# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to con	nplete this form.	1 Filer ID (Ethics Commi 00084239		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Claudia			Date Received	
10 000					ELECTRONICA	I I V EII ED
					07/17/2023	LLI FILLD
	NICKNAME	LAST		SUFFIX	07/11/2023	
		Ordaz Perez				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 71738					
ADDRESS					Receipt #	Amount
Change of Address	El Paso, TX 79917					
	Li 1 430, 1X 13311				Date Processed	
					Date Imaged	
F. CAMPAICN	MS / MRS / MR	FIDCT		<b>NAI</b>		
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mrs.	Terri				
	NICKNAME	LAST		SUFFIX		
		Flickinger				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP <sup>-</sup>	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	8120 Bethany Dr.					
(Residence or Business)	El Paso, TX 79925					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION			
TREASURER PHONE	(915) 276-5158					
8 REPORT	<u> </u>					
TYPE	January 15	30th day before	election	Runoff	15th day after cam appointment (office	
	X July 15	8th day before 6	election $\square$	Exceeded modified	Final Report (Attac	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	cur day before t		reporting limit		311 37 311 11 17
9 PERIOD	Month Day Yea			Month Day	Year	
COVERED	01/01/2023		HROUGH	Month Day 06/30/202		
	01/01/2023			00/30/202	.5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
LIU ELECTION	Month Day Yea		rimary	Runoff	Other	
	I Day	"   🗀''	Tilliary	IKunon	Outlet	
		□G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative D	istrict 79 El Paso		State Represent	ative District 79	
				1		
		60.1	TO DACE 2			
		GO I	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 74

13 C / OH NAME	Ordaz Perez, Claudia	a (The Honorable)	<b>14</b> Filer ID 00084239	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have bee	olitical expenditures made by political c en made without the candidate's or office rt this information only if they receive no	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
	Si Leirie			
		COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTION	IS (OTHER THAN PLEDGES, LOANS, DNS MADE ELECTRONICALLY)	\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANT	TEES OF LOANS)	\$ 10,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	6	\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 43,745.33
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		D AS OF THE LAST DAY OF THE	\$ 33,860.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		true and corre	rm, under penalty of perjury, that the ac ct and includes all information required t Election Code.	
			The Honorable Claudia Ordaz P	erez
			Signature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and s	seal of office.	
Signature of office	cer administering	Drintad name of officer admir	nistoring Title of office	r administering oath
Signature of office	Lei auministenny	Printed name of officer admir	instering Title of Office	r administering oath

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

				3 of 74
18 FILER NA	(Ethics Com	nmission Filers)		
	erez, Claudia (The Honorable) LE SUBTOTALS	00084239	T	
	F SCHEDULE		SUBTO	TAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,100.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	350.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	43,745.33
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION		\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	e Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 1/2 Rpt: 4/74	
2	FILER NAME Ordaz Perez	r, Claudia (The Honorable)		3	Filer ID (Ethics Commission 00084239	on Filers)
4	Date 06/26/2023	5 Full name of contributor  out-of-state PAC (ID#:_Alvarado, Aidan (Mr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
		Laredo, TX 78045				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions Fire Fighter	)		
	Date Full name of contributor out-of-state PAC (ID#:)  Bentley Public Affairs  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions			)		
	Date Full name of contributor out-of-state PAC (ID#:) Carriage House Partnes  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/21/2023	Full name of contributor out-of-state PAC (ID#:_Posey Law Firm  Contributor address; City; State; Zip Code  Austin , TX 78701			Amount of Contribution (\$)	\$500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions		)				
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#:_Rodriguez, Marc  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu Lobbyist	pation / Job title (See Instructions)	Employer (See Instructions Self	)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/74	
2	FILER NAME Ordaz Perez	r, Claudia (The Honorable)		3	Filer ID (Ethics Commission Filers) 00084239
4	Date 06/20/2023	Full name of contributor		7	Amount of Contribution (\$) \$1,500.00
_		Austin, TX 78701			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 06/20/2023	Full name of contributor out-of-state PAC (ID#: The Garcia Group Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
		Austin, TX 78701			
	Principal occupation / Job title (See Instructions)  Employer (See Instructions			s)	
	Date 06/21/2023	Full name of contributor out-of-state PAC (ID#: Wholesale Beer Distributors of Texas  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/74 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ordaz Perez, Claudia (The Honorable) 00084239 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/21/2023 Legislative Solutions \$350.00 Email Blast for fundraiser 7 Contributor address; City; State; Zip Code Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

**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/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 1/68 Rpt: 7/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/26/2023	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.69	411 W MLK Blvd
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		- Gus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/OI	
H	Date	Para a sana
		Payee name
	01/06/2023	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.76	411 W MLK Blvd
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/18/2023	7-Eleven
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.60	411 W MLK Blvd
	φ-10.00	ALL W MEN BIVE
		Austin, TX 78701
H	PURPOSE	In .
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<b>1</b>

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District 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 F1: Sch: 2/68 Rpt: 8/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084239
4	Date 06/16/2023	5 Payee name AT&T
6	Amount (\$) \$130.68	7 Payee address; City; State; Zip Code 208 S. Akard St  Dallas, TX 75202
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Phone Bill
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/30/2023	Payee name AT&T
	Amount (\$) \$199.66	Payee address; City; State; Zip Code 208 S. Akard St  Dallas, TX 75202
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Phone Bill
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/29/2023	Payee name AT&T
	Amount (\$) \$399.47	Payee address; City; State; Zip Code 208 S. Akard St
		Dallas, TX 75202
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone Bill
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/68 Rpt: 9/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/27/2023	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$199.80	208 S. Akard St
		Dallas, TX 75202
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Phone Bill
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	01/30/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$322.64	208 S. Akard St
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Phone Bill
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/16/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.00	208 S. Akard St
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Phone Bill
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to beliefit C/OI	·

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 4/68 Rpt: 10/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/10/2023	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.00	208 S. Akard St
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Wireless internet service
		Wildess internet service
_	Commission ONII V if disposi	Condidate Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/11/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.33	208 S. Akard St
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Wireless internet service
		VIII CICSS III CITIC SCIVIC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	01/04/2023	Alon 7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.08	850 N Zaragoza Rd
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel to Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 5/68 Rpt: 11/74	Ordaz Perez, Claudia (The Honorable) 00084239	
4	Date	5 Payee name	_
	01/08/2023	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.19	PO Box 81226	
		Seattle, WA 98108	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Office Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>-</del>	
	Date	Payee name	
	01/08/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.38	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Office Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	01/09/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.39	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Office Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

