# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple		1 Filer ID (Ethics Commit 00059793		2 Total pages fi	led: 15
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	Mr.	Solomon P.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME			CLIEFIV	10/07/2024	
	NICKNAME	LAST Ortiz		SUFFIX Jr.	10/01/2024	
		Offiz		JI.		
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered of	r Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 286					_
ADDRESS					Receipt #	Amount
Change of Address	Corpus Christi, TX 78403					
	'				Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		George A.		1411		
NAME		George A.				
				0.15517		
		LAST		SUFFIX		
		Finley		III		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	Γ / SUITE #; CITY;	STA	ATE; ZIP CODE
ADDRESS	3360 Ocean Dr.					
(Residence or Business)						
	Corpus Christi, TX 78411					
7 044041011	ADEA CODE DUON	E NUMBER - F	VIENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(361) 888-5200					
8 REPORT						
8 REPORT TYPE	January 15 X	30th day before	election	Runoff	15th day after ca	mpaign treasurer
	L suridary 15	J Sour day before	Ciccion	L	appointment (offi	
	July 15	8th day before e	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
		_	_	reporting limit	<del>_</del>	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	ROUGH	09/26/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
III OFFICE	State Representative Distri	ict 33			tative District 34	
	State Representative Distri	ict 33		State Represent	tative District 54	
		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.)	<b>14</b> Filer ID (1 00059793	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to I officeholders are required to report this information	the 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	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 2,780.76
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 84,789.09
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 42,147.27
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 63,976.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP 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. C.	olomon P. Ortiz Jr.	
			Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	Š		
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

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

# FORM C/OH COVER SHEET PG 3

3 of 45

					3 01 45
l	ER NAM		19 Filer ID	(Ethics	s Commission Filers)
Or	tiz Jr., S	Solomon P. (Mr.)	00059793		
l		E SUBTOTALS SCHEDULE		S	SUBTOTAL AMOUNT
- INA	INIE OF	SCHEDULE		-	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	80,300.76
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,488.33
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	35,000.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	42,147.27
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.		\$			
11.		\$			
12.		\$			

	MONET	ARY POLITICAL C	NS 	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 4/45	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 09/09/2024	<ul><li>5 Full name of contributor Acker, Lori</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$102.00
		Corpus Christi, TX 78410					
8	Principal occu Retired	pation / Job title (See Instructions	9	9 Employer (See Instructions	s)		
	Date 09/11/2024	Full name of contributor Allison, Douglas Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Corpus Christi, TX 78412 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> s)		
	Attorney			Self Emp			
	Date 09/17/2024	Full name of contributor Ancira Strategic Partners, Contributor address; City; St		)	•	Amount of Contribution (\$)	\$350.00
		Austin, TX 78701-2183					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		
	Date 09/17/2024	Full name of contributor Ancira Strategic Partners, Contributor address; City; St		)	•	Amount of Contribution (\$)	\$350.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor Avila, Cathy  Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Optometrist	pation / Job title (See Instructions		Employer (See Instructions Self	5)		
			I				

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 5/45	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)		3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 09/10/2024	<ul> <li>Full name of contributor</li></ul>	C (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Austin, TX 78761 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 09/11/2024	Full name of contributor out-of-state PA  Banales, Margaret			Amount of Contribution (\$)	\$200.00
	Principal occu Retired	Corpus Christi, TX 78410 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Date 08/14/2024	Full name of contributor out-of-state PA Barrera, Cindy Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	C (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Wealth Advis	pation / Job title (See Instructions)	Employer (See Instructions Frost Bank	<u> </u> S)		
	Date 09/13/2024	Full name of contributor out-of-state PA Barrera, Cindy Contributor address; City; State; Zip Code Corpus Christi, TX 78414	C (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Wealth Advis	pation / Job title (See Instructions) ser	Employer (See Instructions Frost Bank	<u>I</u> S)		
	Date 09/11/2024	Full name of contributor out-of-state PA Bell, John Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	C (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Wood Boykin Wolter	s)		

	MONET	ARY POLITICAL C	S		SCHEDUI	E A1		
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 3/18 Rpt: 6/45	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)				3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 08/22/2024	5 Full name of contributor Bonilla, Ruben	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1,000.00
0	Dringing age	Corpus Christi, TX 78465	16	_	Employer (Coo Instructions	<u></u>		
8	Attorney	pation / Job title (See Instructions)	8		Employer (See Instructions Self	»)		
	Date 08/14/2024	Full name of contributor Borchard, Richard Contributor address; City; Sta			)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)			Employer (See Instructions	<u> </u> 5)		
	Client Relations Linebarger Goggan			Linebarger Goggan Blai	r &	Sampson LLP		
	Date 09/26/2024	Full name of contributor Braselton , Barton Contributor address; City; Sta	out-of-state PAC (ID#:	••••	)		Amount of Contribution (\$)	\$750.00
		Corpus Christi, TX 78413						
	Principal occu Developer	pation / Job title (See Instructions)			Employer (See Instructions Braselton Homes	s)		
	Date 08/15/2024	Full name of contributor Bray, Timothy Contributor address; City; Sta	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
	Principal occu Policy Advise	pation / Job title (See Instructions) er			Employer (See Instructions	5)		
	Date 09/09/2024	Full name of contributor  CWA - COPE PCC  Contributor address; City; Sta  Wahinton, DC 20001	x out-of-state PAC (ID#: CC	000	002089		Amount of Contribution (\$)	\$3,000.00
	Principal occu	Pation / Job title (See Instructions)			Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTR	IS		SCHEDUI	LE <b>A1</b>	
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 7/45	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 07/24/2024	<ul> <li>Full name of contributor</li></ul>	ate PAC (ID#: <u>C00</u>	)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Wahinton, DC 20001 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	,	,		. , ,	,		
	Date 07/21/2024	Full name of contributor out-of-sta  Calderon, Sammy  Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$200.00
		Corpus Christi, TX 78413					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 08/05/2024	Full name of contributor out-of-sta  Cole, Sheryl  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Dringing agg	Austin, TX 78767		Employer (See Instructions	_		
	State Repres	pation / Job title (See Instructions) sentative		Employer (See Instructions State of Texas	')		
	Date 09/04/2024	Diegel, Rick				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/14/2024	Dunson, Bruce	ate PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Metrica	5)		
			1				

	MONET	ARY POLITICAL (	CONTRIBUTIO	IS 	SCHEDULE A1				
	The Instru	ction Guide explains hov	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 5/18 Rpt: 8/45		
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)				3	Filer ID (Ethics Commission 00059793	on Filers)	
4	Date 09/13/2024	<ul><li>5 Full name of contributor</li><li>Dunson, Bruce</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$1,000.00	
		San Antonio, TX 78209							
8	Principal occu Executive	pation / Job title (See Instructions	s) 	9	Employer (See Instructions Metrica	5)			
	Date 09/14/2024	Full name of contributor Edwards, Chet Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00	
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions	9		Employer (See Instructions	;) 			
	Consultant	panon, dos uno (eco mondono	,,		Self	,,			
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:)  Eiland, Craig  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$100.00	
		Austin , TX 78701							
	Principal occu Attorney	pation / Job title (See Instructions	;)		Employer (See Instructions Self	5)			
	Date 09/09/2024	Full name of contributor Elliff, Doyne Contributor address; City; S Corpus Christi, TX 78411	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$568.00	
	Principal occu Associate Pr	pation / Job title (See Instructions ofessor	5)		Employer (See Instructions TAMU-CC	5)			
	Date 07/22/2024	Full name of contributor Fernandes, Gary Contributor address; City; S Dallas, TX 75219-5486	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu Investor	pation / Job title (See Instructions	s)		Employer (See Instructions Self-Emp	5)			

	MONET	ARY POLITICAL CONTRIBU	S		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete t	this form	n.	1	Total pages Schedule A1: Sch: 6/18 Rpt: 9/45	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	n Filers)
4	Date 08/09/2024	<ul> <li>Full name of contributor  out-of-state PAC Finley, George</li> <li>Contributor address; City; State; Zip Code</li> </ul>	,	)	7	Amount of Contribution (\$)	\$3,000.00
8	Principal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)	9	Employer (See Instructions	(;		
•	Retired			Retired	,		
	Date 09/20/2024	Full name of contributor out-of-state PAC Fisher, Nami Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78410	_				
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/11/2024	Full name of contributor out-of-state PAC Focused Advocacy Political  Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78746					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor out-of-state PAC Garcia, David Contributor address; City; State; Zip Code Falfurrias, TX 78355		)		Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 09/11/2024	Full name of contributor out-of-state PAC Garcia, Nina  Contributor address; City; State; Zip Code  Corpus Christi, TX 78411				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
			· ·				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	IS	SCHEDULE A			
	The Instru	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 7/18 Rpt: 10/45		
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)				3	Filer ID (Ethics Commission 00059793	n Filers)	
4	Date 09/26/2024	<ul><li>5 Full name of contributor Garza , Ernest</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$250.00	
		Corpus Christi, TX 78410							
8	Principal occu CPA	pation / Job title (See Instructions	s)	9	Employer (See Instructions Self	s)			
	Date 09/23/2024	Full name of contributor Gilley, Richard Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$100.00	
	Dringing Loggy	Corpus Christi, TX 78413			Employer (Co.) Instruction	<u></u>			
	Manager	pation / Job title (See Instructions	5)		Employer (See Instructions Firm Mattress	5)			
	Date 08/19/2024	Full name of contributor Gonzalez, Charles Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$150.00	
		San Antonio, TX 78212							
	Principal occu Attorney	pation / Job title (See Instructions	s)		Employer (See Instructions Self	s)			
	Date 09/17/2024	Full name of contributor Goodwin, Vikki Contributor address; City; S Austin, TX 78739	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$100.00	
	Principal occu Real Estate	pation / Job title (See Instructions	s)		Employer (See Instructions	5)			
	Date 08/14/2024	Full name of contributor Gutierrez, Raymond Contributor address; City; S Spring, TX 77388	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00	
	Principal occu Construction	pation / Job title (See Instructions	s)		Employer (See Instructions	s)			

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 11/45	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	n Filers)
4	Date 09/04/2024	<ul><li>5 Full name of contributor HILLCO PAC</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	;)	9 Employer (See Instructions	s)		
	Date 08/21/2024	Full name of contributor Heflin, Joe Contributor address; City; St				Amount of Contribution (\$)	\$200.00
	Duinning Langu	Crosbyton, TX 79322		Frankrian (Coo Instruction	Ţ		
	Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Self	5)		
	Date 09/23/2024	Full name of contributor Hermann, Jeffrey Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Plano, TX 75075					
	Principal occu Physician	pation / Job title (See Instructions	s)	Employer (See Instructions Self	S)		
	Date 07/30/2024	Full name of contributor Herrman, Gregory  Contributor address; City; St  Corpus Christi, TX 78404	ate; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Self-emp	5)		
	Date 08/01/2024	Full name of contributor Herrman, Gregory Contributor address; City; St				Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions Self-emp	5)		

	MONET	ARY POLITICAL CO	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 12/45	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 09/11/2024	5 Full name of contributor Hoelscher, Bill Jeron	out-of-state PAC (ID#: Zip Code	)	7	Amount of Contribution (\$)	\$300.00
		Corpus Christi, TX 78404					
8	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Coastal Bend Wellness		undation	
	Date 09/11/2024	Full name of contributor Hunsaker, Jerry  Contributor address; City; State;				Amount of Contribution (\$)	\$500.00
	Principal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)		Employer (See Instructions			
	Ophthalmolo			Jerry Hunsaker MD	')		
	Date 09/26/2024	Full name of contributor  Janaki, Radhesh  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$500.00
		Warren, TX 44484					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Marriott Hotel	i)		
	Date 09/11/2024	Full name of contributor  Jimenez, Jesus J  Contributor address; City; State;  Corpus Christi, TX 78414	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 09/12/2024	Full name of contributor  Jimenez, Laura  Contributor address; City; State;  Corpus Christi, TX 78410	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
			,				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 10/18 Rpt: 13/45			
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commissio 00059793	n Filers)		
4	Date 09/11/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Klein, James</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$100.00		
8	Principal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)	T <sub>0</sub>	Employer (See Instructions	;) 				
	Professor	pation, oob title (oce mandetions)		Del Mar College	,,				
	Date 08/23/2024	Full name of contributor  out-of-state PAC (ID# Klein, Melvyn  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00		
	District	Corpus Christi, TX 78411	_	Frankrije (Ozakativati	<u></u>				
	Investor	pation / Job title (See Instructions)		Employer (See Instructions Self-Emp	5)				
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID# Kleinman, Mark  Contributor address; City; State; Zip Code	:	)		Amount of Contribution (\$)	\$100.00		
		Fort Lauderdale , FL 33326							
	Principal occu Developmen	pation / Job title (See Instructions) t		Employer (See Instructions	5)				
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID# Kosobud, Terry  Contributor address; City; State; Zip Code  Austin, TX 78749		)		Amount of Contribution (\$)	\$250.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	s)				
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID# Koym-Garza, Mario  Contributor address; City; State; Zip Code  Dallas, TX 75248		)		Amount of Contribution (\$)	\$100.00		
	Principal occu Data Scientis	pation / Job title (See Instructions)		Employer (See Instructions Precocity LLC	5)				
			<u> </u>	<u>-</u>					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 11/18 Rpt: 14/45		
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)		3	Filer ID (Ethics Commission 00059793	on Filers)	
4	Date 09/18/2024	<ul> <li>Full name of contributor</li></ul>	_	7	Amount of Contribution (\$)	\$100.00	
_		Corpus Christi, TX 78413	I	_			
8	Principal occu Pastor	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Lima, Arturo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	<u> </u>	Corpus Christi, TX 78401	T = 1 (0 1 : ii	Ĺ			
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Longoria, Betty Jean  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00	
		Corpus Christi, TX 78413	T				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Lopez , Jose Antonio  Contributor address; City; State; Zip Code  Corpus Christi, TX 78413			Amount of Contribution (\$)	\$200.00	
	Principal occu Letter Carrie	pation / Job title (See Instructions)	Employer (See Instructions USPS	5)			
	Date 09/11/2024	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 (\$)	\$1,000.00	
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self Emp	5)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/18 Rpt: 15/45			
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commissi 00059793	on Filers)		
4	Date 09/26/2024	5 Full name of contributor Lowenberg Law Firm PLL			7	Amount of Contribution (\$)	\$5,000.00		
_	Deignaignal	Houston, TX 77056	Л	O Francisco (Coo Instruction	<u> </u>				
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)				
	Date 09/25/2024	Full name of contributor Luna, Vilma Contributor address; City; S		)		Amount of Contribution (\$)	\$500.00		
	Dringing agg	Austin, TX 78746 pation / Job title (See Instructions	., 1	Employer (See Instructions	<u></u>				
		Bovernment Affairs	)	Employer (See Instructions Self	>)				
	Date 08/31/2024	Full name of contributor McGregor, John Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$100.00		
		Corpus Christi, TX 78402			L				
	Small busine	pation / Job title (See Instructions ess owner	5)	Employer (See Instructions Self Emp	S)				
	Date 09/13/2024	Full name of contributor  Moak Casey PAC  Contributor address; City; S  Austin, TX 78701		)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)				
	Date 07/21/2024	Full name of contributor Ortiz, Oscar Contributor address; City; S Austin, TX 78747	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,200.00		
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions Retired	5)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 13/18 Rpt: 16/45			
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)		
4	Date 09/25/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$2,000.00		
	Dringing Loon	Corpus Christi, TX 78414	_	Employer (Coo Instructions	<u></u>				
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)				
	Date 09/24/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00		
	Principal occu	Houston, TX 77007 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)				
	Consultant			Self-emp					
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Philips Uresti Meachum Partners Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00		
		Austin, TX 78711-3506							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_Planned Parenthood Texas Votes PAC  Contributor address; City; State; Zip Code  Austin, TX 78704		)		Amount of Contribution (\$)	\$5,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>				
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#:_ Plumbers Local Union No. 68 PAC Fund Contributor address; City; State; Zip Code Houston, TX 77249-8746				Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 14/18 Rpt: 17/45			
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)		
4	Date 09/11/2024	6 Contributor address; City; State	·		7	Amount of Contribution (\$)	\$100.00		
8	Principal occu	Corpus Christi, TX 78374-29 pation / Job title (See Instructions)		Employer (See Instructions	)				
	District Direc			Senator Juan Hinojosa	,				
	Date 09/26/2024	Full name of contributor Rhodes, John Contributor address; City; State				Amount of Contribution (\$)	\$100.00		
		Austin, TX 78731							
	Principal occu Software	pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 09/11/2024	Full name of contributor  Rogers, Craig  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$200.00		
		Corpus Christi, TX 78418							
	Principal occu Publisher	pation / Job title (See Instructions)		Employer (See Instructions Self	)				
	Date 09/11/2024	Full name of contributor Rogers, Julie Contributor address; City; State Corpus Christi, TX 78404				Amount of Contribution (\$)	\$300.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 09/25/2024	Full name of contributor  SICO Hoelscher & Harris LL  Contributor address; City; State  Corpus Christi, TX 78401		)		Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to c	complete this forn	n.	1	Total pages Schedule A1: Sch: 15/18 Rpt: 18/45			
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)		
4	Date 09/17/2024				7	Amount of Contribution (\$)	\$500.00		
8	Principal occu	Austin, TX 78746-1837 pation / Job title (See Instructions)	la la	Employer (See Instructions					
	Attorney	pation 7 300 title (See matractions)		Self	')				
	Date 09/11/2024	Full name of contributor on Salazar Investments  Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$250.00		
		Corpus Christi, TX 78415							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 09/11/2024	Full name of contributor on Spann, Dorothy  Contributor address; City; State; Z	ut-of-state PAC (ID#:i			Amount of Contribution (\$)	\$100.00		
		Corpus Christi, TX 78404							
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)				
	Date 09/21/2024	Full name of contributor on Sterba-Boatwright, Blair Contributor address; City; State; Z Corpus Christi, TX 78411	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00		
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions TAMU-CC	5)				
	Date 09/17/2024	Full name of contributor on TSAPAC  Contributor address; City; State; Z  Austin, TX 78701	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
			1						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 16/18 Rpt: 19/45		
2	FILER NAME Ortiz Jr., Sol	ME Solomon P. (Mr.)		3	Filer ID (Ethics Commission 00059793	on Filers)	
4	Date 09/17/2024	<ul> <li>Full name of contributor</li></ul>	:)	7	Amount of Contribution (\$)	\$250.00	
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>)</u>			
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID# Texas American Federation of Teachers COPE Contributor address; City; State; Zip Code  Austin, TX 78741	:) E Fund		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 09/10/2024	Full name of contributor  out-of-state PAC (ID# Texas Building Branch AGC PAC  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/02/2024	Full name of contributor out-of-state PAC (ID# Texas Optometric PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin , TX 78705 pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 08/19/2024	Full name of contributor out-of-state PAC (ID# Texas State Teachers Association PAC Contributor address; City; State; Zip Code  Austin, TX 78759-0000	<u> </u>		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>(</b> )			
			1				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 20/45			
2	FILER NAME Ortiz Jr., Sol	FILER NAME Ortiz Jr., Solomon P. (Mr.)		3	Filer ID (Ethics Commission Filers 00059793	)		
4	Date 07/22/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Texas Trial Lawyers Association</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$) \$5,000	0.00		
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions	)				
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_Vaught, Allen  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100	0.00		
	Principal occu Attorney	Dallas, TX 75214  pation / Job title (See Instructions)	Employer (See Instructions Self	)				
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_Vela III, Jose  Contributor address; City; State; Zip Code  Austin , TX 78723			Amount of Contribution (\$) \$1,500	0.00		
	Principal occu City Council	pation / Job title (See Instructions)	Employer (See Instructions City of Austin	)				
	Date 08/18/2024	Full name of contributor out-of-state PAC (ID#:_Vicente, Juan  Contributor address; City; State; Zip Code  Corpus Christi, TX 78404			Amount of Contribution (\$) \$250	0.00		
	Principal occu Physican	pation / Job title (See Instructions)	Employer (See Instructions Self	)				
	Date 08/05/2024	Full name of contributor out-of-state PAC (ID#:_Vormelker, Eric  Contributor address; City; State; Zip Code  Austin, TX 78752			Amount of Contribution (\$) \$100	0.00		
	Principal occu Technical Co	pation / Job title (See Instructions) pordinator	Employer (See Instructions Self	)				
			'					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/18 Rpt: 21/45		
2	FILER NAME Ortiz Jr., Sol	FILER NAME Ortiz Jr., Solomon P. (Mr.)			Filer ID (Ethics Commission Filers) 00059793		
4	Date 08/16/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$500.0		
		Houston, TX 77039					
8	Principal occu State Repres	pation / Job title (See Instructions) sentative	9 Employer (See Instructions State of Texas	5)			
	Date 08/18/2024	Full name of contributor out-of-state PAC (ID#:_ Watts, Mikal Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.0		
	Deinainal again	Austin, TX 78704	Employer (Cool looks vetices	<u></u>			
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	·)			
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Westergren, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.0		
		Corpus Christi, TX 78404					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)			
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Corpus Christi, TX 78701-0000			Amount of Contribution (\$) \$1,000.0		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this 1	form.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 22/45			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Ortiz Jr., So	lomon P. (Mr.)	00059793				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
<b>5</b> Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution			
07/21/2024	Canales, Barbara		contribution (\$) description \$300.00 Mariachis for event			
	7 Contributor address; City; State; Zip Code		I			
			_			
	Corpus Christi, TX 78412		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
Attorney		Self Emp				
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)			
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			
07/01/2024	Loeb, David		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$1,800.00   Campaign Headquarters			
Continuator address, Sity, State, 219 Code			July Rent			
	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	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			
08/01/2024	Loeb, David	)	contribution (\$) description			
00/01/2024	Contributor address; City; State; Zip Code		\$1,800.00 Campaign Headquarters			
	Continuation address, City, State, 21p Code		August Rent			
	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				
Real Estate	,	Landlord Resource	,			
	principal occupation (FOR JUDICIAL)	Contributor's job title				
	p		(( 0.1.002.02)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
Contributor's employer/law firm (FOR JUDICIAL)  Law fire			o operate (ii dily) (i oli obbioli ie)			
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
contributor	is a sma, law min or parent(s) (ii any) (i on sobiothe)					
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# 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: 2/2 Rpt: 23/45			
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	\$			
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution			
09/24/2024	Lopez Guerra, Ricardo		contribution (\$) description			
	7 Contributor address; City; State; Zip Code		\$204.67   Event Food and Beverage			
			!			
	Corpus Christi, TX 78747		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	N-JUDICIAL) (See instructions)			
Consultant		Self Emp				
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)			
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			
09/17/2024	Lopez Guerra, Ricardo		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$350.00 Email Distribution			
	, ,, ,		!			
			į			
	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	N-JUDICIAL) (See instructions)			
Consultant		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 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#:	1	Amount of In-kind contribution			
07/12/2024	Planned Parenthood Texas Votes PAC		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$33.66 I Staff time			
	, , , , , , , , , , , , , , , , , , ,		į į			
			i			
	Austin, TX 78704		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)			
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)					
	, , , , , , , , , , , , , , , , , , , ,					

