CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethi	ics Commission Filers)	2 Total pages filed:			OFFICE I	JSE ONLY
_	00059793		35			Date Received	JSE UNLT
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	VII V EII ED
Ŭ	OFFICEHOLDER	Mr.	Solomon P.		1411	11/04/2024	ALLY FILED
	NAME	NICKNAME	LAST		SUFFIX	11/04/2024	
		THORNAME	Ortiz		Jr.		
4	ORIGINAL	January 15	Runoff	Other (s		Date Hand-delivered or	r Date Postmarked
•	REPORT TYPE	July 15	Exceeded modified	ш .	эрсону)	Receipt #	Amount
		30th day before election	15th day after camp			- Neccipi #	Amount
			appointment (office	holder only)		Date Processed	1
		X 8th day before election	Final Report (Attacl	·		_	
5	ORIGINAL PERIOD COVERED	Month Day Yea		Month Day	Year	Date Imaged	
		09/27/2024	THROUGH	10/26/2024		<u> </u>	
6	EXPLANATION OF C						
		o include two (2) monetary or I would appreciate any w)U			
	7.5 tills is our mist circ	or r would approclate any w	avier of fees. Thank ye	, u			
7	AFFIDAVIT		Lew	ear, or affirm, under p	enalty of neriur	v that this corrected	I renort is true
				correct.	criaity of perjury	y, triat triis corrected	report is true
			Che	ck the box next to any	, and all annlica	hle statements:	
			Cite	on the box home to drif	, and an applica	isio statomento.	
				Semiannual reports			
				was made in good fa misrepresent the info			d or to
				meroprocent and and		a a.e .epe.a	
			X	Other reports: 15			
				report not later than that the report as ori	the 14th busine iginally filed is ir	ess day after the dat naccurate or incomp	e I learned Nete I
				swear, or affirm, that	t any error or or	mission in the report	t as originally
				filed was made in go	ood faith.		
				N	∕Ir. Solomon P	P. Ortiz Jr.	
						e or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE		Signati	are or Carialdate	o o omocnouci	
	Sworn to and subsc	ribed before me, by the sai	d		, this t	he	day
	of	, 20, to cert	ify which, witness my	hand and seal of office	e.		
	Signature of office	er administering oath	Printed name of of	fficer administering oa	th	Title of officer admir	nistering oath
							

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00059793		2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	Mr.	Solomon P.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME			CUETIV	11/04/2024	
	NICKNAME	LAST Ortiz		SUFFIX Jr.	11/04/2024	
		Offiz		JI.		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 286					
ADDRESS					Receipt #	Amount
Change of Address	Corpus Christi, TX 78403				Date Processed	
	·				Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		George A.				
NAME		Ocorge 7t.				
	NICKNANAE			CUETIV		
		LAST Finley		SUFFIX III		
		rilley		III		
2 0445404	077777 4777770 (40 70	DOV DI EAGE)	4.00	- / OLUTE // OLTY	0.7.4	TE 710.000E
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	Γ / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	3360 Ocean Dr.					
(Residence or Business)						
	Corpus Christi, TX 78411					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER		E NOWIDER E	EVICION			
PHONE	(361) 888-5200					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after car	npaign treasurer
				_	appointment (office	eholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
				reporting innit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	TH	ROUGH	10/26/202	24	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
	Month Day Year	Pi	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distri	ict 33		State Represent		
	, '			· '		
				1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 35

13 C / OH NAME	14 Filer ID (E 00059793	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual expenditual expenditual expenditual expenditures may have been made without distributed officeholders are required to report this information	the candidate's or officel	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		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 1,349.68
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 210,793.14
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 175,834.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 17,889.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 35,000.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		Mr. S	olomon P. Ortiz Jr.	
		Signature of	Candidate or Officehold	ler
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aidertify which, witness my hand and seal of office.	, this the	day
	cer administering	Printed name of officer administering	Title of officer	administering oath
-	-	5		-

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

					4 01 35
	ER NAM	ME Solomon P. (Mr.)	19 Filer ID 00059793	(Ethi	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	142,299.68
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	68,493.46
3.		\$			
4.	X	SCHEDULE E: LOANS		\$	35,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	175,834.36	
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	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 5/35	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 10/24/2024	 Full name of contributor out-of-state ATPE-Direct Contributor address; City; State; Zip Code 	PAC (ID#:		7	Amount of Contribution (\$)	\$5,000.00
_	Deignaignal	Austin, TX 78752	lo.	Frankrijer (Coo koete jetinge			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/04/2024	Ann Johnson Campaign Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston, TX 77253-6386 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/30/2024	Full name of contributor out-of-state Averyt, Elizabeth Contributor address; City; State; Zip Code Corpus Christi, TX 78418	PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/12/2024	Barg, Irl	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 10/26/2024	Full name of contributor out-of-state Barrera, Cindy Contributor address; City; State; Zip Code Corpus Christi, TX 78414)		Amount of Contribution (\$)	\$500.00
	Principal occu Wealth Advis	pation / Job title (See Instructions) ser		Employer (See Instructions Frost Bank)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 6/35	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)				3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 10/08/2024	5 Full name of contributor Binford, Lincoln	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78756 pation / Job title (See Instructions	s)	9	Employer (See Instructions	<u> </u>		
-	Massage Th		,	-	Self	,		
	Date 10/17/2024	Full name of contributor Bishop, John Contributor address; City; Si)		Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78412						
	Principal occu	pation / Job title (See Instructions	s) 		Employer (See Instructions Retired	s)		
	Date 09/30/2024	Full name of contributor Browning, David Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
	Principal occu	Corpus Christi, TX 78418 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u>		
	Optometrist	(,		Self	,		
	Date 10/17/2024	Full name of contributor Castro For Congress Contributor address; City; Si San Antonio, TX 78292)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>. </u>		
	Date 10/02/2024	Full name of contributor Castro, Olga Contributor address; City; Si Corpus Christi, TX 78413	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 7/35	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 10/13/2024	5 Full name of contributor Castroll, Marilou6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Corpus Christi, TX 78413 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	<u>s)</u>		
	Retired	pation / oob title (occ motivations	,	2 Employer (See mandonors	"		
	Date 09/27/2024	Full name of contributor Charter Schools Now PAC Contributor address; City; St)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	Date 10/15/2024	Full name of contributor Chris Turner Campaign Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Drincinal occu	Grand Prairie, TX 75054 pation / Job title (See Instructions	.)	Employer (See Instructions	·)		
	i illicipai occu	pation / Job title (See Instructions	,	Employer (See instructions	"		
	Date 10/23/2024	Full name of contributor Dunson, Bruce Contributor address; City; St San Antonio, TX 78209	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$2,000.00
	Principal occu Executive	pation / Job title (See Instructions	5)	Employer (See Instructions Metrica	<u>l</u> S)		
	Date 10/18/2024	Full name of contributor Elizondo, Gilbert Contributor address; City; St Olmito, TX 78575	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 8/35	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 10/13/2024	5 Full name of contributor Erick, Erik	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Princinal occu	Corpus Christi, TX 78403 pation / Job title (See Instructions)	l _a	Employer (See Instructions	.) 		
0	Disaster Ass		j	Dept of Homeland Secu			
	Date 10/15/2024	Full name of contributor Eskridge, Nancy Contributor address; City; State				Amount of Contribution (\$)	\$100.00
	Data disal asses	Austin, TX 78745		Facelous (Contratuution	_		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/17/2024	Full name of contributor Finley, George Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2,000.00
	5	Corpus Christi, TX 78411			_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/30/2024	Full name of contributor Finley, George Contributor address; City; State Corpus Christi, TX 78411)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/11/2024	Full name of contributor Finley, Phyllis Contributor address; City; State Corpus Christi, TX 78411	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	·)		
			,				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 9/35	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	n Filers)
4	Date 10/17/2024	5 Full name of contributor [Garcia , Emmanuel6 Contributor address; City; State	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$250.00
8		Austin, TX 78747 pation / Job title (See Instructions)	9	Employer (See Instructions) s)		
	Date 09/27/2024	Full name of contributor [Garza , Edward Contributor address; City; Sta		Seeker Strategies		Amount of Contribution (\$)	\$500.00
	Principal occu Optometrist	Corpus Christi, TX 78414 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> 5)		
	Date 10/11/2024	Full name of contributor [Gonzales, Veronica Contributor address; City; Star	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)		Employer (See Instructions) i)		
	VP of Govt 8 Date 10/23/2024	Full name of contributor [Gonzales, Veronica Contributor address; City; Statement of Contributor address City; Statement of Contributor City; Statement of City; State	out-of-state PAC (ID#: te; Zip Code	UTRGV		Amount of Contribution (\$)	\$250.00
	Principal occu VP of Govt &	pation / Job title (See Instructions)		Employer (See Instructions UTRGV	5)		
	Date 10/03/2024	Full name of contributor HCA Texas Good Governm Contributor address; City; Star Dallas, TX 75240				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
			1				

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to compl	ete this forn	n.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 10/35	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 10/23/2024	 Full name of contributor out-of-sta House Democratic Campaign Commi Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$7,500.00
		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/27/2024	Jurica, Adam R				Amount of Contribution (\$)	\$500.00
	Principal occu	Corpus Christi, TX 78415		Employor (Soo Instructions			
	Optometrist	pation / Job title (See Instructions)		Employer (See Instructions Self	')		
	Date 09/27/2024	Full name of contributor out-of-sta Kosobud, Terry Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Austin, TX 78749		5 1 (0 1 1 1	_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/21/2024	LaMantia, Anthony				Amount of Contribution (\$)	\$2,500.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions L & F Distributors)		
	Date 09/30/2024	Full name of contributor out-of-stall Lloyd Doggett for Congress Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 11/35	=
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission Filers) 00059793	
4	Date 09/30/2024	 Full name of contributor out-of-state PAC (ID#: McIntyre, John Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$) \$500.0	0
8	Principal occu Optometrist	Corpus Christi, TX 78411 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		_
	Date 09/30/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,500.0	0
	Principal occu	Dallas, TX 75202 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/20/2024	Full name of contributor out-of-state PAC (ID#: Planned Parenthood Texas Votes PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$5,000.0	0
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Date 10/17/2024	Full name of contributor out-of-state PAC (ID#: Pletcher, Tony Contributor address; City; State; Zip Code Corpus Christi, TX 78418				Amount of Contribution (\$) \$100.0	0
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Emp	5)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#: Polanco, Lee B Contributor address; City; State; Zip Code Manchaca, TX 78652				Amount of Contribution (\$) \$100.0	0
	Principal occu Financial Ad	pation / Job title (See Instructions) visor		Employer (See Instructions	5)		
			•				

	MONET	ARY POLITICAL (ONS	SCHEDULE A			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 12/35	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)			3	Filer ID (Ethics Commission 00059793	n Filers)
4	Date 10/25/2024	5 Full name of contributor Powered By People PAC6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$10,000.00
8	Principal occu	Washington, DC 20003 pation / Job title (See Instructions)	9 Employer (See Instructions	7		
	Date 10/18/2024	Full name of contributor Represent Texas PAC Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Dallas, TX 75214 pation / Job title (See Instructions)	Employer (See Instructions	(;		
		patient cos tito (cos metrosione	,		,		
	Date 10/22/2024	Full name of contributor Robert C Hillard LLP Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Corpus Christi, TX 78401 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/10/2024	Full name of contributor Rodriguez , Nelda Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	Corpus Christi, TX 78413 pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 10/10/2024	Full name of contributor Rogers, Craig Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Publisher	pation / Job title (See Instructions)	Employer (See Instructions Self	()		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDU	SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 13/35		
2	FILER NAME Ortiz Jr., Solomon P. (Mr.)				3	Filer ID (Ethics Commissi 00059793	on Filers)	
4	Date 10/23/2024 5 Full name of contributor out-of-state PAC (ID#:) Romero, Kenneth 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$100.00		
_	Dringing! aggs	Washington, DC 20002	lo.	Employer (Co.) Instructions	<u></u>			
0	Executive Di	pation / Job title (See Instructions) rector	9	Employer (See Instructions Council of State Govern		ents		
	Date 10/24/2024				Amount of Contribution (\$)	\$100.00		
	Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions	<u> </u> 5)			
				Retired				
	Date Full name of contributor out-of-state PAC (ID#:) 10/09/2024 Sierra Club PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00		
	Austin, TX 78765				_			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/18/2024 Terry Canales State Rep Campaign Fund Contributor address; City; State; Zip Code Edinburg, TX 78539				Amount of Contribution (\$)	\$10,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/05/2024 Texas Association of Pawn Brokers Contributor address; City; State; Zip Code Crawford, TX 76638-3235			Amount of Contribution (\$)	\$500.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			

	MONETARY POLITICAL CONTRIBUTIONS						LE A1	
	The Instru	ction Guide explains hov	v to complete this fo	orm.		1	Total pages Schedule A1: Sch: 10/11 Rpt: 14/35	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)					Filer ID (Ethics Commission 00059793	ion Filers)
4	Date 10/21/2024	5 Full name of contributor				7	Amount of Contribution (\$)	\$7,500.00
		Austin, TX 78701						
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (Se	ee Instructions))		
	Date 10/02/2024	Full name of contributor Texas Friends of Trey Ma Contributor address; City; S San Antonio, TX 78201)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (Se	ee Instructions))		
	Date 10/09/2024)		Amount of Contribution (\$)	\$5,000.00	
Austin, TX 78703 Principal occupation / Job title (See Instructions) Employer (See Instructions)			ee Instructions))				
	Date 10/21/2024	Full name of contributor Texas Parent PAC Contributor address; City; S Austin, TX 78703	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$5,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			ee Instructions))			
	Date 10/01/2024	Full name of contributor Texas Trial Lawyers Asso Contributor address; City; S Austin, TX 78701					Amount of Contribution (\$)	\$45,000.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (Se	ee Instructions))		
			l					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDU	LE A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 11/11 Rpt: 15/35	
2	FILER NAME Ortiz Jr., Sol	omon P. (Mr.)		3	Filer ID (Ethics Commission 00059793	on Filers)
4	Date 10/17/2024 5 Full name of contributor out-of-state PAC (ID#:) Thowfeek, Tariq 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$250.00
_		Austin, TX 78704	10.5			
8	Principal occu Principal	pation / Job title (See Instructions)	9 Employer (See Instructions Seeker Straegies	5)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ Torres, Tomas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	District	Houston, TX 77027	Fundament (Construction	Ĺ		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/17/2024 Walker, Cliff Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
	Austin, TX 78701					
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions Seeker Strategies	i)		
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_ Warner, David Contributor address; City; State; Zip Code Austin, TX 78731)		Amount of Contribution (\$)	\$200.00
Principal occupation / Job title (See Instructions) Employer (See Instruction Retired)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 16/35				
2 FILER NAME Ortiz Jr., So	Elomon P. (Mr.)		3 Filer ID (Ethic 00059793	es Commission Filers)		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 10/25/2024	7 Contributor address; City; State; Zip Code		contribution (\$)	9 In-kind contribution description Direct mail/digital ads.		
10 Principal occi	Austin, TX 78701 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T.		
			,			
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 contributo	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#: 10/11/2024 Legacy 44 Contributor address; City; State; Zip Code			Amount of contribution (\$) \$35,000.00	In-kind contribution description Digital Ad Production, Buy & Services		
	Austin, TX 78756		Check if travel of	I 		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 10/24/2024	Full name of contributor out-of-state PAC (ID#: Legacy 44 Contributor address; City; State; Zip Code		Amount of contribution (\$) \$5,000.00	In-kind contribution description Video Production		
Deinsinglass	Austin, TX 78756	Franksier (FOR NON		Dutside of Texas. Complete Schedule T.		
Ргіпсіраі оссі	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See II	nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 17/35 3 Filer ID (Ethics Commission Filers) FILER NAME Ortiz Jr., Solomon P. (Mr.) 00059793 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/24/2024 Legacy 44 \$500.00 I Digital Ad buy 7 Contributor address; City; State; Zip Code Austin, TX 78756 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 10/24/2024 Texas AFT COPE \$9,500.00 | