CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commi 00059793		2 Total pages fi	led: 23
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	Mr.	Solomon P.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
	MCKNAWL	Ortiz		Jr.		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
MAILING ADDRESS	P.O. Box 286				Receipt #	Amount
Change of Address	Corpus Christi, TX 78403					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		George A.				
NAME		J				
	NICKNAME	LAST		SUFFIX		
		Finley		III		
		- ,				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP	T / SUITE #; CITY	': ST.	ATE; 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					
THONE						
8 REPORT		_		_		
TYPE	January 15	30th day before	election	Runoff	15th day after ca appointment (off	mpaign treasurer ceholder only)
	July 15	8th day before e	election \square	Exceeded modified	Final Report (Att	
],	ш	reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	TH	ROUGH	02/24/20	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XPr	rimary	Runoff	Other	
	03/05/2024	G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGH	T (if known)	
	State Representative Distri	ct 33			tative District 34	
		GO T	O DAGE 2			
		GU I	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	Ortiz Jr., Solomon P. (Mr.) 14 Filer ID (Ethics Col. 00059793							
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	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 450.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 36,600.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.0							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 56,726.81				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 33,192.04				
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 Officehole	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	cer administering	Printed name of officer administering	Title of officer	administering oath				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 23 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00059793 Ortiz Jr., Solomon P. (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 36,600.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 56,726.81 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONET	ARY POLITICAL CONTRIBUT	NS		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/23	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 02/19/2024			7	Amount of Contribution (\$)	\$2,500.00	
8	Principal occu	Corpus Christi, TX 78404		Employer (See Instructions	<u>''</u>		
•	Partner	pipal occupation / Job title (See Instructions) ner 9 Employer (See Instructions) The Berry Co			·)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/13/2024 Chris Turner Campaign Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00		
	Dringing aggr	Grand Prairie, TX 75054	_	Employer (Coo Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	o)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/13/2024 EDF Action Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID Ehle, Rickie Contributor address; City; State; Zip Code Corpus Christi, TX 78418)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID Hillard, Bob & Catherine Contributor address; City; State; Zip Code Corpus Christi, TX 78401	#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu Attorneys	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			•				