	LOANS					SCHEDULE E
	The Instruction Guide explains how to complete this form.				1	ges Schedule E: 1 Rpt: 24/45
2	FILER NAME Ortiz Jr., Solomo	on P. (Mr.)			3 Filer ID 000597	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			<b>'</b>	\$ 35,000.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ictions)	
14	Description of Coll None	ateral		<b>15</b> Check if personal fur	ds were deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instru	ictions)	
				L		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Out of District R (enter a category not listed above)
_			
1	Total pages Schedule F1: Sch: 1/21 Rpt: 25/45		D (Ethics Commission Filers) 9793
4	Date	5 Payee name	
	07/10/2024	ATT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$91.57	7 Akard St Ste 2954	
		Dallas, TX 75202	
8	PURPOSE	<del> </del>	
°	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	vas Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense	
		Campaign phone	3 1 1 1 1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought C	Office held
9	expenditure to benefit C/OI		mice neid
	<u> </u>		
	Date	Payee name	
	09/26/2024	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,079.62	2 366 Summer St	
	, ,		
		Comparillo MA 02144	
		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 Te	
		Check if Austin, TX, officeho Processing Fee	lider living expense
		Flocessing Fee	
			<u></u>
	Complete ONLY if direct expenditure to benefit C/OI		Office held
	experience to benefit 6/61	<u> </u>	
	Date	Payee name	
	08/19/2024	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$82.13		
	402.20	120 1011,7110 11	
		0.000	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeho	
		Envelopes and Printe	rtoner
	Complete ONLY if direct	Candidate/Officeholder name Office sought C	office held
	expenditure to benefit C/OI	UΠ	
L			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/21 Rpt: 26/45	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	08/28/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$162.36	410 Terry Ave N
		Seattle, WA 98109
8	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 Stickers
		Campaign Stonors
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/05/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$556.33	410 Terry Ave N
	Ψ330.33	410 Telly / We N
		Seattle, WA 98109
	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  Logo pencils, pen bags, hand sanitizers and pencil
		sharpners
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davisa nama
	08/01/2024	Payee name American Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	5120 SPID
		Corpus Christi, TX 78411
	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
		Bank fees
	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
Condit Could Paymont

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: 3/21 Rpt: 27/45	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	09/24/2024	American Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	5120 SPID
		Corpus Christi, TX 78411
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bank Fee
		Builtie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٦	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	09/09/2024	Andy's Kitchen
	Amount (\$)	Payee address; City; State; Zip Code
	\$118.86	5802 S Staples St
		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 Austin, TX, officeholder living expense
		Volunteer lunch
	Operation ONE V # discort	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/18/2024	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
	Complete ONLY if direct expenditure to benefit C/OI	
$\vdash$	•	

