CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet	e this form.	1 Filer ID (Ethics Commis 00058818		2 Total pages fi	led: 6			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY			
OFFICEHOLDER NAME	The Honorable	Evelina			Date Received				
					ELECTRONIC	ALLY FILED			
	NICKNAME	LAST		SUFFIX	07/10/2024				
				SUFFIX	01/10/2024				
	Lina	Ortega							
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked			
OFFICEHOLDER MAILING	1201 Cincinnati Ave.								
ADDRESS					Receipt #	Amount			
Change of Address	El Paso, TX 79902								
					Date Processed				
					Date Imaged				
					Date imageu				
5 CAMPAIGN	MS/MRS/MR F	FIRST		MI	<u> </u>				
TREASURER		Evelina		1411					
NAME	IVIS.	_veiiia							
	NIOCALANE								
		_AST		SUFFIX					
	Lina	Ortega							
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO B	OX PLEASE);	AP	r / SUITE #; CITY	; STA	ATE; ZIP CODE			
ADDRESS	1201 Cincinnati Ave								
(Residence or Business)									
	El Paso, TX 79902								
7 CAMPAIGN	AREA CODE PHONE	· NII IMBED - E	VTENCION						
7 CAMPAIGN TREASURER		NUMBER E	EXTENSION						
PHONE	(915) 373-1172								
8 REPORT									
TYPE	January 15	30th day before	election \square	Runoff	15th day after ca	mpaign treasurer			
		ooti day belore		L	appointment (offi				
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)			
				reporting limit					
9 PERIOD	Month Day Year			Month Day	Year				
COVERED	01/01/2024	TH	ROUGH	06/30/202	24				
10 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month Day Year	Pi	rimary	Runoff	Other				
		G	eneral	Special					
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	Γ (if known)				
	State Representative District	ct 77 El Paso			. (
		GO T	O PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 6

13 C / OH NAME	Ortega, Evelina (The	Honorable)	14 Filer ID 00058818	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE						
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS				
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$ 0.00			
EXPENDITURE TOTALS							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 9,803.51			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 80,485.73			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required t				
		The Ho	norable Evelina Orteg	a			
		Signature	of Candidate or Officeho	lder			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	3 of 6										
	18 FILER NAME Ortega, Evelina (The Honorable) 19 Filer ID (Ethics Commission Filers) 00058818										
20 SCH NAM	EDULE E OF S	SUB	TOTAL AMOUNT								
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00							
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$								
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.		SCHEDULE E: LOANS		\$							
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	9,803.51						
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$								
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$							
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$							

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co		Legal Ser		•		Wages	se s/Contract Labor ete this form.		Travel Out of D OTHER (enter	a category not listed above)	
1	Total pages Schedule F1:	2	EII ER NAME			•				3	Filer ID	(Ethics Commission Filers	
-	Sch: 1/3 Rpt: 4/6	-	Ortega, Eve		he Honor	able)				ľ	00058818	(2	
4	Date	5	Payee name							_			
	06/08/2024		Allred Camp	oaign, (Collin								
6	Amount (\$)	7	Payee addres	ss;	City;	State	e; Zip C	ode					
	\$1,000.00		P.O. Box 60	1631									
			Dallas, TX 7	75360									
8	PURPOSE	(a)	Category (Se	ee Categoi	ries listed at th	ne top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Dona	ations Ma	de By			Check if travel	outsi	de of Texas. Cor	mplete Schedule T.	
	LAFENDITORE		Candidate/C	Officeho	older/Poli	tical Comn	nittee		_		officeholder livin	ng expense	
									Campaign Co	onti	ribution		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholde	r name		Office so	ught			Office h	neld	
_	Data	_											_
	Date		Payee name		A I = = . = .	l							
	02/28/2024	L	Annello Can	npaign	, Alexand								
	Amount (\$)		Payee addres	SS;	City;	State	e; Zip C	ode					
	\$250.00		4114 Oxford	d Ave.									
			El Paso, TX	79903	}								
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at th	ne top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Contribution				,		_	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Candidate/C				nittee		Check if Austin	ı, TX,	officeholder livir	ng expense	
									Campaign Co	ontı	ribution		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholde	r name		Office so	ught			Office h	neld	
	experiditure to beliefit C/Oi												
	Date		Payee name										
	04/30/2024		Fed Ex										
	Amount (\$)		Payee addres	ss;	City;	State	e; Zip C	ode					
	\$577.51		4190 N. Me	sa St.									
			El Paso, TX	79902	!								
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at th	ne top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards	/Memo	rials Expe	ense						mplete Schedule T.	
	LXI LINDITORL										officeholder livir		
									High School	Gra	lauation Ce	ertificates	
L								<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholde	r name		Office so	ught			Office h	neld	
	experience to beliefft C/OI	•											

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 2/3 Rpt: 5/6	Ortega, Evelina (The Honorable) 00058818
4	Date	5 Payee name
	05/01/2024	McMurray, Malea
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$226.00	3124 Sun Drenched Path
		Austin, TX 78732
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
		Citizenship Clinic Reimbursement
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Data	
	Date	Payee name
	01/17/2024	Neave Campaign, Victoria
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 472773
		Garland, TX 75047
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Davies wares
	Date 05/31/2024	Payee name Newman, Patricia
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	3505vS. Lamar Blvd.
		Apt. 2075
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZIIDII GRZ	Conital Choff
		Capitol Staff
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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	al Cor	mmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Wages	se s/Contract Labor		Travel in District Travel Out of Distri OTHER (enter a ca	ct ttegory not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3		(Ethics Commission Filers)
	Sch: 3/3 Rpt: 6/6		Ortega, Eve	lina (The Honoi	able)					00058818	
4	Date	5	Payee name								
	01/17/2024		Sanchez Ca	ımpaign, Christi	na						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$250.00		3800 N. Me	sa							
			Ste. A2 #65								
			El Paso, TX	79902							
8	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma		,			outsi	de of Texas. Comple	ete Schedule T.
	LAPENDITORE		Candidate/C	Officeholder/Poli	tical Comm	ittee		ш		officeholder living e	xpense
								Campaign Co	זוונו	เมนแบบ	
<u>_</u>	Complete ONLY if allower	Ļ	Condidate (Off	acholder record		\ffic =	10,64			Office - In I	4
9	Complete ONLY if direct expenditure to benefit C/O		Januidate/Offi	ceholder name		Office sou	ugnt			Office held	
	Date		Payee name								
	05/22/2024		Texas Dem	ocratic Party							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$1,000.00		P.O. Box 15	707							
			Austin, TX 7	'8761							
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Donation					ш		de of Texas. Comple	
								State Conver		officeholder living e	xpense
								State Conver	itiOi	11	
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	<u>l</u> uaht			Office held	<u> </u>
	expenditure to benefit C/OI						g			200	
H	Date		Payee name								
	04/02/2024		•	paign, Oscar							
	Amount (\$)	\vdash	Payee addres		Stato:	Zip Co	nde				
	\$1,000.00		7383 Remo		Siaie,	Zip CC	Juc				
	Ψ1,000.00		Ste. 222021								
	DUDDOS-		El Paso, TX								
	PURPOSE OF	(a)		e Categories listed at t		edule)	(b)	Description Check if travel	Outei	de of Texas. Comple	ete Schedule T
	EXPENDITURE			s/Donations Ma Officeholder/Poli		ittee				officeholder living e	
								Campaign Co			
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ught			Office held	t
	expenditure to benefit C/O	H									