CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00059793	sion Filers)	2 Total pages filed: 62		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY	
OFFICEHOLDER NAME	Mr.	Solomon P.			Date Received		
					ELECTRONICA	LLY FILED	
	NICKNAME			CLIETIV	01/16/2024		
	NICKNAME	LAST Ortiz		SUFFIX Jr.	01/10/2024		
		Offiz		JI.			
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked	
OFFICEHOLDER MAILING	P.O. Box 286				Receipt #	Amount	
ADDRESS					Receipt #	Amount	
Change of Address	Corpus Christi, TX 78403				Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-		
TREASURER NAME		George A.					
''''							
	NICKNAME	LAST		SUFFIX			
		Finley		III			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE	
TREASURER	3360 Ocean Dr.	,					
ADDRESS							
(Residence or Business)	Corpus Christi, TX 78411						
	Corpus Crinsti, 17, 70411						
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION				
TREASURER PHONE	(361) 888-5200						
ITIONE							
8 REPORT		_			_		
TYPE	X January 15	30th day before	election	Runoff	15th day after cam appointment (office		
	July 15	8th day before e	election \square	Exceeded modified	Final Report (Attac		
]	ш	reporting limit]	,	
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	07/01/2023	TH	IROUGH	12/31/202			
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	XP	rimary	Runoff	Other		
	03/05/2024		eneral	Special			
			enerai	Бресіаі			
14 OFFICE	OFFICE HELD (it am.)			12 OFFICE COLICUT	(if I an a		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT State Representa			
				State Represent	alive District 34		
		GO T	O PAGE 2				
I							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Ortiz Jr., Solomon P.	(Mr.)	14 Filer ID (00059793	Ethics Commis	ssion Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowl	edge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS	\$	691.00								
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	89,295.53					
EXPENDITURE TOTALS		\$	0.00							
	4. TOTAL POLITION	AL EXPENDITURES		\$	65,313.04					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	57,207.89					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	35,000.00					
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.								
		Mr. So	olomon P. Ortiz Jr.							
		Signature of	Candidate or Officehol	der						
AFFIX NO	TARY STAMP / SEAL AB	DVE								
Sworn to and subs	cribed before me, by the s	aid	, this the		day					
		ertify which, witness my hand and seal of office.								
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath									

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				3 of 62
18 FILER NAME Ortiz Jr., Solomo	on P. (Mr.)	19 Filer ID 00059793	(Ethics Commiss	ion Filers)
20 SCHEDULE SUBT NAME OF SCHED			SUBTOTAL	AMOUNT
1. X SCHE	EDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	79,391.00
2. X SCHE	EDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	9,904.53
3. SCHE	EDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X SCHE	EDULE E: LOANS		\$	35,000.00
5. X SCHE	\$	63,538.44		
6. SCHE	EDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHE	EDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8. SCHE	EDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X SCHE	EDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,774.60
10. SCHE	EDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11. SCHE	EDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12. SCHE	EDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FILER	RETURNED	\$	
			•	

	MONET	ARY POLITICAL CO	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 1/20 Rpt: 4/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 08/20/2023	Full name of contributor Allison, Douglas	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu Attorney	Corpus Christi, TX 78412 pation / Job title (See Instructions)		Employer (See Instructions Self Emp)		
	Date 08/10/2023	Full name of contributor Allison, Douglas Contributor address; City; State Corpus Christi, TX 78412	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Emp)		
	Date 08/10/2023	Full name of contributor Alvarez, Sandra Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu Consultant	Corpus Christi, TX 78414 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/04/2023	Full name of contributor Barbosa, George Contributor address; City; State Houston, TX 77070	out-of-state PAC (ID#:	Self Emp		Amount of Contribution (\$)	\$250.00
	Principal occu Executive Se	pation / Job title (See Instructions) ecurity		Employer (See Instructions The Barbosa Group)		
	Date 08/10/2023	Full name of contributor Bayfront Marina Investments Contributor address; City; State Corpus Christi, TX 78401)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBU	S		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 2/20 Rpt: 5/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 08/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Deire die alle access	Corpus Christi, TX 78401	la la	Formula and (On a long to ordinate	_		
8	Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Self Emp	5)		
	Date 10/19/2023	Full name of contributor				Amount of Contribution (\$)	\$500.00
	Principal occu	Corpus Christi, TX 78401 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Consultant	pation / cos title (coe motions)		Self Emp	,		
	Date 10/19/2023	Full name of contributor	C (ID#:			Amount of Contribution (\$)	\$250.00
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/10/2023	Full name of contributor out-of-state PAI Bobeche, Danniece Contributor address; City; State; Zip Code Corpus Christi, TX 78418				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/24/2023	Full name of contributor out-of-state PAI Borjon, Jose Contributor address; City; State; Zip Code Brownsville, TX 78520)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self Emp	i)		

	MONET	ARY POLITICAL CONTRIE	SCHEDULE A1				
	The Instruc	ction Guide explains how to comple	te this for	n.	1	Total pages Schedule A1: Sch: 3/20 Rpt: 6/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 09/27/2023	 Full name of contributor out-of-state Caceres, Armando Contributor address; City; State; Zip Code 	PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
_		Corpus Christi, TX 50000	1-				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 11/21/2023	Full name of contributor out-of-state Calderon, Anselmo Jose Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Dringing aggr	Corpus Christi, TX 78413		Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/21/2023	Full name of contributor out-of-state Canales, Jose Antonio Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Corpus Christi, TX 78465					
	Principal occu Attorney	oation / Job title (See Instructions)		Employer (See Instructions Self Emp)		
	Date 12/24/2023	Carol Alvarado Campaign	PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/22/2023	Full name of contributor out-of-state Cocke, Will Contributor address; City; State; Zip Code Corpus Christi, TX 78404)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Investor	pation / Job title (See Instructions)		Employer (See Instructions Self Emp)		
			•				

	MONET	ARY POLITICAL CONT	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 4/20 Rpt: 7/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 12/28/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$1,000.00
_		El Paso, TX 07991					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/17/2023	Full name of contributor out-of Drecher, Anne Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	Pflugerville, TX 78660 pation / Job title (See Instructions)		Employer (See Instructions)		
	Consultant			Self Emp	,		
	Date 09/27/2023	Full name of contributor out-of Dubose, Karen Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
		Port Aransas, TX 78433					
	Principal occu Executive As	pation / Job title (See Instructions) ssistant		Employer (See Instructions CC Old Car Museum)		
	Date 12/17/2023	Elizondo, Larry				Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/13/2023	Erick, Erik	f-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Disaster Ass	pation / Job title (See Instructions) istant		Employer (See Instructions Dept of Homeland Secu			
			1	·			

