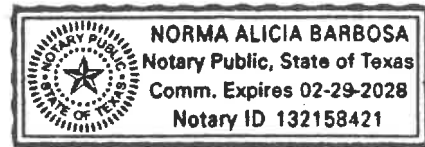
**FORM C/OH  
COVER SHEET PG 2**

|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br><i>Natalie Ruiz</i> |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>              | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 1,300                                      |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,300                                      |
| <b>EXPENDITURE TOTALS</b>                  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 1,174 <sup>45</sup>                        |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,174 <sup>45</sup>                        |
| <b>CONTRIBUTION BALANCE</b>                | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 125 <sup>85</sup>                          |
| <b>OUTSTANDING LOAN TOTALS</b>             | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ —  |

**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.

*Natalie Ruiz*  
Signature of Candidate or Officeholder

**Please complete either option below:**



**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by NATALIE Ruiz this the 1 day of April

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

Norma A. Barbosa Norma A. Barbosa Court Director  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Natalie Ruiz

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |                        |
|-----|-------------------------------------|--|------------------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 1,300 <sup>-</sup>  |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                     |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                     |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$                     |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 1,174 <sup>45</sup> |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                     |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                     |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                     |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                     |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                     |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                     |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                     |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.               |  | 1 Total pages Schedule A1: <b>2</b>         |
| 2 FILER NAME<br><b>Natalie Ruiz</b>                                     |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Natalie Ruiz</b> | 7 Amount of contribution (\$) <b>\$300-</b> |
|   | 6 Contributor address; City; State; Zip Code<br><b>15 Bethpage Laguna Vista, TX 78578</b>                |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b> |  | 9 Employer (See Instructions)<br><b>-</b>   |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Susan Haydon</b>   | Amount of contribution (\$) <b>\$1,000-</b> |
|   | Contributor address; City; State; Zip Code<br><b>[REDACTED] TX 78578</b>                                 |   |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)                 |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                          | Amount of contribution (\$)                 |
|   | Contributor address; City; State; Zip Code   |   |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)                 |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                          | Amount of contribution (\$)                 |
|   | Contributor address; City; State; Zip Code   |   |
| 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.

(1)

**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:<br>2 | 2 FILER NAME<br>Natalie Ruiz | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|------------------------------|---------------------------------------|

|                  |                                 |
|------------------|---------------------------------|
| 4 Date<br>3/5/26 | 5 Payee name<br>Toucan Graphics |
|------------------|---------------------------------|

|                         |  |
|-------------------------|--|
| 6 Amount (\$)<br>135-36 | 7 Payee address;<br>14725 S. Padre Island Dr<br>City: Corpus Christi<br>State: TX<br>Zip Code: 78418 |
|-------------------------|--|

|                                    |   |                                     |
|------------------------------------|---|-------------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense  | (b) Description<br>PushCads & Signs |
|                                    | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                     |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                 |                               |
|-----------------|-------------------------------|
| Date<br>3/10/26 | Payee name<br>Toucan Graphics |
|-----------------|-------------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>151.55 | Payee address;<br>14725 S. Padre Island Dr, Corpus Christi TX<br>City: Corpus Christi TX<br>State: TX<br>Zip Code: 78418 |
|-----------------------|--|

|                                    |   |  |
|------------------------------------|---|--|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Printing Expense  | Description<br>24x18 Coroplast signs & wire stakes |
|                                    | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                 |                               |
|-----------------|-------------------------------|
| Date<br>3/13/26 | Payee name<br>Toucan Graphics |
|-----------------|-------------------------------|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$545.58 | Payee address;<br>14725 S. Padre Island Dr; Corpus Christi, TX<br>City: Corpus Christi, TX<br>State: TX<br>Zip Code: 78418 |
|-------------------------|--|

|                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Printing expense  | Description<br>4x4 Coroplast Signs |
|                                    | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                    |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

(2)

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|                                 |                              |                                       |
|---------------------------------|------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br>2 | 2 FILER NAME<br>Natalie Ruiz | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|------------------------------|---------------------------------------|

|                   |                                 |
|-------------------|---------------------------------|
| 4 Date<br>3/20/24 | 5 Payee name<br>Toncan Graphics |
|-------------------|---------------------------------|

|                        |  |       |        |          |
|------------------------|--|-------|--------|----------|
| 6 Amount (\$)<br>92.01 | 7 Payee address;<br>14725 S. Padre Island Dr; Corpus Christi, TX 78418 | City; | State; | Zip Code |
|------------------------|--|-------|--------|----------|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br>Printing        | (b) Description<br>Pushcards  |
|                                    | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                 |                          |
|-----------------|--------------------------|
| Date<br>3/21/26 | Payee name<br>Cloud Cafe |
|-----------------|--------------------------|

|                                  |   |       |        |          |
|----------------------------------|---|-------|--------|----------|
| Amount (\$)<br>250 <sup>00</sup> | Payee address;<br>Hwy 510; Laguna Vista, TX 78578 | City; | State; | Zip Code |
|----------------------------------|---|-------|--------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Event Expense   | Description<br>Meet & Greet   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living 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 |
|-------------|----------------|-------|--------|----------|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)                    | Description   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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