#### SCHEDULE F1

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/68 Rpt: 12/74	Ordaz Perez, Claudia (The Honorable)	00084239
4	Date	5 Payee name	- 1
	03/15/2023	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$44.19	PO Box 81226	
		Seattle, WA 98108	
8	PURPOSE		
Ü	OF	· · · · · · · · · · · · · · · · · · ·	avel outside of Texas. Complete Schedule T.
	EXPENDITURE	onico o vornodari Contai Experies	ustin, TX, officeholder living expense
		Office Sup	plies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	01/31/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.36	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if A	ustin, TX, officeholder living expense
		Office Sup	plies
	2		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/31/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.11	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overnedd/Nerital Expense	avel outside of Texas. Complete Schedule T.
		Check if Ai Office Sup	ustin, TX, officeholder living expense
		Office Sup	Philos
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office Held
_			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 7/68 Rpt: 13/74	Ordaz Perez, Claudia (The Honorable)	00084239
4	Date	5 Payee name	
	04/02/2023	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$192.69	PO Box 81226	
	4102.00	TO BOX GILLS	
		Seattle, WA 98108	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		utside of Texas. Complete Schedule T.
	LAFENDITORE	,	TX, officeholder living expense
		Office Supplies	S
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
F	Date	Payee name	
	03/17/2023	Amazon	
L			
	Amount (\$)		
	\$19.47	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	1	utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Office Supplies	S
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
F	Date	Payee name	
	05/15/2023	Amazon	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	` '		
	\$465.00	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	l	utside of Texas. Complete Schedule T.
	EXPENDITURE	,	TX, officeholder living expense
		Office Supplies	S
L			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
Г			
ı			

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Onations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

imbursement Solicitation/Fundraising Expense
ntal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 8/68 Rpt: 14/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/20/2023	Archer
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.61	3121 Palm Way
		Austin, TX 78758
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Lunch
		Stall Eurich
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/09/2023	Austin Land & Cattle
	Amount (\$)	Payee address; City; State; Zip Code
	\$231.69	1205 N Lamar Blvd
		Austin , TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting
		Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Device same
	Date 02/16/2023	Payee name Austin Marriott Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.31	304 E Cesar Chavez St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Lunch
		Stan Euron
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cu

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 9/68 Rpt: 15/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	05/18/2023	Austin Monogram & Embroidery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.43	2201 Denton Dr # 107
		Austin, TX 78758
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense  Staff Appreciation Gifts
		Stan Appreciation Onto
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Davida marra
		Payee name
	02/03/2023	Austin Proper
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.88	600 W 2nd St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Lunch
		Stati Editori
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/05/2023	Best Buy Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$865.99	1201 Barbara Jordan Blvd
	Ψ003.33	1201 Balbala Joldan Bivd
		Aughin TV 70722
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies - fridge
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

nent 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 10/68 Rpt: 16/74	Ordaz Perez, Claudia (The Honorable) 00084239				
4	Date	5 Payee name				
	01/07/2023	Best Buy Austin				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$378.86	1201 Barbara Jordan Blvd				
		Austin, TX 78723				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Office Supplies				
		Cinico cupplico				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	01/23/2023	Bridgette Bloomquist Photography				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	904 West Ave #103				
	4000.00	00 1 W0007W0 W100				
		Austin, TX 78701				
	PURPOSE					
	OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Staff Headshots				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	<u> </u>					
	Date	Payee name				
	02/10/2023	Burger King Fort Stockton				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$17.62	2792 TX-18				
		Fort Stockton, TX 79735				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Travel to El Paso				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
_						

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee 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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/68 Rpt: 17/74	Ordaz Perez, Claudia (The Honorable)	00084239
4	Date	5 Payee name	·
	03/07/2023	Canva	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$119.40	75 East Santa Clara Street	
		San Jose, CA 95113	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Office software - Design
			Ü
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/21/2023	Capital Cruises Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$230.00	208 Barton Springs Rd	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			End of Session Staff Appreciation Gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	02/06/2023	Capitol Giftshop	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.00	1100 Congress Ave	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
ı			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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 listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 12/68 Rpt: 18/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/15/2023	Cava
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.45	515 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Lunch
		Stan Euron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	02/01/2023	Central Market
H	Amount (\$)	Payee address; City; State; Zip Code
	\$33.04	4001 N. Lamar Blvd
	φ33.04	4001 N. Lamai bivu
		A
L		Austin, TX 78756
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	₹
F	Date	Payee name
	05/22/2023	Cherrywood Coffee House
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.84	1400 E 38th 1/2 St
		Austin, TX 78722
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
1		Staff Lunch
L	Operated ONE V. T.	Openhild to 100% and address and a second se
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
dash		

#### SCHEDULE F1

#### **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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┡	Total manne Cabadula F1.	
	Total pages Schedule F1: Sch: 13/68 Rpt: 19/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084239
4	Date	5 Payee name
	05/22/2023	Cherrywood Coffee House
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$44.89	1400 E 38th 1/2 St
	Ψ11.00	1100 2 0001 1/2 00
		A . (f ) TV 70700
L		Austin, TX 78722
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Lunch
		Stail Editori
Ļ	0 1 0 0 1 1 1 1 1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/06/2023	Chevron Ft Stockton
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.47	1501 North Hwy 285
		Fort Stockton, TX 79735
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas Travel to Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/10/2023	Chevron/Kent
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.93	6001 BOLLINGER CANYON RD
		Ft Stockton, TX 79735
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel to District
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<u> </u>

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 14/68 Rpt: 20/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/03/2023	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.89	8545 N Lamar Blvd
		Austin, TX 78753
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/18/2023	Chipotle
H	Amount (\$)	Payee address; City; State; Zip Code
	\$8.88	801 Congress Ave. Ste 100
	,	
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  staff lunch
		Stall failed.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/05/2023	Chuco Relic
	Amount (\$)	Payee address; City; State; Zip Code
	\$333.41	4935 N Mesa St #5
		El Paso, TX 79902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Office Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		rs)
	Sch: 15/68 Rpt: 21/74	Ordaz Perez, Claudia (The Honorable) 00084239	
4	Date	5 Payee name	
	02/06/2023	Cielo Vista Neighborhood Association	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 971884	
		El Paso, TX 79997	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder/Political Committee	ol
		Varsity Girls Basketball Team for Senior Breakfa	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
H	Date	Payee name	
	01/16/2023	Cisco's Muny Café	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.44	Lions Municipal Golf Course Cart Path	
		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense  Meeting	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
-	Date	Payee name	
	01/03/2023	City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$93.36	301 West 2nd	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Utilities Utilities	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	H	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/68 Rpt: 22/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/31/2023	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.83	301 West 2nd
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/03/2023	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.17	301 West 2nd
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	04/03/2023	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$118.66	301 West 2nd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense Utilities
		Otilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

#### **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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee I	_egal Services			ages	/Contract Labor		OTHER (enter a	strict a category not listed above)	
	oroun ouru r aymone			The Instruction G	uide explains ho	w to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 17/68 Rpt: 23/74		Ordaz Perez	, Claudia (The	Honorable)					00084239		
4	Date	5	Payee name									
	05/02/2023		City of Austi	n								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de					
	\$117.56		301 West 2r	ıd								
			Austin, TX 7	8701								
_	PURPOSE	⊢				L	/h\	5				
8	OF			e Categories listed at		ule)	(a)	Description  Check if travel (	nutei	de of Teyes Com	nplete Schedule T.	
	EXPENDITURE		Office Overr	ead/Rental Ex	pense			므		officeholder living		
								Utilities				
9	Complete ONLY if direct	<u> </u>	andidate/Offic	eholder name	Off	ice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
H	Date		Payee name									_
	05/31/2023	ı	City of Austi	n								
_	Amount (\$)	├	Payee addres		State <sup>.</sup>	Zip Cod	de					_
	\$121.98	ı	301 West 2r		Otato,	p						
	Ψ121.00		001 1100( 2.									
			Auctin TV 7	0701								
		_	Austin, TX 7									
	PURPOSE OF			e Categories listed at		ule)	(b)	Description	outoi	do of Toyon Com	anlata Sahadula T	
	EXPENDITURE		Office Overn	ead/Rental Ex	pense			<b>-</b>		officeholder living	nplete Schedule T. g expense	
								Utilities				
	Complete ONLY if direct	<u> </u>	andidate/Offic	eholder name	Off	ice soug	ght			Office h	eld	
	expenditure to benefit C/O	Н										
_	Date		Payee name									_
	01/28/2023	ı	•	arriott South P	adre							
	Amount (\$)	-	Payee addres			Zip Cod	de					
	\$5.90	ı	6700 Padre	-	Otate,	21p 000						
	Ψ0.00		01001 4410	5.va								
			South Dadro	Island, TX 78	507							
		-					<i></i>					
	PURPOSE OF			e Categories listed at	the top of this sched	ule)	(b)	Description  Check if travel	outei	do of Toyas Com	nplete Schedule T.	
	EXPENDITURE		Food/Bevera	age Expense				ш		officeholder livin		
								RGV Legislat				
								-				
	Complete ONLY if direct		andidate/Offic	eholder name	Off	ice soug	ght			Office h	eld	_
	expenditure to benefit C/O											
I												

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

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

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 F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 18/68 Rpt: 24/74		Ordaz Perez, Claudia (The Honorable)		00084239	
4	Date	5	Payee name		·	
	01/27/2023		Courtyard Marriott South Padre			
6	Amount (\$)	7	Payee address; City; State; Zip C	ode		
	\$8.11		6700 Padre Blvd			
			South Padre Island, TX 78597			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE				Check if Austin, TX, officeholder living expense	
					RGV Legislative Tour	
_	Complete ONL V if direct	$\perp$	Candidate/Officeholder name Office on	uabt	Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ugnt	Office neid	
_		_				
	Date		Payee name			
	01/05/2023	_	Custom Printing USA			
	Amount (\$)	1	Payee address; City; State; Zip C	ode		
	\$539.95		6675 Falls of Neuse Road Suite 107			
			Raleigh, NC 27615			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE		Printing Expense		Check if travel outside of Texas. Complete Schedule T.	
					Check if Austin, TX, officeholder living expense  Campaign Branding Supplies	
					Campaign Branding Cappings	
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> uaht	Office held	
	expenditure to benefit C/OI			9		
-	Date	Г	Dayon nama			
	06/16/2023		Payee name EP Easy Storage			
		┢		odo		
	Amount (\$) \$68.00		Payee address; City; State; Zip C 344 North Zaragoza Road	oue		
	Ψ00.00		344 North Zaragoza Noad			
			El Dago TV 70007			
		_	El Paso, TX 79907	1		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense	
					Storage Unit	
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held	
	expenditure to benefit C/OH					

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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 com	plet	e this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 19/68 Rpt: 25/74	Ordaz Perez, Claudia (The Honorable)		00084239		
4	Date	5 Payee name		·		
	05/21/2023	EP Easy Storage				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$176.00	344 North Zaragoza Road				
		El Paso, TX 79907				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [	Description		
	OF	Office Overhead/Rental Expense	Ĺ	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	·	Ī	Check if Austin, TX, officeholder living expense		
				Storage Unit		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held		
	Date	Payee name				
	03/16/2023	EP Easy Storage				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$68.00	344 North Zaragoza Road				
		El Paso, TX 79907				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	<u></u>	Check if travel outside of Texas. Complete Schedule T.		
	ZAI ZABITORZ		Ļ	Check if Austin, TX, officeholder living expense		
			•	Storage Unit		
_	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held		
	expenditure to benefit C/OI	•	i it	Office field		
-	Data					
	Date 02/16/2023	Payee name				
		EP Easy Storage				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$68.00	344 North Zaragoza Road				
		El Paso, TX 79907				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	Ļ	Check if travel outside of Texas. Complete Schedule T.		
			L	Check if Austin, TX, officeholder living expense Storage Unit		
			•	ototago otini		
H	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held		
	expenditure to benefit C/OI	9		Onice field		

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

t 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 20/68 Rpt: 26/74	Ordaz Perez, Claudia (The Honorable) 00084239		
4	Date	5 Payee name		
	01/16/2023	EP Easy Storage		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$68.00	344 North Zaragoza Road		
		El Paso, TX 79907		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Storage Unit		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	experientare to benefit 6/61	<u>'</u>		
	Date	Payee name		
	02/02/2023	FIXE Austin		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$151.65	500 W. 5th St		
		Auctin TV 70701		
	DUDDOCE	Austin, TX 78701		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Staff Lunch		
	Consoliste CNII V if diseast	Open finds to 10 ff and half at a second to 10 ff and half		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
_	Date	Davida nama		
	02/28/2023	Payee name GECU		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$5.10	7227 Viscount Blvd		
		El Paso, TX 79925		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	LAI LINDITORE	Check if Austin, TX, officeholder living expense  Bank Service Charge		
		Dalik Service Charge		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·		
1				

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 21/68 Rpt: 27/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/31/2023	GECU
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.50	7227 Viscount Blvd
		El Paso, TX 79925
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bank Service Charge
		Bank Service Sharge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊢		
	Date	Payee name
	03/14/2023	Go Daddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.62	14455 N Hayden Rd Ste 100
		Scottsdale, AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Website
	Operation ONLY & Street	Open Highest (Office health and a second to the second to
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/27/2023	Go Daddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.00	14455 N Hayden Rd Ste 100
		Scottsdale, AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Website
$\vdash$	Commission ONU V. M. alling	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/68 Rpt: 28/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	06/27/2023	Go Daddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.00	14455 N Hayden Rd Ste 100
		Scottsdale, AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Website Email
		Woodle Email
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/12/2023	Gonzalez, Jennifer (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,167.00	7849 Enchanted Circle Dr
		El Paso, TX 79911
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Salary
		,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/26/2023	Gonzalez, Jennifer (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,167.00	7849 Enchanted Circle Dr
		El Paso, TX 79911
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Salary
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/68 Rpt: 29/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/28/2023	Gonzalez, Jennifer (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,167.00	7849 Enchanted Circle Dr
		El Paso, TX 79911
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Salary
		Stan Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	02/28/2023	Gonzalez, Jennifer (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,167.00	7849 Enchanted Circle Dr
		El Paso, TX 79911
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Staff Salary
		Stati Salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/01/2023	Google Workspace
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Coords Markennes
		Google Workspace
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T		
1	Total pages Schedule F1:		
	Sch: 24/68 Rpt: 30/74	Ordaz Perez, Claudia (The Honorable) 00084239	
4	Date	5 Payee name	
	02/01/2023	Google Workspace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.40	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
Ļ	DUDD005		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Google Workspace	
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
L			
	Date	Payee name	
	03/01/2023	Google Workspace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.40	1600 Amphitheatre Parkway	
		Mountain View, CA 94043	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Google Workspace	
_			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/23/2023	Greater El Paso Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	303 N Oregon St Suite 610	
		El Paso, TX 79901	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	Za Enditone	Check if Austin, TX, officeholder living expense	
		Staff Appreciation Gifts	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experiunare to benefit 6/011		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
1	Sch: 25/68 Rpt: 31/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084239	
4	Date	5 Payee name	
	03/22/2023	Gyro Delicious	
6	Amount (\$) \$63.26	7 Payee address; City; State; Zip Code 2011 Whitis Ave  Austin, TX 78705	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Staff Lunch	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/15/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$143.73	1000 E 41st St	
		Austin, TX 78751	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Office Supplies	
		Office Supplies	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/26/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.77	1000 E 41st St	
		Austin, TX 78751	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LAI LINDITORL	Check if Austin, TX, officeholder living expense	
		Office Supplies	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total manage Calculula E4.		
1	Total pages Schedule F1: Sch: 26/68 Rpt: 32/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084239	
4	Date	5 Payee name	
	03/07/2023	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$180.00	1000 E 41st St	
		Auctin TV 70751	
		Austin, TX 78751	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense	
		Office Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/01/2023	Hill Country Springs, Inc	
		7 7 9	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.57	10019 S IH 35 Frontage Rd	
		Austin, TX 78747	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office Supplies - Water	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
L	05/11/2023	Hill Country Springs, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.13	10019 S IH 35 Frontage Rd	
		Austin, TX 78747	
		Tu.	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Office Supplies - Water	
		Office Supplies - Water	
_	0 1. 5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)	
	Sch: 27/68 Rpt: 33/74	Ordaz Perez, Claudia (The Honorable) 00084239	
4	Date	5 Payee name	
	03/01/2023	Hill Country Springs, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$64.81	10019 S IH 35 Frontage Rd	
		Austin, TX 78747	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Office Supplies - Water	
		Office Supplies - Water	
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/02/2023	Hill Country Springs, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.82	10019 S IH 35 Frontage Rd	
		Austin, TX 78747	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Office Supplies - Water	
		Office Supplies - water	
_	Occupated ONLY if alice at	Our did to 10 ff as had done as many	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	'		
	Date	Payee name	
	01/02/2023	Hill Country Springs, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.83	10019 S IH 35 Frontage Rd	
		Austin, TX 78747	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Office Supplies - Water	
	Complete CNII V if direct	Condidate/Officeholder name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 28/68 Rpt: 34/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084239
4	Date	5 Payee name
	01/21/2023	Home Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.28	1200 Barbara Jordan Blvd
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Rental Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	02/08/2023	Home Slice Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.29	1415 SOUTH CONGRESS AVE
		Austin, TX 78701
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Lunch
		Stan Editori
_	Commission ONLL V if alice at	Condidate/Officeholder name Office country
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditare to benefit eye.	
	Date	Payee name
	01/16/2023	Houndsooth Coffee
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.10	4200 N Lamar Ste 120
	Ψ11.10	1200 H Lamai Gio 120
		Austin, TX 78756
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Coffee Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

#### SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
⊢		
1	Total pages Schedule F1: Sch: 29/68 Rpt: 35/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084239
Ŀ	· .	
4	Date	5 Payee name
	01/13/2023	Jellystone Convenience Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.95	10618 US-290
	4000	
		Fredricksburg, TX 78624
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel to District
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
┕		
	Date	Payee name
	02/06/2023	Kerbey Lane Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.99	3003 S Lamar Blvd
		A 3 TV 7070 A
L		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Coffee Meeting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
F	Date	Payee name
	04/06/2023	LULAC Women's Conference
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	221 North Kansas St., Suite 501
		El Paso, TX 79901
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
1		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
1		

#### SCHEDULE F1

**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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/68 Rpt: 36/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/13/2023	League of Women Voters of El Paso
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1208 Fairfield Dr
		El Paso, TX 79925
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Annual Membership Dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	03/15/2023	Legislative Study Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1100 Congress
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	01/23/2023	Lin Asian Bar & Dim Sum
	Amount (\$)	Payee address; City; State; Zip Code
	\$143.40	1203 W 6th St
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Lunch
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 31/68 Rpt: 37/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/02/2023	Lucchese Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,359.99	11401 Century Oaks Terrace Suite 101
		Austin, TX 78758
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		House of Representative Texas Seal Boots
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2023	Maxwell Ford
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.19	5000 S I-35 Frontage Rd
		Austin, TX 78745
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	01/06/2023	Mc Donald's
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.13	1500 US Hwy 285
		Ft Stockton, TX 79735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel to Austin
		Traver to Addurt
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

#### **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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 32/68 Rpt: 38/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/23/2023	Mission Capitol
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	2028 E. Ben White Blvd. #240-7723
		Austin, TX 78741-6931
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Training
		Stati Halling
^	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	01/12/2023	Outlaw, Debbie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,695.00	16105 Chateau Ave.
		Austin, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		Rent Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/13/2023	Outlaw, Debbie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,695.00	16105 Chateau Ave.
		Austin, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Rent
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	

### SCHEDULE F1

#### **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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 33/68 Rpt: 39/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/01/2023	Outlaw, Debbie (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,695.00	16105 Chateau Ave.
		Austin, TX 78734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/04/2023	Outlaw, Debbie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,695.00	16105 Chateau Ave.
		Austin, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	<u> </u>
	Date	Payee name
	05/03/2023	Outlaw, Debbie (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,695.00	16105 Chateau Ave.
	Ψ2,030.00	10100 Chatcau / WC.
		Aughin TV 70704
		Austin, TX 78734
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			pense ages/	Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1: Sch: 34/68 Rpt: 40/74		1E ez, Claudia (The H	onorablo)				3	Filer ID 00084239	(Ethics Commission Filers	s)
_			•	oriorable)					00004239		
4	Date 06/28/2023	5 Payee nam									
<u> </u>			ebbie (Ms.)	<u> </u>	<b>-</b> , -						
6	Amount (\$)	7 Payee addr		State;	Zip Coo	de					
	\$2,695.00	10102 CU	ateau Ave.								
		Austin, TX	78734								
8	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		erhead/Rental Expe		,		Check if travel of			plete Schedule T.	
	ZA ZABITORZ						ш	, TX,	officeholder living	g expense	
							rent				
9	Complete ONLY if direct	[ Candidate/∩	fficeholder name	O	ffice soug	ht			Office h	eld	
Ĺ	expenditure to benefit C/OI		conordor name		<del></del>	, t			- Cilioc III		
	Date	Payee nam									
	01/04/2023	Outlaw, D	ebbie (Ms.)								
	Amount (\$)	Payee addr	ress; City;	State;	Zip Cod	de					
	\$200.00	16105 Ch	ateau Ave.								
L		Austin, TX	78734								
	PURPOSE OF		(See Categories listed at the		edule)	(b)	Description				
	EXPENDITURE	Office Ove	erhead/Rental Expe	ense			<u> </u>		de of Texas. Com officeholder living	plete Schedule T.	
							Rent	,		, - ,	
	Complete ONLY if direct		fficeholder name	O	ffice soug	ght			Office h	eld	
	expenditure to benefit C/O	H									
	Date	Payee nam	e								
	06/27/2023	Outlaw, D	ebbie (Ms.)								
	Amount (\$)	Payee addr	ress; City;	State;	Zip Cod	de					
	\$2,695.00	16105 Ch	ateau Ave.								
		Austin, TX	78734								
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Office Ove	erhead/Rental Expe	ense			<b>-</b>			plete Schedule T.	
							X Check if Austin,	, 1X,	officeholder living	j expense	
	Complete ONLY if direct	L Candidate/O	fficeholder name	O	ffice soug	ght			Office h	eld	
	expenditure to benefit C/O				9	•					

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/68 Rpt: 41/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	05/13/2023	PF Changs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.10	201 San Jacinto Blvd
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/11/2023	Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$399.00	Congress
		ŭ
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies - Texas House of Representatives Member Photograph
	Complete ONLY if direct	
	Complete ONLY if direct expenditure to benefit C/Ol	
	Date 02/06/2023	Payee name
		PinMart, Inc
	Amount (\$)	Payee address; City; State; Zip Code 180 Martin Lane
	\$169.15	180 Martin Lane
		Elle Crove Village II. C0007
		Elk Grove Village, IL 60007
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office Supplies - constituent visitor tokens
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 36/68 Rpt: 42/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/07/2023	Plucker's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.52	2222 Rio Grande St Ste D116
		Austin, TX 78705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Lunch
		Gian Edition
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L	Data	
	Date	Payee name
	01/24/2023	Premier Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	P.O. 41983
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
_	_	
	Date	Payee name
	05/21/2023	Qi Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$554.40	835 W 6th St Unit 114
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Staff Lunch
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a confidence of the	
1	Total pages Schedule F1: Sch: 37/68 Rpt: 43/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084239
4	Date	5 Payee name
•	04/04/2023	Randall's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.69	5311 Balcones Dr,
		Austin TV 70721
		Austin, TX 78731
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Davisa nama
		Payee name
	01/26/2023	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	PO Box 36611
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		In-flight WiFi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
-	Data	Para series
	Date	Payee name
L	02/15/2023	St Paul's Dry Goods Pantry
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	7000 Edgemere Blvd
		El Paso, TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 38/68 Rpt: 44/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/26/2023	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.26	3120 Palm Way
		Austin, TX 78758
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Coffee Meeting
		Conce weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	01/15/2023	Starbucks
H	Amount (\$)	Payee address; City; State; Zip Code
	\$12.39	3120 Palm Way
		Austin, TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Coffee Meeting
		Composition of the composition o
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/15/2023	Starbucks
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$7.03	3120 Palm Way
		Austin, TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	_,, _,,,,,,	Check if Austin, TX, officeholder living expense
		Coffee Meeting
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
ı		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Coi

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 39/68 Rpt: 45/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/09/2023	TFK Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$135.45	11410 Century Oaks Terrace Ste 100
		Austin, TX 78758
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Lunch
		Stan Zanon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	
	02/18/2023	Payee name  Torget
L		Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.06	5621 N Interstate 35 Frontage Rd
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Supplies
L	Commiste ONII V if diseast	Condidate/Office holds years Office country
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
L		
	Date	Payee name
	02/01/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.97	5621 N Interstate 35 Frontage Rd
l		
		Austin, TX 78752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	
_		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Gitt/Awards/Memorials Expense ommittee Legal Services  The Instruction Guide expl		se s/Contract Labor	Travel in District Travel Out of Dist OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:	·		3	Filer ID	(Ethics Commission Filers)
_	Sch: 40/68 Rpt: 46/74	Ordaz Perez, Claudia (The Honora	able)	ľ	00084239	(Lunes Commission Filers)
4	Date	Payee name				
	01/21/2023	Target				
6	Amount (\$)	Payee address; City; S	State; Zip Code			
	\$69.33	5621 N Interstate 35 Frontage Rd				
		Austin, TX 78752				
8	PURPOSE OF	A) Category (See Categories listed at the top of the	his schedule) (b)	Description		
	EXPENDITURE	Office Overhead/Rental Expense		=	side of Texas. Comp K, officeholder living	
				Office Supplies		скрепос
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	d
_	expenditure to benefit C/OI					
	Date	Payee name				
	01/10/2023	Target				
	Amount (\$)	Payee address; City; S	State; Zip Code			
	\$285.62	5621 N Interstate 35 Frontage Rd				
		Austin, TX 78752				
	PURPOSE	A) Category (See Categories listed at the top of the	nis schedule) (b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense	,	Check if travel outs	side of Texas. Comp	lete Schedule T.
	EXI ENDITORE			ш	K, officeholder living	expense
				Office Supplies		
	0 1: 0.11.7.7.1.	0 111 105 111			0.00	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office he	a
	Date	Payee name				
	01/07/2023	Target				
	Amount (\$)		State; Zip Code			
	\$58.64	5621 N Interstate 35 Frontage Rd	,p			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Austin, TX 78752				
	PURPOSE	a) Category (See Categories listed at the top of the	his schedule) (b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		ш	side of Texas. Comp	
				Office Supplies	K, officeholder living	expense
				Cilico Supplies		
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	d
	expenditure to benefit C/OI	Candidate/Officeriolider Harrie	Onice sought		Office fiel	u

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Waces/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 41/68 Rpt: 47/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/15/2023	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.45	2025 Guadalupe
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Date	Payee name
	03/09/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.21	2025 Guadalupe
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/03/2023	Texas Energy & Climate Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 301074
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Dues
		Dues
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	<b>y</b>

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 42/68 Rpt: 48/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	05/27/2023	Texas Gas Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.64	P.O. Box 219913
		Kansas City, MO 64121
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		\times \t
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	05/01/2023	Texas Gas Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.11	P.O. Box 219913
		Kansas City, MO 64121
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		Utility Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/23/2023	Texas Gas Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.91	P.O. Box 219913
		Kansas City, MO 64121
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
		Utility Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>1</del>

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
L	Sch: 43/68 Rpt: 49/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/25/2023	Texas Gas Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.88	P.O. Box 219913
	71.1.20	
		Konaca City, MO C44 24
		Kansas City, MO 64121
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Utility Payment
		Othity Fayinent
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	
	Date	Payee name
	01/07/2023	Texas Gas Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$244.08	P.O. Box 219913
	Ψ2-1-1.00	1.0. BOX 213310
		, ay 110 a 110 a
		Kansas City, MO 64121
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Utility Payment
		Othing Fayment
	Operation ONLY if allowed	Outstide to 10 th a half day grown and the control of the control
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	01/25/2023	Texas House Women's Health Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1100 Congress Ave
		Austin, TX 78701
	DUBE	las
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 44/68 Rpt: 50/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	05/06/2023	Texas Transportation Committee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	1100 Congress Ave
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense  Gift
Ļ	Complete ONII V if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
L	05/21/2023	Tiki Tatsu-Ya
	Amount (\$)	Payee address; City; State; Zip Code
	\$267.99	1300 South Lamar Boulevard
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff Dinner
		Stan Dinner
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨		
	Date	Payee name
	03/08/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$169.09	1455 Market St. 4th Fl
		Trevose, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Lunch
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft G/O	·

#### SCHEDULE F1

Advertising Expense Every Accounting/Banking Fee Consulting Expense For Contributions/ Donations Made By - Giff Candidate/Officeholder/Political Committee Leg

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/68 Rpt: 51/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/21/2023	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.43	1455 Market St. 4th Fl
		Trevose, PA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
Т	Date	Payee name
	03/14/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.79	1455 Market St. 4th Fl
		Trevose, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Staff Lunch
		Stan Editori
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/21/2023	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.94	1455 Market St. 4th Fl
		Trevose, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Staff Lunch
		Stail Euricii
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

#### **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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 46/68 Rpt: 52/74	Ordaz Perez, Claudia (The Honorable)	00084239
4	Date	5 Payee name	
	05/19/2023	Uber Eats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$81.31	1455 Market St. 4th Fl	
		Trevose, PA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	l outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austi	n, TX, officeholder living expense
		Stan Eurich	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Data	T _	
	Date 01/22/2023	Payee name Uber Eats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.71	1455 Market St. 4th FI	
		Trevose, PA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 Tood/Develage Experise	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Staff Lunch	ii, 17, oincerolaer living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	Н	
_	Date	Payee name	
	05/19/2023	Uber Eats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.19	1455 Market St. 4th Fl	
	•		
		Trevose, PA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	n, TX, officeholder living expense
		Staff Lunch	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	- SAPERIARIAN TO DETICITE G/OI	••	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 47/68 Rpt: 53/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/20/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.91	400 W 15th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	03/13/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.90	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation In Austin
		Tallepolitation III / talle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/15/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.10	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Transportation In Austin
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/68 Rpt: 54/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/11/2023	Uber
6	Amount (\$) \$12.91	7 Payee address; City; State; Zip Code 400 W 15th St
		Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel to Airport - To get to El Paso
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/10/2023	Uber
	Amount (\$) \$7.25	Payee address; City; State; Zip Code 400 W 15th St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel In Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/10/2023	Uber
	Amount (\$) \$9.04	Payee address; City; State; Zip Code 400 W 15th St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

Credit Card Payment	The Instruction Guide explains how to	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 49/68 Rpt: 55/74	Ordaz Perez, Claudia (The Honorable)		00084239
4 Date	5 Payee name	'	
03/09/2023	Uber		
6 Amount (\$)	7 Payee address; City; State; Zip	ode	
\$6.27	400 W 15th St		
	Austin, TX 78701		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel Out of District		e of Texas. Complete Schedule T.
EXPENDITORE			officeholder living expense
		Travel in Austin	
<b>2</b>		<u> </u>	000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ught	Office held
,			
Date	Payee name		
03/09/2023	Uber		
Amount (\$)	Payee address; City; State; Zip	ode	
\$13.90	400 W 15th St		
	Austin, TX 78701		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Travel Out of District		e of Texas. Complete Schedule T.
		Travel in Austin	officeholder living expense
		Traver in Austin	
Complete ONLY if direct	Candidate/Officeholder name Office s	<u> </u> uaht	Office held
expenditure to benefit C/O		agni	Since held
Date	Davos namo		
03/08/2023	Payee name Uber		
Amount (\$)	Payee address; City; State; Zip	odo	
\$12.78	400 W 15th St	oue	
Ψ12.70	400 W 15til 5t		
	Austin TV 70701		
	Austin, TX 78701	Las	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	e of Texas. Complete Schedule T.
EXPENDITURE	Travel Out of District		officeholder living expense
		Travel in Austin	
Complete ONLY if direct	Candidate/Officeholder name Office s	ught	Office held
expenditure to benefit C/O	Н		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 50/68 Rpt: 56/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084239
4	Date 03/08/2023	5 Payee name Uber
6	Amount (\$) \$12.18	7 Payee address; City; State; Zip Code 400 W 15th St  Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel in Austin
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/08/2023	Payee name Uber
	Amount (\$) \$7.52	Payee address; City; State; Zip Code 400 W 15th St  Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/07/2023	Payee name Uber
	Amount (\$) \$11.90	Payee address; City; State; Zip Code 400 W 15th St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cabadula 54:		
1	Total pages Schedule F1: Sch: 51/68 Rpt: 57/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084239	
_	Data	E D	
4	Date	5 Payee name	
	02/27/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14.90	400 W 15th St	
	*		
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Travel in Austin	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
L		·	
	Date	Payee name	
	02/28/2023	Uber	
_	Amount (ft)	Pavee address; City; State; Zip Code	
	Amount (\$)		
	\$10.93	400 W 15th St	
		Austin, TX 78701	
_	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
H	Date	Pavee name	
	03/01/2023		
		Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.29	400 W 15th St	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Transportation In Austin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/68 Rpt: 58/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/03/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.90	400 W 15th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Travel in Austin
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/03/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.96	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel in Austin
		Traver in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
-	Data	Para and a second secon
	Date 03/04/2023	Payee name Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.93	400 W 15th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel in District
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/68 Rpt: 59/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/03/2023	Uber
6	Amount (\$) \$22.62	7 Payee address; City; State; Zip Code 400 W 15th St
		Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel in Austin
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2023	Uber
	Amount (\$) \$9.92	Payee address; City; State; Zip Code 400 W 15th St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/20/2023	Uber
	Amount (\$) \$8.72	Payee address; City; State; Zip Code 400 W 15th St
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**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/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 54/68 Rpt: 60/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/20/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.16	400 W 15th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel in Austin
		Havei III Ausuii
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	02/21/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.98	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel in Austin
		Havel III Ausuit
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	•
┕		
	Date	Payee name
	02/22/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.97	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Travel in Austin
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	superiorder to borient 6/01	· 

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 55/68 Rpt: 61/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/22/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.82	400 W 15th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	·
	Date	Payee name
	02/23/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.93	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel in Austin
		Travel in Ausuri
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/23/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.90	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Travel in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**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/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 56/68 Rpt: 62/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/24/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.90	400 W 15th St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel in Austin
		Traver in Addun
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	02/24/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.92	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel in Austin
		Havei III Ausuii
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
_	_	
	Date	Payee name
	05/07/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.00	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Travel in Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 57/68 Rpt: 63/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084239
4	Date 02/14/2023	5 Payee name Uber
6	Amount (\$) \$7.88	7 Payee address; City; State; Zip Code 400 W 15th St  Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel in Austin
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/14/2023	Payee name Uber
	Amount (\$) \$9.93	Payee address; City; State; Zip Code 400 W 15th St  Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel in Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/15/2023	Payee name Uber
	Amount (\$) \$7.88	Payee address; City; State; Zip Code 400 W 15th St
	DUBE CO.	Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense E
Accounting/Banking F
Consulting Expense F
Contributions/ Donations Made By Candidate/Officeholder/Political Committee E

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Services Salaries/Waces/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 58/68 Rpt: 64/74	Ordaz Perez, Claudia (The Honorable)		00084239
4	Date	5 Payee name		<u> </u>
	02/16/2023	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$7.88	400 W 15th St		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Travel Out of District	` ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Travel in Austin
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	02/16/2023	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$7.89	400 W 15th St		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Travel in Austin
				Traver in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		grit	Office field
	Data	Davis and the second		
	Date 02/16/2023	Payee name Uber		
	Amount (\$)	Payee address; City; State; Zip Co	ae	
	\$7.72	400 W 15th St		
		Austin, TX 78701		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Travel in District
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 59/68 Rpt: 65/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/16/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.90	400 W 15th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel in Austin
		Havei III Ausuii
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
l	Date	Payee name
	02/17/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.98	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel in Austin
		Havel III Ausuit
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	Complete ONLY if direct expenditure to benefit C/Ol	•
┕	·	
	Date	Payee name
	02/17/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.99	400 W 15th St
l		
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Travel in Austin
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiord to borient 0/01	•

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Paym	ent	The Instruct	tion Guide explains how to co	mplete this form.		
1 Total pages Sc	hedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 60/68 R	pt: 66/74	Ordaz Perez, Claudia	(The Honorable)		00084239	
4 Date		5 Payee name			•	
02/17/2023		Uber				
6 Amount (\$)		7 Payee address; City	State; Zip Co	ode		
	\$29.26	400 W 15th St				
		Austin, TX 78701				
8 PURPOSE		(a) Category (See Categories lis	sted at the top of this schedule)	(b) Description		
OF EXPENDITUR	RE	Travel Out of District			el outside of Texas. Co	
				Travel in Au	tin, TX, officeholder livi	ng expense
				Traveriii Au	iSui i	
9 Complete ONL	Y if direct	Candidate/Officeholder na	me Office sou	<u> </u>  aht	Office I	neld
expenditure to				9.10	<b>CC</b>	
Date		Payee name				
02/17/2023		Uber				
Amount (\$)		Payee address; City	State; Zip Co	ode		
,	\$14.47	400 W 15th St	μ			
		Austin, TX 78701				
PURPOSE		(a) Category (See Categories lis	eted at the top of this schedule)	(b) Description		
OF EXPENDITUR	)E	Travel Out of District	sied at the top of this schedule)		el outside of Texas. Co	mplete Schedule T.
EXPENDITOR	XE.				tin, TX, officeholder livi	ng expense
				Travel in Au	ISTIN	
Complete ONL	V if direct	Candidate/Officeholder na	me Office sou	ight .	Office I	held
expenditure to			me Office 300	igrit	Office	ieiu
Date		Payee name				
02/08/2023		Uber				
Amount (\$)		Payee address; City	State; Zip Co	nde		
7 unodnik (4)	\$10.91	400 W 15th St	Giato, Lip oc	,,,,		
	,					
		Austin, TX 78701				
PURPOSE		(a) Category (See Categories lis	sted at the top of this schedule)	(b) Description		
OF EXPENDITUR	2E	Travel Out of District	,		el outside of Texas. Co	·
LXI LINDITOI	\L				tin, TX, officeholder livi	ng expense
				Travel in Au	15111	
Complete ONL	Y if direct	Candidate/Officeholder na	me Office sou	laht	Office I	neld
expenditure to				.9	Office I	
						\(\frac{1}{2} \\ \frac{1}{2} \\ \frac{1} \\ \frac{1}{2} \\ \frac{1}{2} \\ \frac{1}{2} \\ \frac{1}{2} \\ \frac{1} \\ \frac{1}{2} \\ \frac{1} \\ \frac{1} \\ \frac{1} \\ \frac{1}{2} \\ \frac{1} \\ \frac{1} \\ \frac{1} \\ \frac{1} \\ \

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 61/68 Rpt: 67/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/08/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.49	400 W 15th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel in Austin
		Havelin Ausun
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/09/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Travel in Austin
		Havel III Ausuit
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	•
┕		
	Date	Payee name
	02/04/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.86	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Travel in Austin
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	S. portantare to borient 0/01	·

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 62/68 Rpt: 68/74	Ordaz Perez, Claudia (The Honorable)		00084239
4	Date	5 Payee name		
	02/04/2023	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$11.94	400 W 15th St		
		Austin, TX 78701		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Travel in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/01/2023	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$8.90	400 W 15th St		
		Austin, TX 78701		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Taylor Complete Schoolule T
	EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Travel in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experiditure to benefit C/Oi	1		
	Date	Payee name		
	02/01/2023	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$10.12	400 W 15th St		
		Austin, TX 78701		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Travel in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experiorare to benefit C/OI	1		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 63/68 Rpt: 69/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/21/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.97	400 W 15th St
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel in Austin
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/20/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.92	400 W 15th St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel in Austin
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨	Data	Para and a second secon
	Date 01/23/2023	Payee name
		Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.23	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Travel in Austin
$\vdash$	Commission ONE V. C. P.	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	, , , , , , , , , , , , , , , , , , , ,	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 64/68 Rpt: 70/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084239
	•	
4	Date	5 Payee name
	01/26/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.00	400 W 15th St
		Austin, TX 78701
8	PURPOSE	1
١	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davies name
	01/26/2023	Payee name
		Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.87	400 W 15th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Travel in Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	01/26/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.04	400 W 15th St
		Austin, TX 78701
	DUDDOCE	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Travel in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 65/68 Rpt: 71/74	2 FILER NAME Ordaz Perez, Claudia (The Honorable)  3 Filer ID (Ethics Commission Filers) 00084239
4	Date 01/26/2023	5 Payee name Uber
6	Amount (\$) \$12.94	7 Payee address; City; State; Zip Code 400 W 15th St  Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel in Austin
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/27/2023	Payee name Uber
	Amount (\$) \$29.92	Payee address; City; State; Zip Code 400 W 15th St  Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel in Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/31/2023	Payee name Upper Crust Bakery
	Amount (\$) \$7.74	Payee address; City; State; Zip Code 4508 Burnet Rd
		Austin, TX 78756
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Breakfast Meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 66/68 Rpt: 72/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	04/02/2023	Village Inn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.42	1331 N Zaragoza
		El Paso, TX 79936
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Breakfast Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/11/2023	Viva Day Spa
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1181 W 35th
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Staff Appreciation Gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/07/2023	Wal-Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$231.47	1030 Norwood Park Blvd
	¥===:::	
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**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/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 67/68 Rpt: 73/74	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	06/27/2023	Wal-Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	1030 Norwood Park Blvd
		Austin, TX 78753
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/21/2023	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$208.21	4501 Guadalupe
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
· · · · · · · · · · · · · · · · · · ·		
	Date	Payee name
	01/19/2023	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.99	4501 Guadalupe
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Office Supplies
	0 1: 0:::::::::::::::::::::::::::::::::	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 3 Filer ID (Ethics Commission Filers)		
	Sch: 68/68 Rpt: 74/74	Ordaz Perez, Claudia (The Honorable) 00084239		
4	Date	5 Payee name		
	01/08/2023	Walgreens		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$80.20	4501 Guadalupe		
		Austin, TX 78751		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Office Supplies		
		Office Supplies		
9	Complete CNI V if direct	Candidate/Officeholder name Office sought Office held		
9	Complete ONLY if direct expenditure to benefit C/O			
_	·			
	Date	Payee name		
	01/22/2023	Whole Foods		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$14.99	525 N Lamar Blvd		
		Austin, TX 78703		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Office supplies		
		Office Supplies		
_	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name		
	02/27/2023	Whole Foods		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$43.33	525 N Lamar Blvd		
		Austin, TX 78703		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		
		Check if Austin, TX, officeholder living expense		
		Staff Lunch		
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		