### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Comm 00059793		2 Total pages fi 1	led: 5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY
OFFICEHOLDER	Mr.	Solomon P.			OFFICE	
NAME		Colomon .			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	02/05/2024	
	-	Ortiz		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 286					-
ADDRESS					Receipt #	Amount
Change of Address	Corpus Christi, TX 78403	)				
		)			Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		George A.				
NAME						
	NICKNAME	LAST		SUFFIX		
		Finley		III		
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	AP	T / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER	3360 Ocean Dr.					
ADDRESS						
(Residence or Business)	Correcto Christi TV 70411					
	Corpus Christi, TX 78411	<u>_</u>				
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER		NE NOWBER	EXTENSION			
PHONE	(361) 888-5200					
8 REPORT TYPE				- <i>"</i> –	7	
1111 -	January 15	X 30th day before	e election	Runoff	appointment (offi	mpaign treasurer ceholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	,	<b>T</b> I	HROUGH	,		
	01/01/2024		ROUGH	01/25/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	X F	Primary	Runoff	Other	
	03/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Dis	trict 33		State Representa	ative District 34	
				•		
		60.	TO PAGE 2			
		60				
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	IS	Vers	ion V3.5.1.9000c471

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 15

13 C / OH NAME	Ortiz Jr., Solomon P.	tiz Jr., Solomon P. (Mr.) 14 Filer ID 00059793				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	Dolitical contributions accepted or political expenditure These expenditures may have been made without to I officeholders are required to report this information	he candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	S			
16 CONTRIBUTION TOTALS	<b>\$</b> 100.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	)	<b>\$</b> 20,450.00		
EXPENDITURE TOTALS		<b>\$</b> 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 13,889.04		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	<b>\$</b> 53,768.85		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS ( TING PERIOD	OF THE LAST DAY	<b>\$</b> 35,000.00		
17 AFFIDAVIT				•		
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.				
		Mr. So	lomon P. Ortiz Jr.			
		Signature of	Candidate or Officehold	der		
AFFIX NOT	TARY STAMP / SEAL ABO	DVE				
Sworn to and subsc	ribed before me, by the sa	aid	, this the	day		
of	, 20, to ce	ertify which, witness my hand and seal of office.				
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath		
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f		

SUBTOTALS - C/OH	СС	FORM C/OH OVER SHEET PG 3 3 of 15					
18 FILER NAME Ortiz Jr., Solomon P. (Mr.)	<b>19</b> Filer ID 00059793	(Ethics Commission Filers)					
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT						
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$</b> 20,450.00						
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4. X SCHEDULE E: LOANS		\$ 35,000.00					
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 13,889.04					
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$						
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$						
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$						
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$					
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$					

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instru	ction Guide explains how	rm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/15		
2	FILER NAME		2	Filer ID (Ethics Commissi	on Filers)		
ľ		omon P. (Mr.)			ľ	00059793	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/23/2024	Garcia, David					\$1,000.00
		6 Contributor address; City; Sta	te; Zip Code				
		Brownsville, TX 78562					
8	Principal occu Director	pation / Job title (See Instructions)	g	<ul> <li>Employer (See Instructions SWK</li> </ul>	5)		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/24/2024	Gonzales, Veronica	• • • • • • • • • • • • • • • • •	······································			\$250.00
		Contributor address; City; Sta					+200.00
		Contributor address, City, Sta	ie, zip coue				
		McAllen, TX 78504					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP of Govt &	& Community		UTRGV			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/02/2024	Hicks, Gloria		,		(+)	\$1,000.00
			to: Zin Codo				+_,000.00
		Contributor address, City, Sta	ie, zip coue				
		Corpus Christi, TX 78413					
⊢	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> נו		
	Owner			Ed Hicks Automotive	"		
					_		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/04/2024	Ortiz Jr., Solomon					\$3,000.00
		Contributor address; City; Sta	te; Zip Code				
		Corpus Christi, TX 78403					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Ex. Director			Non-Profit			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/17/2024	- Texas Trial Lawyers Assoc	iation				\$15,000.00
	Contributor address; City; State; Zip Code						
		Austin, TX 78701					
$\vdash$	Principal occu	Left pation / Job title (See Instructions)	1	Employer (See Instructions	1 5)		
					,		
⊢							
I							