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Total name Oct. 11. 51	
1 Total pages Schedule F1:	
Sch: 4/21 Rpt: 28/45	Ortiz Jr., Solomon P. (Mr.)
4 Date	5 Payee name
08/15/2024	Boys and Girls Club
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	3902 Greenwood
·	
	Corpus Christi, TX 78516
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
07/14/2024	Burn Pit 360
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	201 N 4th St
	Robstown, TX 78380
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Donation to non-profit
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
07/05/2024	Caceres, Gloria
Amount (\$)	Payee address; City; State; Zip Code
\$1,600.00	4202 Aaron Cove
\$1,000.00	
	Corpus Christi TV 70412
	Corpus Christi, TX 78413
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Admin fee
	,
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 co	mple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/21 Rpt: 29/45		Ortiz Jr., Solomon P. (Mr.)		00059793
4	Date	5	Payee name		·
	07/31/2024		Caceres, Gloria		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$1,600.00		4202 Aaron Cove		
			Corpus Christi, TX 78413		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	<b>)</b> Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Admin.
					, commi
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>l</u> ught	Office held
	expenditure to benefit C/O			3	
_	Date	$\overline{}$	Payee name		
	08/09/2024		Caceres, Gloria		
-	Amount (\$)	╁	Payee address; City; State; Zip Co	ode	
	\$1,600.00		4202 Aaron Cove	,	
	42,000.00				
			Corpus Christi, TX 78413		
	PURPOSE	(2)		(h)	) Description
	OF	"	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Calaires, Wages, Contract Labor		Check if Austin, TX, officeholder living expense
					Admin
		上		<u> </u>	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ıght	Office held
		_			
	Date		Payee name		
	09/05/2024	ot	Caceres, Gloria		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$1,600.00		4202 Aaron Cove		
		$oxed{oxed}$	Corpus Christi, TX 78413		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description
	EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Admin
	Complete ONLY if direct	Т (	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held
	expenditure to benefit C/OI	Н			

### 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		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/21 Rpt: 30/45	Ortiz Jr., Solomon P. (Mr.)	00059793
4	Date	5 Payee name	
	09/20/2024	Caceres, Gloria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,600.00	4202 Aaron Cove	
		Compus Christi, TV 70440	
Ļ		Corpus Christi, TX 78413	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaties/ wages/ contract Labor	Check if Austin, TX, officeholder living expense
		A	dmin
Ļ			200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
-	Data		
	Date 08/23/2024	Payee name Caceres, Gloria	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,600.00	4202 Aaron Cove	
	Ψ1,000.00	4202 / (21011 0000	
		Corpus Christi, TX 78413	
┝	PURPOSE		Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
		_ ^	dmin
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	08/30/2024	Capital Strategy Assoc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,720.00	PO Box 742	
		Corpus Christi, TX 78403	
	PURPOSE OF	, , ,	Description
	EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		N	Media & Campaign Consulting
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 7/21 Rpt: 31/45	Ortiz Jr., Solomon P. (Mr.) 00059793
4	Date	5 Payee name
	09/14/2024	Capital Strategy Assoc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	PO Box 742
		Corpus Christi, TX 78403
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consultant/Media
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
H	Date	Payee name
	08/26/2024	City of Corpus Christi
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.32	1201 Leopard
	402.02	1101 100pard
		O Ohristi TV 70404
		Corpus Christi, TX 78401
	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  Water Bill
		vvaler bill
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L	D :	
	Date	Payee name
	08/01/2024	Esperanza de Tejas
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.00	917 S Staples
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORL	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 0/01	•

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 8/21 Rpt: 32/45	Ortiz Jr., Solomon P. (Mr.) 00059793
4	Date	5 Payee name
	08/01/2024	FaceBook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$124.22	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.
		Check if Austin, TX, officeholder living expense  Ads
		Aus
_	0 1: 0:11:4"	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/13/2024	Goodman Campaigns LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	211 E 7th St Ste 620
	·	
		Austin, TX 78701
	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
		Fundraising Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Great	
	Date	Payee name
	09/18/2024	Goodman Campaigns LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$263.59	211 E 7th St Ste 620
		Austin, TX 78701
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fundraising Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1 

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/21 Rpt: 33/45	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	09/18/2024	Grunwald Printing Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$811.88	1418 Morgan
		Corpus Christi, TX 78404
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
		Political Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/09/2024	Gulf Coast Mailing
	Amount (\$)	Payee address; City; State; Zip Code
	\$817.88	6901 SPID
		Corpus Christi, TX 78412
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Push cards & Door hangers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/05/2024	Gulf Coast Mailing
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,599.66	6901 SPID
	,_,,,,,,,,,	
		Corpus Christi, TX 78412
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Literature
	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

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

Transportation Equipment & Related Expense Travel in District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District 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: 10/21 Rpt: 34/45 Ortiz Jr., Solomon P. (Mr.) 00059793 4 Date Payee name 08/22/2024 HEB 6 Amount (\$) Payee address; City; State; Zip Code \$31.12 5801 Weber Rd 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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Cleaning supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/11/2024 **HEB** Amount (\$) Payee address; City; State; Zip Code \$304.51 5801 Weber Rd Corpus Christi, TX 78413 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food for Event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/02/2024 Habitat for Humanity Amount (\$) Payee address: City; State; Zip Code \$105.81 1901 Lipan Corpus Christi, TX 78408 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Campaign Office appliance **EXPENDITURE** Check if Austin, TX, officeholder living expense Refrigerator Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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

nt Solicitation/Fundraising Expense
e 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: 11/21 Rpt: 35/45	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	07/05/2024	Hi-Ho Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.21	3703 Morgan
		Corpus Christi, TX 78405
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		volunteer meal
_	Operation ONE V if dispose	Open High to 10 ff and held a manual and the control of the contro
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/11/2024	Holiday Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	707 N Shoreline Blvd
		Corpus Christi, TX 78401
	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
		Catering
		January Grand Control of the Control
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/05/2024	Instituto of Cultura Hispanica
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1617 N Chaparral St
	,	
		Corpus Christi, TX 78401
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorate to beliefft C/OI	1

#### SCHEDULE F1

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

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

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

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

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor 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: 12/21 Rpt: 36/45	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	07/21/2024	Janet's Cakery
6	Amount (\$) \$71.00	7 Payee address; City; State; Zip Code 5880 Everhart  Corpus Christis, TX 78413
8	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  Cake for event
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/16/2024	Julio's Easy Stop
	Amount (\$) \$43.93	Payee address; City; State; Zip Code 5945 Greenwood Dr  Corpus Christi, TX 78417
	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 volunteer meals
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2024	Landlord Resources
	Amount (\$) \$98.55	Payee address; City; State; Zip Code 3833 S Staples Ste S116
		Corpus Christi, TX 78411
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Electric Bill
	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 Committee

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T	
1	Total pages Schedule F1: Sch: 13/21 Rpt: 37/45	2 FILER NAME Ortiz Jr., Solomon P. (Mr.) 3 Filer ID (Ethics Commission Filers) 00059793
4	Date	5 Payee name
	08/28/2024	Landlord Resources
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,846.16	3833 S Staples Ste S116
		Corpus Christi, TX 78411
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign office rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/19/2024	Pizza Hut
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.43	3821 S Staples
	Ψ11.40	SOLI O Stapico
		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  Volunteer meal
		volunteer mear
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/10/2024	Pizza Hut
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.65	3821 S Staples
		Corpus Christi, TX 78411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for event
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1	Sch: 14/21 Rpt: 38/45	Ortiz Jr., Solomon P. (Mr.)	
4	Date	5 Payee name	
	08/26/2024	Pizza Hut	
6	Amount (\$) \$54.70	7 Payee address; City; State; Zip Code 3821 S Staples  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  volunteer meal	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/18/2024	Ramirez, Joseph	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$420.00	2309 Blue Star	
		Corpus Christi, TX 78414	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense  GOTV	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	08/01/2024	Ramirez, Joseph	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	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  GOTV	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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

ement Solicitation/Fundraising Expense

Pransportation Equipment & Related Expense

Travel in District

Travel Out of District

OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	plete this	s form.		
1	Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
	Sch: 15/21 Rpt: 39/45	Ortiz Jr., Solomon P. (Mr.)			00059793	
4	Date	5 Payee name		·		
	08/09/2024	Rice, Conor				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$750.00	11 Lake Shore Dr				
		Corpus Christi, TX 78413				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Desc	cription		
	OF EXPENDITURE	Consulting Expense		heck if travel outside		
	-		∐ <sup>ci</sup> GO1	theck if Austin, TX, o	fficeholder living	expense
l			001	. <b>v</b>		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld .
ľ	expenditure to benefit C/O				Omoc ne	, i
⊨	Date	Payee name				
	08/30/2024	Rigatoni's Italian Restaurant				
_	Amount (\$)	Payee address; City; State; Zip Code	Δ			
	\$119.54	10501 Leopard St	C			
	Ψ110.04	10001 2000410 01				
		Corpus Christi, TX 78410				
L	PURPOSE		h) D			
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	b) Desc	cription theck if travel outside	e of Texas. Com	plete Schedule T.
l	EXPENDITURE	1 ood/beverage Expense		theck if Austin, TX, o		
			Volu	ınteer lunch		
L						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	ht		Office he	eld
L						
	Date	Payee name				
L	09/09/2024	Sam's Club				
l	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$78.87	4833 SPID				
l						
		Corpus Christi, TX 78411				
	PURPOSE OF	2 ( ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	b) Desc	•		
l	EXPENDITURE	Event Expense		theck if travel outside theck if Austin, TX, o		•
l				as for event	miceriolaer iiving	Схрепас
				- *		
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/O					
Г						

### 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 comp	lete this form.
1	Total pages Schedule F1: Sch: 16/21 Rpt: 40/45	2 FILER NAME Ortiz Jr., Solomon P. (Mr.)	3 Filer ID (Ethics Commission Filers) 00059793
4	Date 08/09/2024	5 Payee name Sanchez, Mario	
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1633 Agnes	
8	PURPOSE OF EXPENDITURE	Corpus Christi, TX 78401  (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign T-shirts
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 08/29/2024	Payee name Silverado Restaurant	
	Amount (\$) \$26.04	Payee address; City; State; Zip Code 4522 Weber Rd Ste 102  Corpus Christi, TX 78411	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Volunteer meal
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/20/2024	Payee name Southside Barbacoa	
	Amount (\$) \$55.93	Payee address; City; State; Zip Code 5894 Everhart Rd Ste A	
		Corpus Christi, TX 78413	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer meal
	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 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: 17/21 Rpt: 41/45	Ortiz Jr., Solomon P. (Mr.)		00059793
4	Date	5 Payee name		
	07/11/2024	T-Mobile		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$60.00	3133 S Alameda Ste 290		
		Corpus Christi, TX 78412		
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.
	LAFLINDITORE			Check if Austin, TX, officeholder living expense
				Internet services
_	Complete ONL V if direct	Candidate/Officeholder name	vb+	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	gnt	Office held
_	Date			
	Date	Payee name		
	08/22/2024	T-Mobile		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$85.33	3133 S Alameda Ste 290		
		Corpus Christi, TX 78412		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee		Internet services
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	09/23/2024	T-Mobile		
	Amount (\$)	Payee address; City; State; Zip Coo	de.	
	\$169.43	3133 S Alameda Ste 290		
	¥=****			
		Corpus Christi, TX 78412		
	DUDDOCE		(h)	Description
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(n)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overfleau/Refliai Expense		Check if Austin, TX, officeholder living expense
				Internet Service
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed at	oove)
1	Total pages Schedule F1:	2 FILER N	IAME				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 18/21 Rpt: 42/45	Ortiz Jr	., Solomon P. (Mr.)					00059793		
4	Date	5 Payee n	ame							
	07/29/2024	Tequila	Jalisco Restaurant							
6	Amount (\$)	<b>7</b> Payee a	ddress; City;	State; Zip Co	ode					
	\$107.75	5212 W	eber Rd							
		Corpus	Christi, TX 78411							
8	PURPOSE OF		(See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Food/B	everage Expense			=		ide of Texas. Com , officeholder living	plete Schedule T.	
						Volunteer lun		, omcendaer nving	у схренас	
9	Complete ONLY if direct	L Candidate	e/Officeholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee n	ame							
	09/02/2024	Tequila	Jalisco Restaurant							
	Amount (\$)	Payee a	ddress; City;	State; Zip Co	ode					
	\$82.89	5212 W	eber Rd							
		Corpus	Christi, TX 78411							
	PURPOSE OF	(a) Categor	(See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Food/B	everage Expense			<b>=</b>		ide of Texas. Com , officeholder living	plete Schedule T.	
						Volunteer me		, omeendaer nving	у ехрепас	
	Complete ONLY if direct	L Candidate	e/Officeholder name	Office sou	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OI	4			Ū					
	Date	Payee n	ame							
	08/01/2024	Texas I	House Democratic Cam	paign Committe	ee					
	Amount (\$)	Payee a	ddress; City;	State; Zip Co	ode					
	\$5,000.00	PO Box	300095							
		Austin,	TX 78703							
	PURPOSE	(a) Categor	y (See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Consult	ting Expense						plete Schedule T.	
	EXI ENDITORE							, officeholder living	g expense	
						Consulting/Po	UIIII	ıy		
_	Complete ONLY if direct	Candidate	e/Officeholder name	Office sou	laht iaht			Office he	əld	
	expenditure to benefit C/OI		, omocholder Hame	Office 300	agrit			Omoc ne	J.G	
Ļ										0 40 1 545

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·	(C)
1	Total pages Schedule F1:		3)
	Sch: 19/21 Rpt: 43/45	Ortiz Jr., Solomon P. (Mr.)	
4	Date	5 Payee name	
	07/11/2024	Text By Choice	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.00	503 E Jackson St	
		Ste 109	
		Tampa, FL 33602	
Ļ	DUDDOCE		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel sutside of Taxas, Complete Schedule T	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Ads by phone texting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
<u> </u>	<u> </u>		
	Date	Payee name	
	07/16/2024	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$146.00	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  Stamps	
		Statilps	
_	Complete ONLY if direct	Condidate/Officeholder name Office cought	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  H	
	Date	Payee name	
L	08/01/2024	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.00	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	
		Campaign POBox	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	л 	

#### 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: 20/21 Rpt: 44/45	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	08/20/2024	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.00	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 for mailout
9	Commission ONII V if disposit	Condidate/Officeholder name
ľ	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
L	07/05/2024	WIX
	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
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	08/09/2024	YMLP
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.56	Coupure 88
		Gent Belgium
	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
		Email service
$\vdash$	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee L	Gift/Awards/Memorials Legal Services The Instruction Gu			ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abov	e)
1	Total pages Schedule F1: Sch: 21/21 Rpt: 45/45	2		omon P. (Mr.)					l	Filer ID 00059793	(Ethics Commission	n Filers)
4	Date 08/01/2024	5	Payee name Ybanez, Mel	issa								
6	Amount (\$) \$363.00		Payee address 3901 Los Ari Corpus Chris		State;	Zip Coo	əb					
8	PURPOSE OF EXPENDITURE		Category (See Advertising E	c Categories listed at the Expense	ne top of this sche	dule)		ш	, TX,	officeholder living	plete Schedule T. expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	Of	ffice souç	ght			Office he	eld	
	Date 09/19/2024	ı	Payee name iHeart Media									
	Amount (\$) \$2,004.00		Payee address 501 Tupperv Corpus Chris	are Lane	State;	Zip Cod	e et					
	PURPOSE OF EXPENDITURE		Category <sub>(See</sub>	e Categories listed at th Expense	ne top of this sche	dule)		<b>—</b>		de of Texas. Com officeholder living	plete Schedule T. expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	eholder name	Of	ffice souç	jht			Office he	eld	