	MONET	ARY POLITICAL CONTRIBU	NS		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 5/20 Rpt: 8/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 08/30/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	McAllen, TX 78501 pation / Job title (See Instructions)	l ₉	Employer (See Instructions	s) 		
0	r inicipal occu	pation / 300 title (See instructions)		Employer (See instructions	•)		
	Date 09/27/2023	Full name of contributor out-of-state PAC Finley, George Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Retired	pation / Job title (See instructions)		Retired)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (Finley, George Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$1,000.00
		Corpus Christi, TX 78411					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/21/2023	Full name of contributor out-of-state PAC (Finley, George Contributor address; City; State; Zip Code Corpus Christi, TX 78411)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (Finley, Phyllis Contributor address; City; State; Zip Code Corpus Christi, TX 78411)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 6/20 Rpt: 9/62
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission Filers) 00059793
4	Date 11/22/2023	 Full name of contributor out-of-state F out-of-stat	-)	7	Amount of Contribution (\$) \$1,000.00
8	Principal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·,	
_	Retired	pation / Job title (See Instructions)		Retired	•)	
	Date 12/26/2023	Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$) \$10,000.00
	Principal occu Retired	Corpus Christi, TX 78411 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)	
	Date 10/22/2023	Full name of contributor out-of-state F Fuentes, Vanessa Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$) \$100.00
	Principal occu City Council	Austin, TX 78744 pation / Job title (See Instructions) Member		Employer (See Instructions City of Austin	<u> </u>	
	Date 08/10/2023	Full name of contributor)		Amount of Contribution (\$) \$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>I</u> 5)	
	Date 09/27/2023	Full name of contributor out-of-state F Garza, Mary Jane (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78414	PAC (ID#:			Amount of Contribution (\$) \$100.00
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions West Oso ISD	s)	
			•			

	MONET	ARY POLITICAL C	S	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 7/20 Rpt: 10/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 12/19/2023	5 Full name of contributor Gonzales, Veronica	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)	l g	Employer (See Instructions)		
Ŭ	VP of Govt &			UTRGV	,		
	Date 10/18/2023	Full name of contributor Goranson, William Paul Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$500.00
		Corpus Christi, TX 78401					
	CEO	pation / Job title (See Instructions)		Employer (See Instructions enCore Energy)		
	Date 12/03/2023	Full name of contributor Gutierrez, Roland Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78214					
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Emp)		
	Date 08/10/2023	Full name of contributor Guzman, Joe J Contributor address; City; Sta Corpus Christi, TX 78412	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/10/2023	Full name of contributor Hada, Home Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Emp)		
			,				

	MONEI	ARY POLITICAL CC	MIRIBUTION	V 5		SCHEDUL	_E A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 8/20 Rpt: 11/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			1	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 12/24/2023	5 Full name of contributor Hernandez, Ana6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
_	Duinning Langu	Houston, TX 77251	lo lo				
8	State Repres		9	Employer (See Instructions State of Texas			
	Date 12/19/2023	Full name of contributor Hicks, Gloria Contributor address; City; State Corpus Christi, TX 78413	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Ed Hicks Automotive	<u> </u> 		
	Date 11/21/2023	Full name of contributor Hummell, Michael H Contributor address; City; State	out-of-state PAC (ID#:; ; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Corpus Christi, TX 78466 pation / Job title (See Instructions)	1	Employer (See Instructions	(3)		
	Attorney	panelly cos and (cos menasione)		Huseman & Stewart Lav	•	rm	
	Date 10/22/2023	Contributor address; City; State				Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	Corpus Christi, TX 78413 pation / Job title (See Instructions)		Employer (See Instructions Humpal Physical Therap	•		
	Date 12/31/2023	Full name of contributor John Bucy Campaign Contributor address; City; State Austin, TX 78767	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 9/20 Rpt: 12/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 08/10/2023	 Full name of contributor out-of-state PAC (ID# Jones, Al Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$1,000.00
8	Dringinal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)	T _a	Employer (See Instructions	-, 		
0	Retired	pation 7 300 title (See instructions)		Retired	>)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID# Jones, Neal T "Buddy" Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Austin , TX 78746 pation / Job title (See Instructions)	Τ	Employer (See Instructions	<u> </u> s)		
	Partner			HillCo			
	Date 12/28/2023	Full name of contributor out-of-state PAC (ID# Joseph Moody Campaign Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$1,000.00
		El Paso, TX 79902	El Paso, TX 79902				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/18/2023	Full name of contributor out-of-state PAC (ID#Kirk, Harry D Contributor address; City; State; Zip Code Houston, TX 77005)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions ACT Pipe	5)		
	Date 08/13/2023	Full name of contributor out-of-state PAC (ID# Leonetti, Diane Contributor address; City; State; Zip Code Corpus Christi, TX 78412			•	Amount of Contribution (\$)	\$100.00
	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 10/20 Rpt: 13/62	
2	FILER NAME Ortiz Jr., Solo	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	ı Filers)
4	Date 12/31/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occur	Austin, TX 78701 pation / Job title (See Instructions)	9	Employer (See Instructions	:) 		
	Attorney	pation / Job title (See Instructions)	<u> </u>	Self Emp	•)		
	Date 08/10/2023	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	Principal occu	Corpus Christi, TX 78413 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Retired	, , ,		Retired			
	Date 12/03/2023	Full name of contributor)		Amount of Contribution (\$)	\$500.00
		Corpus Christi, TX 78413					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_Lopez Guerra, Ricardo Contributor address; City; State; Zip Code Corpus Christi, TX 78747				Amount of Contribution (\$)	\$500.00
	Principal occu VP	pation / Job title (See Instructions)		Employer (See Instructions Strategic Public Affairs	5)		
	Date 09/27/2023	Full name of contributor out-of-state PAC (ID#:_Lopez Guerra, Ricardo Contributor address; City; State; Zip Code Corpus Christi, TX 78747)		Amount of Contribution (\$)	\$500.00
	Principal occu VP	pation / Job title (See Instructions)		Employer (See Instructions Strategic Public Affairs	5)		

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to cor	mplete this forn	n.	1	Total pages Schedule A1: Sch: 11/20 Rpt: 14/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 12/05/2023	5 Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
8		Corpus Christi, TX 78747 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 07/23/2023	Full name of contributor out-on Mario, Chapa Contributor address; City; State; Zip of Austin, TX 78704	of-state PAC (ID#:	Self Emp		Amount of Contribution (\$)	\$100.00
	Principal occu Human Resc	pation / Job title (See Instructions) ources		Employer (See Instructions Affinity Designs)		
	Date 07/23/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Washington , DC 20003 pation / Job title (See Instructions)		Employer (See Instructions			
	Consultant	pation / Job title (See instructions)		Self Emp	,		
	Date 08/10/2023	McPherson, Amos	of-state PAC (ID#:)		Amount of Contribution (\$)	\$800.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions KRESS Piano Bar)		
	Date 07/23/2023	Medina, Alfredo	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Legislative A	pation / Job title (See Instructions) dvisor		Employer (See Instructions manatt)		
			·				

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 12/20 Rpt: 15/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 08/10/2023	5 Full name of contributor out-o	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$300.00
_	5	Corpus Christi, TX 78414					
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 08/10/2023	Ortiz, Oscar Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78747 pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired	· · · · · · · · · · · · · · · · · · ·					
	Date 12/03/2023	Full name of contributor out-contributor Ortiz, Oscar Contributor address; City; State; Zip (of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78747					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 07/14/2023	Ortiz, Solomon	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 08/10/2023	Perez, Sandra	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Insurance Aç	pation / Job title (See Instructions) gent		Employer (See Instructions Self Emp)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/20 Rpt: 16/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)		3	Filer ID (Ethics Commission 00059793	n Filers)
4	Date 10/17/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_	Dringing Loon	Austin, TX 78711	O Employer/Coo Instructions	<u></u>		
0	Pilicipai occu	pation / Job title (See Instructions)	9 Employer (See Instructions	o)		
	Date 08/20/2023	Full name of contributor	:)		Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78413	_			
	Principal occu Nurse	pation / Job title (See Instructions)	Employer (See Instructions First Fruits Medical Clin			
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID# Pletcher, Tony Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$250.00
		Corpus Christi, TX 78418				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self Emp	s)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID# Praesel, Gloria Jean Contributor address; City; State; Zip Code Corpus Christi, TX 78414	:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID# Puente, Sebastian Contributor address; City; State; Zip Code Crested Butte, CO 81224	:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONEI	DNETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 14/20 Rpt: 17/62	
2	FILER NAME	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date	5 Full name of contributor Γ	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -)	_	Amount of Contribution (\$)	
4	07/19/2023	Querido, Alan Contributor address; City; Star	out-of-state PAC (ID#:		,	Amount of Contribution (5)	\$500.00
8	Principal occu	Corpus Christi, TX 78466 pation / Job title (See Instructions)	او	Employer (See Instructions) 		
Ü	Property Mai			Self Emp	'		
	Date 12/22/2023	Full name of contributor Querido, Alan Contributor address; City; Star Corpus Christi, TX 78466	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	.) 		
	Property Mai			Self Emp	')		
	Date	Full name of contributor	out-of-state PAC (ID#:	'		Amount of Contribution (\$)	
	12/31/2023	Ratway, Lauren	out-or-state 1 AC (15#			γιποαπι οι Contribution (φ)	\$250.00
		Contributor address; City; Sta	te; Zip Code				
		Keller, TX 76248			Ĺ		
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions	5)		
	Date 07/23/2023	Full name of contributor Rendon, Florencio Contributor address; City; Star San Antonio, TX 78218	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions LR Global)		
	Date 10/15/2023	Full name of contributor Resendez, Jaime Contributor address; City; Star	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Dringinal accu	Dallas, TX 75217 pation / Job title (See Instructions)	Т	Employer (See Instructions	·)		
	City Council			Employer (See Instructions City of Dallas	·)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 15/20 Rpt: 18/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 10/23/2023	 Full name of contributor out-of-state PAC (ID#:_Reyes, Gregg Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Houston, TX 77024 pation / Job title (See Instructions)	la	Employer (See Instructions	-, 		
•	CEO	pation / 300 title (See Instructions)	9	ReyTec	·)		
	Date 10/29/2023	Full name of contributor out-of-state PAC (ID#:_ Rogers, Craig Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	Corpus Christi, TX 78418 pation / Job title (See Instructions)	_	Employer (See Instructions	?) 		
	Attorney	pation / vos title (eee metadolone)		Webb Cason & Manning			
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ Roldan, Irme Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78413					
	Principal occu Esthetician	pation / Job title (See Instructions)		Employer (See Instructions Self Emp	s)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ Root, Rebecca Contributor address; City; State; Zip Code Corpus Chrisi, TX 78418)		Amount of Contribution (\$)	\$250.00
	Principal occu Nurse	pation / Job title (See Instructions)		Employer (See Instructions Self Emp	5)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_Rosas, George Contributor address; City; State; Zip Code Corpus Christi, TX 78412			•	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 16/20 Rpt: 19/62	
2	FILER NAME Ortiz Jr., Solo	omon P. (Mr.)		3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 08/10/2023	 Full name of contributor out-of-state PAC (ID#: Salazar, Anna Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Corpus Christi, TX 78414 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Not employe			,		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#: Salazar , Eloy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Corpus Christi, TX 78415		Ĺ		
	Owner	pation / Job title (See Instructions)	Employer (See Instructions Salazar Investments	5)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#: Santos, Juan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Corpus Christi, TX 78410				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self Emp	5)		
	Date 10/22/2023	Full name of contributor out-of-state PAC (ID#: Shaw, Mike Contributor address; City; State; Zip Code Denver, CO 80206			Amount of Contribution (\$)	\$5,000.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Mike Shaw Automotive)		
	Date 07/23/2023	Full name of contributor out-of-state PAC (ID#: Smith, Curtis Contributor address; City; State; Zip Code Austin, TX 78744			Amount of Contribution (\$)	\$250.00
	Principal occu Chief of Staff	pation / Job title (See Instructions)	Employer (See Instructions State Rep. Terry Canale			
	Silici of Stall	•	State Nep. Terry Carlate			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 17/20 Rpt: 20/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 10/22/2023	 Full name of contributor out-of-state out-of-state Smith, Curtis Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$200.00
8		Austin, TX 78744 pation / Job title (See Instructions)	9	Employer (See Instructions			
	Date 11/21/2023	Full name of contributor out-of-state		State Rep. Terry Canale	:5	Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/31/2023	Full name of contributor out-of-state Soliz-Chapa, Jacqueline Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Human Resc	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions Affinity Designs	5)		
	Date 10/19/2023	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Next Evolution Industrie			
	Date 08/10/2023	Full name of contributor out-of-state Texas Tax Consulting Group LC Contributor address; City; State; Zip Code Corpus Christi, TX 78404	PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 18/20 Rpt: 21/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)		3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 08/15/2023	 Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$5,000.00
_	Delicalization	Austin, TX 78701	le Farala and Goral and and and			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	iS)		
	Date 07/23/2023	Full name of contributor out-of-state PAC (ID#: Trinh, Stephanie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringing age	Austin, TX 78702	Employer (Coo Instruction			
	Chief of Staf	pation / Job title (See Instructions) f	Employer (See Instructions Congressman Greg Ca			
	Date 08/30/2023	Full name of contributor out-of-state PAC (ID#: Vela, Partricia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78041		Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	is)		
	Date 12/19/2023	Full name of contributor out-of-state PAC (ID#: Vela III, Jose Contributor address; City; State; Zip Code Austin , TX 78723			Amount of Contribution (\$)	\$500.00
	Principal occu City Council	pation / Job title (See Instructions) Member	Employer (See Instructions City of Austin	ıs)		
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_Vicente Gonzalez for Congress Contributor address; City; State; Zip Code McAllen, TX 78501			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
			I			