	MONET	A	RY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instru	cti	on Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/15
2	FILER NAME Ortiz Jr., Sol		non P. (Mr.)	3	Filer ID (Ethics Commission Filers) 00059793
4	Date 01/23/2024		Full name of contributor       out-of-state PAC (ID#:)         Weber, John       Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$100.00
8	Principal occu	pat	Corpus Christi, TX 78401 ion / Job title (See Instructions) 9 Employer (See Instruction	s)	
		pu			

LOANS			S	CHEDUL	E E
The Instruction Guide explains how to complete this form.	ages Schedul /1 Rpt: 6/15				
2 FILER NAME Ortiz Jr., Solomon P. (Mr.)	(Ethics Co 793	mmission F	-ilers)		
<sup>4</sup> TOTAL OF UNITEMIZED LOANS			\$	35	5,000.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:		)	9 Loan Ar	nount (\$)	
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code			10 Interest		
			<b>11</b> Maturity	Date	
<b>12</b> Principal occupation / Job title (See Instructions) <b>13</b> Employer (See Instruction)	ns)				
14 Description of Collateral       15 Check if personal funds w         None       Image: Check if personal funds w	vere c	leposite		l account structions)	
Instruction     Instruction			19 Amount	Guarantee	ed (\$)
not applicable <b>18</b> Guarantor address; City; State; Zip Code					
20 Principal occupation 21 Employer (See Instruction	ns)				
					ľ

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/E Gift/Av nmittee Legal	Expense Beverage Expense vards/Memorials Expense Services <b>nstruction Guide</b> (		Office Over Polling Exp Printing Ex Salaries/W	rhead ense pense ages/	Contract Labor		Travel in District Travel Out of Dis	quipment & Related E	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 1/9 Rpt: 7/15		Ortiz Jr., Solomon P. (Mr.) 00059793									
4	Date	5	Payee name									
	01/10/2024		ATT									
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$88.05		Akard St Ste 295	54								
			Dallas, TX 75202	2								
8	PURPOSE	(a)	Category (See Cate	gories listed at the top	of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overhead			,	ļ				plete Schedule T.	
								Campaign Ph		officeholder living	l expense	
								Campaign Fi	1011	e		
9	Complete ONLY if direct		Candidate/Officehol	der name	0	Office soug	nht			Office he	٩ld	
,	expenditure to benefit C/OF						Jin					
	Date		Payee name									
	01/21/2024		ActBlue									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$3.96		366 Summer St									
			Somerville, MA (	)2144								
	PURPOSE OF	(a)	Category (See Cate	gories listed at the top	of this sche	edule)	(b)	Description				
	EXPENDITURE		Fees							de of Texas. Com officeholder living	plete Schedule T.	
							I	ActBlue proce			( expense	
	Complete ONLY if direct		Candidate/Officehol	der name	C	)ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/23/2024		ActBlue									
	Amount (\$)		Payee address;	City;	State:	Zip Co	de					
	\$43.45		366 Summer St			•						
			Somerville, MA (	)2144								
	PURPOSE OF	(a)	Category (See Cate	gories listed at the top	of this sche	edule)	(b)	Description				
	EXPENDITURE		Fees							de of Texas. Com officeholder living	plete Schedule T.	
							l	ActBlue proce			j expense	
								- 1. 2.		0		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehol	der name	C	Office soug	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 2/9 Rpt: 8/15	Ortiz Jr., Solomon P. (Mr.)	00059793						
4	Date 01/24/2024	5 Payee name ActBlue							
6	Amount (\$) \$9.88	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144							
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue processing fee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/17/2024	Apple							
	Amount (\$) \$8.65	Payee address; City; State; Zip Code One Apple Parkway Cupertino, CA 95014							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description Check if train Check if Au	vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Phone Insurance						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/22/2024	Capital Strategy Assoc							
	Amount (\$) \$6,500.00	Payee address; City; State; Zip Code PO Box 742							
		Corpus Christi, TX 78403							
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Consulting						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

			EXPENDITURE CA	TEGORIES	OR E	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nittee Legal Services The Instruction Guide ex	Office Pollin se Printi Salar	Overhe g Exper ng Expe les/Wag	nse es/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/9 Rpt: 9/15		Drtiz Jr., Solomon P. (Mr.)					00059793	
4	Date	5 F	Payee name						
	01/16/2024		City of Corpus Christi						
6	Amount (\$)	<b>7</b> F	Payee address; City;	State; Zip	Code	!			
	\$206.12	1	.201 Leopard						
			Corpus Christi, TX 78401						
8	PURPOSE	(a) (	Category (See Categories listed at the top of	of this schodulo)	(b	) Description			
	OF		Office Overhead/Rental Expense		ľ		outsi	ide of Texas. Compl	ete Schedule T.
	EXPENDITURE							, officeholder living e	xpense
						Campaign H	dqts	s Utility Bill	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	sough	t		Office hel	d
	Date	F	Payee name						
	01/18/2024	E	Executive Surf Club						
	Amount (\$)	F	Payee address; City;	State; Zip	Code	!			
	\$42.93	3	806 N Chaparral						
		(	Corpus Christi, TX 78401						
	PURPOSE OF		Category (See Categories listed at the top of	of this schedule)	(b	Description			
	EXPENDITURE	F	Food/Beverage Expense					ide of Texas. Comple , officeholder living e	
						Campaign St			, pondo
						1 5			
	Complete ONLY if direct	L Cá	andidate/Officeholder name	Office	sough	t		Office held	d
	expenditure to benefit C/OF	Η							
	Date	F	Payee name						
	01/02/2024		FaceBook						
	Amount (\$)	F	Payee address; City;	State; Zip	Code				
	\$162.78		Hacker Way						
			-						
		N	Menlo Park, CA 94025						
	PURPOSE OF		Category (See Categories listed at the top of	of this schedule)	(b	) Description			
	EXPENDITURE	/	Advertising Expense					ide of Texas. Comple , officeholder living e	
						FaceBook Ac		,	
	Complete ONLY if direct		andidate/Officeholder name	Office	sough	t		Office held	d
	expenditure to benefit C/Oł								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 4/9 Rpt: 10/15	Ortiz Jr., Solomon P. (Mr.) 00059793							
4	Date	Payee name							
	01/09/2024	Fas Clampitt							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$37.89	5813 #C Weber Rd							
		Corpus Christi, TX 78413							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		utside of Texas. Complete Schedule T.						
			TX, officeholder living expense						
			5						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OF								
	Date	Payee name							
	01/12/2024	Landlord Resources							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,776.05	3833 S Staples Ste S116							
		Corpus Christi, TX 78411							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T.						
			TX, officeholder living expense						
		Campaign Hde	dis Keni						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OF								
	Date	Payee name							
	01/20/2024	MG Building Supplies							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$135.05	7436 SPID							
		Corpus Christi, TX 78412							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Campaign sign expense	utside of Texas. Complete Schedule T.						
			TX, officeholder living expense						
		Campaign zip	ties & post for signs						
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
	expenditure to benefit C/OF								

			EXPENDITURE CATE	GORIES FO	R BO	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office O Polling E Printing I Salaries/	verhea xpens Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/9 Rpt: 11/15		Ortiz Jr., Solomon P. (Mr.)					00059793		
4	Date	5	Payee name							
	01/03/2024		Nueces County Democratic Party							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$600.00		6102 Ayers St #107							
			Corpus Christi, TX 78415							
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense	s seriedule)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		2 .					officeholder living		
						NCDP Banqu	let	Program AD	)	
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office he	eld	
	Date		Payee name							
	01/03/2024		Palenque Group							
	Amount (\$)		Payee address; City; Si	ate; Zip C	ode					
	\$32.89		5488 SPID Ste 1280							
			Corpus Christi , TX 78411							
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Com		
						Staff lunch	, TX,	officeholder living	) expense	
						Stall lunch				
	Complete ONLY if direct		Candidate/Officeholder name	Office so				Office he	ald	
	expenditure to benefit C/OF			Once 30	uyin			Onice ne	5iu	
	Date									
	01/19/2024		Payee name Ramirez, Joseph							
			-	inter Zin C						
	Amount (\$)			ate; Zip C	oae					
	\$550.00		2309 Bluestar							
			Corpus Christi, TX 78414							
	PURPOSE	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description				
	OF EXPENDITURE		Consulting Expense					de of Texas. Com		
								officeholder living	j expense	
						Campaign Co	ons	uiting tee		
	Complete ONIL V if direct	Ľ	Condidate/Officeholder name	Office				Office	bld	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ugnt			Office he	eiu	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 6/9 Rpt: 12/15	Ortiz Jr., Solomon P. (Mr.) 00059793							
4	Date 01/22/2024	Payee name Reliant Energy							
6	Amount (\$) \$64.45	Payee address;City;State; Zip CodePO Box 650475Dallas, TX 75265							
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Hqts Electric Bill</li> </ul> </li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/18/2024	Sutherlands							
	Amount (\$) \$15.13	Payee address; City; State; Zip Code 4041 S Staples Corpus Christi, TX 78411							
	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule)     Campaign sign expense     Check if travel of the company of the comp	outside of Texas. Complete Schedule T. TX, officeholder living expense mpaign signs						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/19/2024	T-Mobile							
	Amount (\$) \$37.89	Payee address;City;State; Zip Code3133 S Alameda Ste 290							
		Corpus Christi, TX 78412							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense CC						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Rei Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont	al Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District oTHER (enter a category not listed above)						
1	Total pages Schedule F1:	LER NAME		3 Filer ID (Ethics Commission Filers)						
	Sch: 7/9 Rpt: 13/15	rtiz Jr., Solomon P. (Mr.)	00059793							
4	Date 01/16/2024	ayee name aqueria Jalisco								
6	Amount (\$) \$20.82	7 Payee address; City; State; Zip Code 3830 S Staples Corpus Christi, TX 78411								
8	PURPOSE OF EXPENDITURE	Fond/Beverage Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						
	Date	ayee name								
01/16/2024 Taqueria Los Altos										
	Amount (\$) \$310.97	ayee address; City; 29 Industrial Blvd obstown, TX 78380	State; Zip Code							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of t vent Expense	Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense od & Beverage for Robstown event							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						
	Date	ayee name								
	01/14/2024	aqueria Los Altos								
	Amount (\$) \$31.63	ayee address; City; 29 Industrial Blvd	State; Zip Code							
Robstown, TX 78380										
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of t ood/Beverage Expense		cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense npaign staff lunch						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Imittee Legal Services The Instruction	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME	Filer ID (Ethics Commission Filers)							
	Sch: 8/9 Rpt: 14/15		Ortiz Jr., Solomon P. (Mr.	)		00059793					
4	Date 01/03/2024	5	5 Payee name The Print Shop								
6	Amount (\$) \$2,922.75		7 Payee address; City; State; Zip Code 3906 S Jackson Edinburg, TX 78539								
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Signs</li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			
	Date		Payee name								
	01/09/2024		USPS								
	Amount (\$) \$132.00		Payee address; City; 802 N Tancahua Corpus Christi, TX 78403	State;	; Zip Co	de					
PURPOSE OF EXPENDITURE			Category (See Categories listed a Post office		side of Texas. Complete Schedule T. K, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			
	Date		Payee name								
	01/10/2024		WIX								
	Amount (\$) \$7.79		Payee address; City; 100 Gansevoort St	State;	; Zip Co	de					
			New York , NY 10014								
	PURPOSE OF EXPENDITURE		Category (See Categories listed a Advertising Expense	tt the top of this sch	edule)		ı, тх,	de of Texas. Complete Schedule T. , officeholder living expense site fee			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			Fees     Off       Food/Beverage Expense     Pol       Gift/Awards/Memorials Expense     Prin       al Committee     Legal Services     Sal				Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2	FILER NAMI	Ξ						Filer ID	(Ethics Commission	n Filers)
	Sch: 9/9 Rpt: 15/15		Ortiz Jr., So	olomon P. (Mr.	)					00059793		
4	Date	5	Payee name						•			
	01/12/2024		WalMart									
_				Citur	Ctata	7:0 00						
6	Amount (\$)		Payee addre	-	State;	Zip Co	Jue					
	\$147.91		6101 Sarat	oga								
	Corpus Christi, TX 78414											
8	PURPOSE	(a)	Category	ee Categories listed a			(b)	Description				
ľ	OF			unty Livestock		edule)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Nueces Co		511000					officeholder living		
								∟ Parade candi	ies	& treats		
9	Complete ONLY if direct		`andidato/Off	iceholder name		Office sou	l			Office he	ald	
5	expenditure to benefit C/OI	н	anuluale/On		C	mee sou	gni			Onice ne		