	MONET	ARY POLITICAL C	IS		SCHEDULE A1		
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/23	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 02/05/2024	5 Full name of contributor out-of-state PAC (ID#:) Legacy 44 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$7,500.00	
		Austin, TX 78756					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/29/2024 Lehrman, Ana Gutierrez Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Corpus Christi, TX 78413 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
				The Gutierrez Law Firm	')		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00	
		Corpus Christi, TX 78413					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions FORMA Public Relation			
	Date O1/30/2024 Full name of contributor out-of-state PAC (ID#:) Nelda Z, Garcia Contributor address; City; State; Zip Code Corpus Christi, TX 78413)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIB		SCHEDULE			
	The Instru	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/23	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:) Perez, Leticia M 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00	
		Corpus Christi, TX 78413					
8	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction						
	Date Full name of contributor out-of-state PAC (ID#:) 02/12/2024 Planned Parenthood Texas Votes PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,000.00		
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 01/29/2024				Amount of Contribution (\$)	\$100.00	
		Corpus Christi, TX 78414 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Retired Date Full name of contributor out-of-state PAC (ID#:) 02/20/2024 Salvide, Sarita Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu	Corpus Christi, TX 78404 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 02/09/2024	Full name of contributor out-of-state P Santana, Henry Contributor address; City; State; Zip Code Corpus Christi, TX 78401-1593				Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTIO	S		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/23	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission Filers) 00059793	
4	Date 01/30/2024	5 Full name of contributor out-of-state PAC (ID#:) Santos, Juan (Dr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
•	Dringing Loggy	Corpus Christi, TX 78410	_	Employer (Coo Instructions	<u>, , </u>		
8	Physician Physician	pation / Job title (See Instructions)	9	Employer (See Instructions Self Emp	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/15/2024 Texas AFL-CIO State COPE Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00			
	Principal occu	Austin, TX 78711-2727 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	i illoipai ooda			Employer (Goo mondoner	,,		
	Date 02/08/2024	Full name of contributor				Amount of Contribution (\$) \$1,000.00	
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Apartment Association PAC Contributor address; City; State; Zip Code Austin, TX 78701-1951)		Amount of Contribution (\$) \$2,500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$) \$10,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/23
2	FILER NAME Ortiz Jr., Sol	lomon P. (Mr.)		3	Filer ID (Ethics Commission Filers) 00059793
4	Date 02/10/2024 5 Full name of contributor out-of-state PAC (ID#:) Turnbull, Heather 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$2,500.00
8	Principal occu	Tallahassee, FL 32303 upation / Job title (See Instructions)	9 Employer (See Instructions		
Ů	Lawyer	pation 7 Job title (See instructions)	Self	·)	
	Date 02/10/2024	Full name of contributor out-of-state PAC (ID#:_Villarreal, Natalie Contributor address; City; State; Zip Code Corpus Christi, TX 78404		Amount of Contribution (\$) \$100.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guid	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers	5)
L	Sch: 1/15 Rpt: 9/23	Ortiz Jr., S	olomon P. (Mr.)					00059793		
4	Date	5 Payee name	е							
	02/12/2024	ATT								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$88.05	Akard St S	ite 2954							
		Dallas, TX	75202							
8	PURPOSE OF		See Categories listed at the		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expe	nse				ide of Texas. Com , officeholder livinç	plete Schedule T.	
						Campaign ph			g expense	
						Campaign pin		•		
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	<u>l</u> ught			Office he	eld	
F	Date	Payee name	 e							
	02/20/2024	Acapulco								
H	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$31.14	4425 Web	er Rd	·						
		Corpus Ch	risti, TX 78411							
	PURPOSE OF	(a) Category (See Categories listed at the	op of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	erage Expense			=		ide of Texas. Com , officeholder living	plete Schedule T.	
						Staff meal	, 17	, omcendaer nving	g expense	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	<u>I</u> ught			Office he	eld	
F	Date	Payee name	<u> </u>							
	02/20/2024	Acapulco								
H	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$28.43	4425 Web		otate, zip o	ouc					
	Ψ20.40	4423 WCB	ciita							
		Corpus Ch	ıristi, TX 78411							
	PURPOSE	(a) Category (See Categories listed at the	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	erage Expense						plete Schedule T.	
						Check if Austin, Staff lunch	, TX	, officeholder living	g expense	
						Stall lullell				
\vdash	Complete ONE V if allow -	Condidate /Of	finahaldar	O#:	10254			Office	ald	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ugnt			Office h	elu	
ldash										
_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/15 Rpt: 10/23	Ortiz Jr., Solomon P. (Mr.)		00059793
4	Date	5 Payee name		'
	01/28/2024	ActBlue		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$1.98	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 transaction fees
				unisaction rees
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	ht	Office held
ľ	expenditure to benefit C/OI		,	Since held
-	Date	Payee name		
	02/04/2024	ActBlue		
_	Amount (\$)	Payee address; City; State; Zip Coo	1 ₀	
	\$20.35	366 Summer St	ac.	
	Ψ20.00	ooo cammer cr		
		Somerville, MA 02144		
	DUDDOCE		(h)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(u)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees		Check if Austin, TX, officeholder living expense
				transaction fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	experiditure to beliefit C/O	'		
	Date	Payee name		
	02/11/2024	ActBlue		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$139.24	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 transaction fees
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI		-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting 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		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
_	Sch: 3/15 Rpt: 11/23	Ortiz Jr., Solomon P. (Mr.)	00059793
_		· ·	00000100
4	Date	5 Payee name	
	02/18/2024	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$43.45	366 Summer St	
		Somerville, MA 02144	
8	PURPOSE	(6) 0	intion
Ü	OF		eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1000	eck if Austin, TX, officeholder living expense
		trans	action fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Doto		
	Date	Payee name	
	02/12/2024	American Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	5120 SPID	
		Corpus Christi, TX 78411	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
	OF		eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Ch	eck if Austin, TX, officeholder living expense
		Incor	ning Wire fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	п	
	Date	Payee name	
	02/20/2024	Apple	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.65	One Apple Parkway	
	Ψ0.00	one rippie i anway	
		Cuparting CA 05014	
		Cupertino, CA 95014	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	1 003	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		,	paign Phone Ins.
		Cam	paign i none ins.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	•	Office held
_			\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/15 Rpt: 12/23 Ortiz Jr., Solomon P. (Mr.) 00059793 4 Date Payee name 02/21/2024 Caceres, Gloria 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 4202 Aaron Cove Corpus Christi, TX 78413 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Admin. Support Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/29/2024 Capital Strategy Assoc Amount (\$) Payee address; City; State; Zip Code \$5,350.00 PO Box 742 Corpus Christi, TX 78403 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/07/2024 Capital Strategy Assoc Amount (\$) Payee address: City; State; Zip Code \$5,000.00 PO Box 742 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 Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Awards/Memori Legal Services The Instruction	•		/ages	/Contract Labor		Travel Out of I OTHER (enter	District r a category not listed above)	
1	Total pages Schedule F1:	2	EII ED NIAME						3	Filer ID	(Ethics Commission Filers)	_
•	Sch: 5/15 Rpt: 13/23	 		<u>-</u> olomon P. (Mr.)					00059793	•	
Ļ	·	<u> </u>		אטוווטוו ד. (۱۷۱۱.)					00009793	,	
4	Date	5	Payee name									
L	02/21/2024		Capital Stra	itegy Assoc								
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$225.00		PO Box 742	2								
			Corpus Chr	isti, TX 78403								
8	PURPOSE	(a)	•				(h)	Description				_
١	OF	(۵)	Calegory (S	ee Categories listed	at the top of this scl	hedule)	(13)	_ `	outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE		Consuming	Схрепзе				=		officeholder livi		
								Media Spots				
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
_	Date	Г	Payee name									_
	02/21/2024		Capital Stra	iteav Assoc								
_		\vdash	•		State	e; Zip Co	de					_
	Amount (\$)		Payee addre	•	Siale	-, ∠ıμ C0	ue					
	\$9,994.00		PO Box 742	<u> </u>								
L			Corpus Chr	isti, TX 78403								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Consulting					=			omplete Schedule T.	
	Za Enditone							—	, TX,	officeholder livi	ng expense	
								Media Buy				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office	held	
		_										
	Date		Payee name									
	02/21/2024		Capital Stra	itegy Assoc								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$5,000.00		PO Box 742									
			Corpus Chr	isti, TX 78403								
_	PURPOSE	(2)					(b)	Docorintian				
	OF	^(ه)		ee Categories listed	at the top of this scl	nedule)	(u)	Description Check if travel	outsi	de of Texas. Co	omplete Schedule T.	
	EXPENDITURE		Consulting	Expense				Check if Austin			·	
								Consulting				
								-				
	Complete ONLY if direct	Щ(Candidate/Offi	ceholder name		Office sou	ght			Office	held	
	expenditure to benefit C/OI											ſ

SCHEDULE F1

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	Il 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: 6/15 Rpt: 14/23	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	02/20/2024	Cotten BBQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.48	15013 Northwest Blvd
		Corpus Christi, TX 78410
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 Lunch for volunteers
		Euliot for Volunteers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/13/2024	Cotton Broadcasting
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	2309 NPID
	40,000.00	Ste V
L		Corpus Christi, TX 78401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Radio Spots
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	02/21/2024	FaceBook
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	1 Hacker Way
		Menlo Park, CA 94025
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign Ad
\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 -

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 7/15 Rpt: 15/23	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	02/20/2024	FaceBook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	1 Hacker Way
		Menlo Park, CA 94025
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.
		Campaign Ad
		Campaign Au
_	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/15/2024	FaceBook
	Amount (\$)	Payee address; City; State; Zip Code
	\$318.73	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Ad
		Campaign Au
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	02/07/2024	FaceBook
	Amount (\$)	Payee address; City; State; Zip Code
	\$239.89	1 Hacker Way
		Menlo Park, CA 94025
	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.
		Compaign Ad
		Campaign Ad
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 Committee

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
┰	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
ľ	Sch: 8/15 Rpt: 16/23	Ortiz Jr., Solomon P. (Mr.)	
4	Date	5 Payee name	Т
	02/05/2024	FaceBook	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$250.00	1 Hacker Way	
		Menlo Park, CA 94025	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense	
		Campaign Ad	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit 6/61		
	Date	Payee name	
	02/01/2024	FaceBook	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$162.10	1 Hacker Way	
		Menlo Park, CA 94025	
	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 Ad	
		Campaigh Au	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
┝	<u> </u>		_
	Date	Payee name	
	02/02/2024	Gulf Coast Mailing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,041.79	6901 SPID	
		Corpus Christi, TX 78412	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Printing Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Mail Printing & Postage	
L			_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit 6/01		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printi	Ŭ	nse es/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:					Filer ID (Ethics Commission Filers)
Ļ	Sch: 9/15 Rpt: 17/23	Ortiz Jr., Solomon P. (Mr.)				00059793
4	Date 02/15/2024	Payee name Gulf Coast Mailing				
6	Amount (\$)	Payee address; City; State; Zip	Code			
	\$3,274.52	6901 SPID				
		Corpus Christi, TX 78412				
8	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Printing Expense				le of Texas. Complete Schedule T. officeholder living expense
				Mail Printing		
				_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office	sought			Office held
	Date	Payee name				
	02/16/2024	Gulf Coast Mailing				
	Amount (\$)	Payee address; City; State; Zip	Code			
	\$3,699.81	6901 SPID				
		Corpus Christi, TX 78412				
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Printing Expense		<u>—</u>		le of Texas. Complete Schedule T. officeholder living expense
				Mail Printing		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office	sought			Office held
	Date	Payee name				
	02/20/2024	HEB				
	Amount (\$)	Payee address; City; State; Zip	Code			
	\$110.66	5801 Weber Rd				
		Corpus Christi, TX 78413				
	PURPOSE	a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expense		ш		le of Texas. Complete Schedule T.
				Campaign Ev		officeholder living expense
				· · · · · · · · · · · · · · · · · · ·	•	
	Complete ONLY if direct expenditure to benefit C/Oł	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: 10/15 Rpt: 18/23	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	02/20/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$110.66	5801 Weber Rd
		Corpus Christi, TX 78413
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 Drinks & food for Campaign event
		Diffics & food for Campaign event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	H Office sought Office near Office sought
\vdash	Data	David and the second se
	Date	Payee name
	02/12/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.56	5801 Weber Rd
		Corpus Christi, TX 78413
	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 Water & drinks for volunteers
		water a units for volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/02/2024	Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.86	5041 SPID
		Corpus Christi, TX 78411
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Campaign Sign Expense
		Check if Austin, TX, officeholder living expense zip ties
		Zip uco
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 11/15 Rpt: 19/23	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	02/08/2024	Landlord Resources
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,776.05	3833 S Staples Ste S116
		Corpus Christi, TX 78411
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.
		Campaign Hdqsts Rent
		Sampaigh Hadata Nem
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
—	Date	Payee name
	02/17/2024	MG Building Supplies
	Amount (\$)	Payee address; City; State; Zip Code
	\$273.33	7436 SPID
	Ψ213.33	7430 31 10
		Corpus Christi, TX 78412
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Signs Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense T-Posts
		i -rusis
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
_	_	
	Date	Payee name
	02/21/2024	RETRO Radio LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	400 Mann St
		Ste 1006
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Radio Spots
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 12/15 Rpt: 20/23	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	02/02/2024	Ramirez, Joseph
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	2309 Blue Star
		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
		Consulting
Ļ	Operation ONE V if dispose	Occasional Office had been assessed to the control of the control
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┕	<u>'</u>	
	Date	Payee name
	02/08/2024	Ramirez, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	2309 Blue Star
		Corpus Christi, TX 78414
	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 Consulting
		Consulting
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	5.	
	Date	Payee name
	02/20/2024	Ramirez, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,550.00	2309 Blue Star
		Corpus Christi, TX 78414
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		GOTV Consulting
\vdash	Operation ON V. V. V.	Open Highest (Office health and an
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 13/15 Rpt: 21/23	2 FILER NAME Ortiz Jr., Solomon P. (Mr.) 3 Filer ID (Ethics Commission Filers) 00059793	
4	<u> </u>	5 Payee name Ramirez, Joseph	
6	Amount (\$) \$870.00	7 Payee address; City; State; Zip Code 2309 Blue Star	
8	PURPOSE OF EXPENDITURE	Corpus Christi, TX 78414 (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 GOTV Consulting	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 02/20/2024	Payee name Reliant Energy	
	Amount (\$) \$157.05	Payee address; City; State; Zip Code PO Box 650475	
	PURPOSE OF EXPENDITURE	Dallas, TX 75265 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Electric	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 02/22/2024	Payee name Stripes	
	Amount (\$) \$15.00	Payee address; City; State; Zip Code 4444 Weber Rd	
		Corpus Christi, TX 78411	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ice for campaign event	
	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 Commi

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

ement Solicitation/Fundraising Expense
Dense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a retarger part listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/15 Rpt: 22/23	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	02/22/2024	Sunoco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.99	1303 Third St
		Corpus Christi, TX 78404
8	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
		Propane for Campaign event
		1 Topane for Campaign Event
_	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/26/2024	Taqueria Los Altos
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.25	829 Industrial Blvd
		Robstown, TX 78380
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff lunch
		Starrium of the start of the st
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/30/2024	Text By Choice
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,653.00	503 E Jackson St
		Ste 109
		Tampa, FL 33602
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Campaign Text Service Campaign Text Service Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Phone texting
L		
	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 Comm

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/15 Rpt: 23/23	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	02/06/2024	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$136.00	802 N Tancahua
		Corpus Christi, TX 78403
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Post Office Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Stamps
		σιαπρο
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Daysa nama
	02/23/2024	Payee name USPS
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.00	802 N Tancahua
		Corpus Christi, TX 78403
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Post Office Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PO Box
		F O BOX
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Programme
	Date 02/13/2024	Payee name WIX
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.79	100 Gansevoort St
		New York , NY 10014
	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 Website fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		