	MONET	NETARY POLITICAL CONTRIBUTIONS			SCHEDULE A		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/20 Rpt: 22/62	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 11/21/2023	Full name of contributor Villarreal, Natalie Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
	Dringing agg	Corpus Christi, TX 78404	1	• Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date 11/21/2023	Full name of contributor Webb Cason PC Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Corpus Christi, TX 78401 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/26/2023	Full name of contributor Wechsler, Sheron Contributor address; City; Sta Corpus Christi, TX 78414	out-of-state PAC (ID#:_ te; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/20/2023	Full name of contributor Whiteworth, David Contributor address; City; Sta Austin, TX 78751	out-of-state PAC (ID#:_ te; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Builder	pation / Job title (See Instructions)		Employer (See Instructions Self Emp)		
	Date 08/20/2023	Full name of contributor Wonders, Darren Contributor address; City; Sta Corpus Christi, TX 78412	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$250.00
	Principal occu Business Ov	pation / Job title (See Instructions)		Employer (See Instructions Wonders Bar & Grill)		
	240035 0			TOTAL DATA CITAL			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/20 Rpt: 23/62		
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)		3	Filer ID (Ethics Commission 00059793	n Filers)	
4	Date 09/27/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00	
_		Corpus Christi , TX 78414					
8	Admin	pation / Job title (See Instructions)	9 Employer (See Instructions Cheniere)			
	Date 08/20/2023	Full name of contributor out-of-state PAC (ID#:_ Ybarra, Noe Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Dringinal acqu	Corpus Christi, TX 78401 pation / Job title (See Instructions)	Employer (See Instructions				
	President	pation/ Job title (See Instructions)	GST	,			
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ Ybarra, Noe Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
		Corpus Christi, TX 78401					
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions GST)			
	Date 12/24/2023	Full name of contributor out-of-state PAC (ID#:_Zapata, Juan Contributor address; City; State; Zip Code Coral Gables, FL 33114			Amount of Contribution (\$)	\$500.00	
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self Emp)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ection Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 1/3 Rpt: 24/62
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	lomon P. (Mr.)		00059793
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 08/16/2023	 Full name of contributor out-of-state PAC (ID#:)	8 Amount of contribution (\$) 9 In-kind contribution description \$888.03 Campaign hdqts Aug. ren
10 Drive in all conv	Corpus Christi , TX 78411	Ida Employer/FOD NON	Check if travel outside of Texas. Complete Schedule T
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	,
Real Estate	·	Landlord Resource	<u>2</u> S
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's jol			(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
40 16	is a shill less firm of a grant (a) (if any) (EQD JUDIQIA)		
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
09/01/2023	Loeb, David		contribution (\$) description
	Contributor address; City; State; Zip Code		\$1,776.06 Campaign hdqts Sept.
	Contributor dudress, Oity, State, 21p Code		Rent
			<u> </u>
	Corpus Christi , TX 78411		
Dringingloog		Employer (EOD NON	Check if travel outside of Texas. Complete Schedule T I-JUDICIAL) (See instructions)
· '	,	Employer (FOR NON Landlord Resource	•
Real Estate	·		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
10/01/2023	Loeb, David		contribution (\$) description
	Contributor address; City; State; Zip Code		\$1,776.06 Campaign hdqts Oct. Rer
	Corpus Christi , TX 78411		Check if travel outside of Texas. Complete Schedule T
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Real Estate	Developer	Landlord Resource	es
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/3 Rpt: 25/62			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Ortiz Jr., So	lomon P. (Mr.)		00059793		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution		
11/01/2023	Loeb, David		contribution (\$) description \$1,776.06 Campaign hdqts Nov.		
	7 Contributor address; City; State; Zip Code		Rent		
			<u> </u>		
	Corpus Christi , TX 78411	•	Check if travel outside of Texas. Complete Schedule T.		
· '	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
Real Estate	·	Landlord Resource			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
14 Continutions	employer/law littl (FOR SODICIAL)	13 Law IIIII of Contribute	of a spouse (ii ally) (FOR JODICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution		
12/01/2023	-		contribution (\$) description		
	Contributor address; City; State; Zip Code		\$1,776.06 Campaign hdqts Dec.		
	, ,, ,		Rent		
			į		
	Corpus Christi , TX 78411		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
Real Estate	Developer	Landlord Resource	es .		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of In-kind contribution		
10/17/2023)	contribution (\$) description		
10/11/2023	Lopoz Guerra, Moardo		\$1,062.26 Fundraiser event: e-blast		
	Contributor address; City; State; Zip Code		& food		
	Corpus Christi, TX 78747		Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON			
Consultant		·			
Contributor's	principal occupation (FOR JUDICIAL)	(FOR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 26/62 3 Filer ID (Ethics Commission Filers) FILER NAME Ortiz Jr., Solomon P. (Mr.) 00059793 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/09/2023 Ybanez, Melissa \$500.00 campaign tee shirts 7 Contributor address; City; State; Zip Code Corpus Christi, TX 78414 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Admin Cheniere 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) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 10/28/2023 Zaragosa, Ben \$350.00 campaign photos Contributor address; City; State; Zip Code Corpus Christi, TX 78413 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) Photographer Self Emp Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS					SCHEDULE E		
	The Instructio	n Guide explains how t	to complete this t	form.	1	ges Schedule E: 2 Rpt: 27/62		
2	FILER NAME Ortiz Jr., Solomo	on P. (Mr.)		3 Filer ID 000597	(Ethics Commission Filers)			
4	TOTAL OF UN	ITEMIZED LOANS			\$			
5	Date of loan	7 Name of lender	out-of-state PA	AC (ID#:)	9 Loan Amount (\$)		
	07/14/2023	Finley, George				\$20,000.00		
6	Is lender a financial institution?	8 Lender address; Ci	ty; State;	Zip Code		10 Interest Rate 11 Maturity Date		
	110	Corpus Christi, TX 7841	11			,		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions Retired	5)			
14	Description of Coll X None	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)		
	X not applicable	18 Guarantor address; Ci	ty; State;	Zip Code				
20	Principal occupation	on		21 Employer (See Instructions	5)			
	Date of loan	Name of lender	out-of-state PA	AC (ID#:)	Loan Amount (\$)		
	07/18/2023	Ortiz Jr., Solomon P				\$5,000.00		
	Is lender a financial institution?	Lender address; Ci	ty; State;	Zip Code		Interest Rate		
	No	Corpus Christi, TX 7840	11			Maturity Date		
	Principal occupation	on / Job title (See Instructions)	, <u> </u>	Employer (See Instructions	<u> </u>			
	Executive Direct	,		MAP of Texas				
	Description of Coll X None	ateral		Check if personal funds were deposited into political account (See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)		
	X not applicable	Guarantor address; Ci	ty; State;	Zip Code				
	Principal occupation	on		Employer (See Instructions	5)			

			SCHEDULE E			
Guide explains how to complete	this form.	1 Total pages Schedule E: Sch: 2/2 Rpt: 28/62				
P. (Mr.)		3 Filer ID (Ethics 0 00059793				
EMIZED LOANS		\$				
Name of lender out-of-s Ortiz Sr., Solomon P	state PAC (ID#:	9 Loan	Amount (\$) \$10,000.00			
Lender address; City; S	State; Zip Code	10 Intere	est Rate			
Corpus Christi, TX 78414		11 Matur	rity Date			
Job title (See Instructions)	13 Employer (See Instruction Retired	tions)				
al	15 Check if personal fund		cal account Instructions)			
Name of guarantor	<u>'</u>	19 Amou	unt Guaranteed (\$)			
Guarantor address; City; S	State; Zip Code					
	21 Employer (See Instruc	tions)				
	P. (Mr.) EMIZED LOANS Name of lender	Name of lender	Builde explains how to complete this form. 1 Total pages Scher Sch: 2/2 Rpt: 2/2 Rp			

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		
Ļ			
1	Total pages Schedule F1: Sch: 1/33 Rpt: 29/62	2 FILER NAME Ortiz Jr., Solomon P. (Mr.) 3 Filer ID (Ethics Commission Filers) 00059793	
4	Date	5 Payee name	
•	09/11/2023	ATT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$131.08	Akard St Ste 2954	
		Dellas TV 75202	
		Dallas, TX 75202	
8	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	
		Campaign phone	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
\vdash	Date	Davida nama	_
		Payee name	
	07/31/2023	ATT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.22	Akard St Ste 2954	
		Dollar TV 75202	
		Dallas, TX 75202	
	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	
		campaign phone	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Date	Payee name	_
	12/11/2023	ATT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$88.05	Akard St Ste 2954	
		Dallas, TX 75202	
	PURPOSE	To a second seco	
	OF	1	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		campaign phone	
		Sampaign priorie	
_	Complete ONLY 'C. "	Condidate/Officeholder name	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefft C/OI	··	

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: 2/33 Rpt: 30/62	Ortiz Jr., Solomon P. (Mr.)	00059793
4	Date	5 Payee name	<u>'</u>
	11/06/2023	ATT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$175.35	Akard St Ste 2954	
		Dallas, TX 75202	
8	PURPOSE		intion
Ü	OF		eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		eck if Austin, TX, officeholder living expense
		camp	paign phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	¬	
	Date	Payee name	
	07/23/2023	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$77.34	366 Summer St	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	intion
	OF	'	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		eck if Austin, TX, officeholder living expense
		ActBI	ue processing fee
	2		200
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/13/2023	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.90	366 Summer St	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
	OF EXPENDITURE	1 1 663	eck if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	·	eck if Austin, TX, officeholder living expense
		ACTBI	ue processing fee
	Commission ON II V II allian	Condidate/Officeholder neget	Office held
	Complete ONLY if direct expenditure to benefit C/Ol	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 Com

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: 3/33 Rpt: 31/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	08/20/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.22	366 Summer St
		Somerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ActBlue processing fee
		The Late proceeding lea
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/03/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer St
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ActBlue processing fee
		A SUBJUST PROCESSING TO
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/24/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.50	366 Summer St
	Ψ00.00	
		Somerville, MA 02144
	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.
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		ActBlue processing fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
\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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 4/33 Rpt: 32/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	09/30/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	366 Summer St
		Somerville, MA 02144
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
		ActBlue processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/15/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.88	366 Summer St
		Somerville, MA 02144
	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
		ActBlue processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/22/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$286.35	366 Summer St
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ActBlue processing fee
	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 Barmont

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: 5/33 Rpt: 33/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	10/29/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer St
		Somerville, MA 02144
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 ActBlue processing fee
		Actional processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/05/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.20	366 Summer St
		Somerville, MA 02144
	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 ActBlue processing fee
		A total de processing les
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	11/12/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.94	366 Summer St
		Somerville, MA 02144
	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
		ActBlue processing fee
_	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 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/33 Rpt: 34/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	11/26/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	366 Summer St
		Somerville, MA 02144
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
		ActBlue processing fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/03/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.10	366 Summer St
	Ψ+0.10	300 Summer St
		Somerville, MA 02144
	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
		ActBlue processing fee
		The state of the s
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/10/2023	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.73	366 Summer St
	¥==0	
		Somerville, MA 02144
	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 ActBlue processing fee
		Actibility processing fee
	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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	mmittee	Gift/Awards/Mem Legal Services The Instruction		Printing E Salaries/\ ains how to co	Wages	s/Contract Labor		Travel Out o OTHER (en		rict category not listed above)
1	Total pages Schedule F1:	2	EII ED NIAME		- r -				3	Filer ID		(Ethics Commission Filers)
*	Sch: 7/33 Rpt: 35/62	ı	Ortiz Jr., So		1r.)					0005979	93	(Earles Commission i licis)
4	Date	5	Payee name									
	12/17/2023	ı	ActBlue									
6	Amount (\$) \$29.63		Payee address 366 Summer Somerville,	er St	S	State; Zip Co	ode					
8	PURPOSE	(a)	Category (Se	ee Categories liste	ed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE		Fees	-	•	,						lete Schedule T.
	LAI LINDITORE							Check if Austin			living	expense
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder nam	ie	Office sou	ught			Office	e he	ld
	Date		Payee name									
	12/24/2023		ActBlue									
	Amount (\$)	Г	Payee addre	ss; City;	S	State; Zip Co	ode					
	\$79.00		366 Summe	er St								
			Somerville,	MA 02144								
	PURPOSE OF	(a)	Category (Se	ee Categories liste	ed at the top of th	is schedule)	(b)	Description			_	
	EXPENDITURE		Fees					Check if travel Check if Austin				lete Schedule T.
								ActBlue proce			iiviily	слропо с
								, lotblue proof		ig icc		
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder nam	ne	Office sou	<u>I</u> ught			Office	e he	ld
	Date		Payee name									
	12/31/2023		ActBlue									
	Amount (\$)		Payee addre	ss; City;	S	State; Zip Co	ode					
	\$221.81		366 Summe	er St								
			Somerville,	MA 02144			1					
	PURPOSE OF		Category (Se	ee Categories liste	ed at the top of th	is schedule)	(b)	Description			_	
	EXPENDITURE		Fees					Check if travel				lete Schedule T.
								ActBlue proce			viiiy	олронос
								. Iotolao proof	550			
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder nam	ie	Office sou	ught			Office	e hel	ld
_		AI: '										

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: 8/33 Rpt: 36/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	07/28/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.57	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	office supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense toner for printer
		tolici ioi pilitei
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	12/29/2023	American Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	5120 SPID
		Corpus Christi, TX 78411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	10/31/2023	American Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	5120 SPID
		Corpus Christi, TX 78411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
		rees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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: 9/33 Rpt: 37/62	Ortiz Jr., Solomon P. (Mr.)	
4	Date	5 Payee name	
	09/18/2023	Apple	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.65	One Apple Parkway	
		Cupertino, CA 95014	
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 campaign phone insurance	
		cumpaign phone insurance	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
⊨	Date	Payee name	_
	08/17/2023	Apple	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.65	One Apple Parkway	
		Cupertino, CA 95014	
	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	
		campaign phone insurance	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
⊨	5.		_
	Date	Payee name	
	10/30/2023	Apple	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.65	One Apple Parkway	
		Cupertino, CA 95014	
	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	
		campaign phone insurance	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
1	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 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		2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)
Ļ	Sch: 10/33 Rpt: 38/62	Ortiz Jr., Solomon P. (Mr.) 00059793	
4	Date 12/11/2023	5 Payee name Apple	
_	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$8.65	One Apple Parkway	
	Ψ0.00	one rappe ranway	
		Cupertino, CA 95014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Category (See 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	
l		campaign phone insurance	
Ļ	Consoliste CNII V if diseast	Out til det (Office helden name	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
⊨			
	Date	Payee name	
ᆫ	12/18/2023	Apple	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.65	One Apple Parkway	
l			
L		Cupertino, CA 95014	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Canva editing software	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
F	Date	Payee name	
l	08/28/2023	Canva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$119.99	3212 E Cesar Chavez Bld 1	
		Austin, TX 78702	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Editing software Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		graphic design	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct 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:	: 2 FILER NAME 3 Filer ID (Ethics Comn	nission Filers)
	Sch: 11/33 Rpt: 39/62	Ortiz Jr., Solomon P. (Mr.) 00059793	
4	Date	5 Payee name	
	07/17/2023	Capital Strategy Assoc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20,000.00	PO Box 742	
		Corpus Christi, TX 78403	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	
	LXI LINDITORE	Check if Austin, TX, officeholder living expense	
		Campaign strategy	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI	and the second of the second o	
_			
	Date	Payee name	
	08/28/2023	Capital Strategy Assoc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,250.00	PO Box 742	
		Corpus Christi, TX 78403	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign strategy	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	OH .	
	Date	Payee name	
	11/06/2023	Capital Strategy Assoc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,250.00		
		Corpus Christi, TX 78403	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign strategy	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to beliefit 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/33 Rpt: 40/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	07/17/2023	Citrus Bistro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.44	500 N Shoreline Blvd Ste 108
		Corpus Christi, TX 78401
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
		Campaign staff meal
		Gampaigh stail mea
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	<u> </u>
	Date	Payee name
	07/19/2023	Citrus Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.53	500 N Shoreline Blvd Ste 108
		Corpus Christi, TX 78401
	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.
		Compaign stoff moal
		Campaign staff meal
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	·	
	Date	Payee name
	10/30/2023	City of Corpus Christi
	Amount (\$)	Payee address; City; State; Zip Code
	\$226.95	1201 Leopard
		Corpus Christi, TX 78401
	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
		Water bill
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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/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: 13/33 Rpt: 41/62	Ortiz Jr., Solomon P. (Mr.)	
4	Date	5 Payee name	
	08/21/2023	DemSign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$549.92	1401 Harvest Glen Dr	
		Plano, TX 75074	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense lapel stickers, business cards	
		iaper stekers, business cards	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	=
	11/06/2023	El Vago Restaurant	
H	Amount (\$)	Payee address; City; State; Zip Code	-
	\$29.64	4701 Barrera Dr	
		Corpus Christi , TX 78416	
	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	
		Campaign staff meal	
		Campaign stan moa	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
F	Date	Payee name	=
	08/30/2023	Elite Promo	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$493.25	15829 Cutty Shark St	
		Corpus Christi, TX 78418	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense campaign tee shirts & embroidery	
		campaign tee shirts & embroidery	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
\vdash			_
ı			

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 Committee

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: 14/33 Rpt: 42/62	Ortiz Jr., Solomon P. (Mr.)	
4	Date	5 Payee name	
	09/12/2023	Family Dollar	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$13.31	4022 Weber Rd	
		Corpus Christi, TX 78411	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office supplies Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Paper towels, drinks	
		, aportonois, animo	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/22/2023	Family Dollar	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$22.73	4022 Weber Rd	
		Corpus Christi, TX 78411	
	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	
		sodas and water	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	12/15/2023	Family Dollar	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.88	4022 Weber Rd	
		Corpus Christi, TX 78411	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	cleaning supplies Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Paper towels, napkins, paper plates, hand soap	
		τ αρεί τοννοίο, παρικπό, ραρεί ριατού, παπά συαρ	
-	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: 15/33 Rpt: 43/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	09/20/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.57	5801 Weber Rd
		Corpus Christi, TX 78413
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense cleaning supplies, paper goods, trash bags
		Clearing Supplies, paper goods, trash bags
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/OI	Candidate/Officeholder name Office sought Office held
L		
l	Date	Payee name
	09/28/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.99	5801 Weber Rd
		Corpus Christi, TX 78413
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign grand opening
		Campaign grand opening
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
	07/23/2023	HEB
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$101.49	5801 Weber Rd
l		
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Contributions/Donations Made By
l	LXI LINDITORL	Candidate/Officeholder/Political Committee
1		Gift cards for Democratic Party event
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

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 To	otal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
S	ch: 16/33 Rpt: 44/62	Ortiz Jr., Solomon P. (Mr.)
4 D	ate	5 Payee name
0.	7/26/2023	Harland Clarke
6 A	mount (\$)	7 Payee address; City; State; Zip Code
	\$246.41	5800 N West Parkway
		San Antonio, TX 78249
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Campaign checks
		Sumpaigh checks
9 C	omplete ONLV if direct	Candidate/Officeholder name Office sought Office held
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OI	
_	<u> </u>	
	ate	Payee name
0	7/26/2023	Harland Clarke
Aı	mount (\$)	Payee address; City; State; Zip Code
	\$84.34	5800 N West Parkway
		San Antonio, TX 78249
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Deposit books
		Deposit books
	omplete ONLY if direct	Candidate/Officeholder name Office sought Office held
	xpenditure to benefit C/OI	
_		
	ate	Payee name
	0/30/2023	Home Depot
Aı	mount (\$)	Payee address; City; State; Zip Code
	\$26.64	5041 SPID
		Corpus Christi, TX 78412
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
,	OF EXPENDITURE	campaign supplies Check if travel outside of Texas. Complete Schedule T.
•		Check if Austin, TX, officeholder living expense
		zip ties, screws
	annulate ONII V ' ' '	Ora didata (Office hadden grown
	omplete <u>ONLY</u> if direct xpenditure 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 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)

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 17/33 Rpt: 45/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	10/26/2023	Home Depot
6	Amount (\$) \$54.83	7 Payee address; City; State; Zip Code 5041 SPID Corpus Christi, TX 78412
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	campaign supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nails, screws, zip ties
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/14/2023	Howard's BBQ Restaurant
	Amount (\$) \$40.11	Payee address; City; State; Zip Code 1002 Antelope
		Corpus Christi, TX 78401
	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 Campaign Staff meal
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/25/2023	MAJIC 105
	Amount (\$) \$140.00	Payee address; City; State; Zip Code 2208 SPID
		Corpus Christi, TX 78408
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense High School game campaign promo
	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 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: 18/33 Rpt: 46/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	10/25/2023	MG Building Supplies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.63	7436 SPID
		Corpus Christi, TX 78412
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	campaign supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense zip ties, bungie cords
		Zip iics, burigic corus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	D-4-	
	Date	Payee name
	09/06/2023	Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$314.06	23808 Resort Pkwy
		San Antonio, TX 78261
	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 Hotel Expense for MALC Legislative Event
		Flotel Expense for WALG Legislative Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-t-	
	Date	Payee name
	09/06/2023	Martinez, Frankie
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	802 S Cancahua Apt 437
		Corpus Christi, TX 78401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Photography & video campaign fundraiser/kickoff
		Thotography & video campaign fundraisen/Nekon
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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.	ot listed above)
1	Total pages Schedule F1:		Commission Filers)
_	Sch: 19/33 Rpt: 47/62		,
4	Date	5 Payee name	
	10/11/2023	My Campaign Store	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,450.13	304 Whittington Pkwy Ste 201	
		Louisville , KY 40222	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Scher	dule T.
		Check if Austin, TX, officeholder living expense yard signs	
		yulu signs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
_	D :		
	Date	Payee name	
	11/11/2023	Nueces Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	6102 Ayers Ste 107	
		Corpus Christi, TX 78415	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sched	dule T.
		Check if Austin, TX, officeholder living expense Filing fee HD 34	
		Filling fee Fib 34	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	D :		
	Date	Payee name	
	07/17/2023	Office Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.60	1737 S Staples	
		Corpus Christi, TX 78404	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Campaign supplies Check if travel outside of Texas. Complete Sched	dule T.
		Check if Austin, TX, officeholder living expense	etook
		Paper cutter, envelopes, and card s	IUCK
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hald	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 20/33 Rpt: 48/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	07/27/2023	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.44	1737 S Staples
		Corpus Christi, TX 78404
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		paper, envelopes, postage
9	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
┡		
	Date	Payee name
	07/27/2023	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.72	1737 S Staples
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Campaign & office supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		card stock, envelopes
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
	Date	Payee name
	09/17/2023	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.55	1737 S Staples
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	office supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		envelopes, printing paper
\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 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:	· · · · · · · · · · · · · · · · · · ·
	Sch: 21/33 Rpt: 49/62	Ortiz Jr., Solomon P. (Mr.) 00059793
4	Date	5 Payee name
	09/19/2023	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.45	1737 S Staples
		Corpus Christi, TX 78404
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	campaign office supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense paper stock
		pulper closes.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	07/19/2023	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.60	1737 S Staples
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	campaign office supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		envelopes and paper
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/17/2023	Perez, Marco
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	2008 West Jon Quil
		McAllen, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign strategy
	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

	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: 22/33 Rpt: 50/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	12/27/2023	Pizza Hut
6	Amount (\$) \$28.82	7 Payee address; City; State; Zip Code 3821 S Staples
		Corpus Christi, TX 78411
8	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 food for volunteers
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2023	Prices Chef Restaurant
	Amount (\$) \$41.48	Payee address; City; State; Zip Code 1800 S Alameda
		Corpus Christi, TX 78404
	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 Campaign Staff meal
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2023	Railroad Seafood & Brewery Restaurant
	Amount (\$) \$108.25	Payee address; City; State; Zip Code 1214 N Chaparral
		Corpus Christi, TX 78401
	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 Campaign Staff meeting meal
	Complete ONLY if direct expenditure to benefit C/Ol	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: 23/33 Rpt: 51/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	08/11/2023	Railroad Seafood & Brewery Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$730.26	1214 N Chaparral
		Corpus Christi, TX 78401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Fundraiser/Kickoff
		1 oou for 1 unuruiset/Nickon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	08/25/2023	Ramirez, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	2309 Bluestar
		Corpus Christi, TX 78414
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign strategy
		Campaign stategy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	08/03/2023	Payee name Ramirez, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	2309 Bluestar
		Corpus Christi, TX 78414
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign strategy
		Sampaigh stategy
	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 -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
Legal Services Salaries/Wages/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: 24/33 Rpt: 52/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	07/19/2023	Ramirez, Joseph
6	Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 2309 Bluestar Corpus Christi, TX 78414
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
•	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign strategy
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/01/2023	Ramirez, Joseph
	Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 2309 Bluestar Corpus Christi, TX 78414
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign strategy
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/09/2023	Ramirez, Joseph
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 2309 Bluestar
		Corpus Christi, TX 78414
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign strategy
	Complete ONLY if direct expenditure to benefit C/O	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: 25/33 Rpt: 53/62	Ortiz Jr., Solomon P. (Mr.)
4 Date	5 Payee name
12/26/2023	Reliant Energy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$61.72	PO Box 650475
	Dallas, TX 75265
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 Electric bill
	Licettie Biii
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
11/20/2023	Reliant Energy
Amount (\$)	Payee address; City; State; Zip Code
\$167.98	PO Box 650475
	Dallas, TX 75265
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
	Electric Bill
	Licotrio Bill
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
07/21/2023	Sabor Latino Restaurant
Amount (\$)	Payee address; City; State; Zip Code
\$88.67	503 N Upshaw Blvd
	Robstown , TX 78380
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
	Food for campaign meeting
Operation Children	Ora didata (Office hadden grown
Complete <u>ONLY</u> 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 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 comple	ete this form.
1	Total pages Schedule F1: Sch: 26/33 Rpt: 54/62	2 FILER NAME Ortiz Jr., Solomon P. (Mr.)	3 Filer ID (Ethics Commission Filers) 00059793
4	Date 08/28/2023	5 Payee name Sam's Club	•
6	Amount (\$) \$185.00	7 Payee address; City; State; Zip Code 4833 SPID	
8	PURPOSE OF EXPENDITURE	Corpus Christi, TX 78411 (a) Category (See Categories listed at the top of this schedule) Office supplies (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Folding tables & toiletries
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/02/2023	Payee name Sam's Club	
	Amount (\$) \$97.40	Payee address; City; State; Zip Code 4833 SPID Corpus Christi, TX 78411	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign supplies (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign ice chests
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/25/2023	Payee name Sam's Club	
	Amount (\$) \$102.71	Payee address; City; State; Zip Code 4833 SPID	
		Corpus Christi, TX 78411	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office supplies (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sodas, tea and candy
	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 Committe

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: 27/33 Rpt: 55/62	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	12/01/2023	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.36	4833 SPID
		Corpus Christi, TX 78411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cookies and candies for Garcia Art Center Christmas
l		Party
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/07/2023	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.15	4833 SPID
		Corpus Christi, TX 78411
	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 Drinks and snacks for Constitutional election
l		Drinks and shade for constitutional election
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U
	Date	Payee name
	07/25/2023	Silverado Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.10	4522 Weber Rd Ste 102
		Corpus Christi, TX 78411
	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
		Campaign Staff meal
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U

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

	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: 28/33 Rpt: 56/62	Ortiz Jr., Solomon P. (Mr.)		00059793
4	Date	5 Payee name		•
	08/22/2023	TO-CE-CHI Restaurant		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$47.01	4228 Weber Rd		
		Corpus Christi , TX 78411		
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
				Campaign staff meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	11/03/2023	Texas Democratic Party		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$650.00	PO Box 15707		
		Austin, TX 78761		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Voter file		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense Texas VAN Access
				Toxas VIIV/100035
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OH			
	Date	Payee name		
	12/07/2023	Texas Democratic Party		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$650.00	PO Box 15707		
		Austin, TX 78761		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Campaign voter file		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Texas VAN
				10,000 17.114
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ight	Office held
	expenditure to benefit C/OI		J	
\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 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: 29/33 Rpt: 57/62	2 FILER NAME Ortiz Jr., Solomon P. (Mr.) 3 Filer ID (Ethics Commission Filers) 00059793
4	Date 10/31/2023	5 Payee name The Print Shop
6	Amount (\$) \$811.88	7 Payee address; City; State; Zip Code 3906 S Jackson Edinburg, TX 78539
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign signs
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 08/25/2023	Payee name Tuloso Midway High School Booster Club Ad
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 9760 La Branch Corpus Christi, TX 78410
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Booster Club campaign ad
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/21/2023	Payee name UPS Store
	Amount (\$) \$20.03	Payee address; City; State; Zip Code 5601 SPID
		Corpus Christi , TX 78412
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) postage fee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign documents mailed
	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.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 30/33 Rpt: 58/62		00059793
4	Date	5 Payee name	
	07/13/2023	USPS	
6	Amount (\$) \$83.00	7 Payee address; City; State; Zip Code 802 N Tancahua	
		Corpus Christi, TX 78403	
_	DUDDOCE	(-) -	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) POBox (b) Description Check if travel	l outside of Texas. Complete Schedule T.
	EXPENDITURE	1 1 0 2 0 0	n, TX, officeholder living expense
		Campaign P	O Box
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/19/2023	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$66.00	802 N Tancahua	
	+ - +	002111411041104	
		Corpus Christi, TX 78403	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		I outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Stamps	n, TX, officendider living expense
		Stamps	
_	Complete ONLY if direct	Condidate/Officeholder name Office cought	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	07/28/2023	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$66.00	802 N Tancahua	
		Corpus Christi, TX 78403	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 ost office	l outside of Texas. Complete Schedule T.
		Stamps	n, TX, officeholder living expense
		Stamps	
	Commission ONII V if disposit	Condidate/Officeholder norse	Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought OH	Office held

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: Sch: 31/33 Rpt: 59/62	2 FILER NAME Ortiz Jr., Solomon P. (Mr.)	3 Filer ID (Ethics Commission Filers) 00059793
4	Date 09/19/2023	5 Payee name USPS	•
6	Amount (\$) \$132.00	7 Payee address; City; State; Zip Code 802 N Tancahua	
8	PURPOSE OF EXPENDITURE	campaign onice postage	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 07/20/2023	Payee name USPS	
	Amount (\$) \$66.00	Payee address; City; State; Zip Code 802 N Tancahua Corpus Christi, TX 78403	
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 08/01/2023	Payee name WIX	
	Amount (\$) \$56.83	Payee address; City; State; Zip Code 100 Gansevoort St	
		New York , NY 10014	
	PURPOSE OF EXPENDITURE	Advertising Expense	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense leb page
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

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 Payment	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: 32/33 Rpt: 60/62	Ortiz Jr., Solomon P. (Mr.)		00059793
4	Date	5 Payee name		•
	12/11/2023	WIX		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$7.79	100 Gansevoort St		
		New York , NY 10014		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense	` `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Campaign email account
_	Complete ONL V if direct	Condidate/Officeholder name Office equ	naht	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	Office held
_				
	Date	Payee name		
	08/09/2023	WalMart		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$10.70	6101 Saratoga		
		Corpus Christi, TX 78414		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				event equipment (microphone)
				,
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ight	Office held
	expenditure to benefit C/OI	+		
	Date	Payee name		
	08/17/2023	West Oso High School		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$75.00	754 Flato Rd	Juo	
	4.0.00	76 1 1 1416 1 14		
		Corpus Christi, TX 78405		
	PURPOSE		(h)	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
				School yearbook
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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 complete this form.									
1	Total pages Schedule F1:		3 Filer ID	(Ethics Commission Filers)						
	Sch: 33/33 Rpt: 61/62	Ortiz Jr., Solomon P. (Mr.)	00059793							
4	Date	5 Payee name								
	11/09/2023	YMLP								
6	Amount (\$) \$30.24	7 Payee address; City; State; Zip Code Coupure 88								
l		Gent Belgium								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Check if Austin, TX, officeholder living Email blast software							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Office he	eld						
Γ	Date	Payee name								
l	08/10/2023	YMLP								
	Amount (\$) \$30.24	Payee address; City; State; Zip Code Coupure 88								
		Gent Belgium								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living Email Blast software							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	Office he	eld						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		Expense Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER N	IAME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 62/62	Ortiz Jr	., Solomon P. (Mr.)			00059793
4	Date	5 Payee n	ame			
	10/31/2023	Ortiz Jr	., Solomon P			
6	Amount (\$)	7 Payee a	ddress; City; Sta	ate; Zip C	ode	
	\$811.88	401 N (Chaparral St Apt 435			
	Reimbursement from political contributions intended	Corpus	Christi, TX 78401			
8	PURPOSE	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Adverti	sing Expense			Check if Austin, TX, officeholder living expense
	-				campaign signs	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/O	fficeholder name		Office sought	Office held
	Date	Payee n	ame			
	08/21/2023	Ortiz Jr	., Solomon P			
	Amount (\$)	Payee a	ddress; City; Sta	ate; Zip C	ode	
	\$549.92 401 N Chaparral St Apt 435					
	Reimbursement from					
	political contributions intended	Corpus	Christi, TX 78401			
	PURPOSE	Categor	y (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertis	sing Expense			Check if Austin, TX, officeholder living expense
					Lapel stickers, bu	usiness cards
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/O	fficeholder name		Office sought	Office held
H	Date	Dayoo n	omo			
	09/20/2023	Payee n Ortiz .1r	., Solomon P			
_	Amount (\$)	Payee a		oto: Zin C	odo	
	\$412.80	l í	ddress;	ate; Zip C	ouc	
		40111	Shaparrai Stript 400			
	Reimbursement from political contributions intended	Corpus	Christi, TX 78401			
	PURPOSE	Categor	y (See Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel I	n District		L	Check if Austin, TX, officeholder living expense
					Campaign truck	mileage
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Candidate/O	fficeholder name		Office sought	Office held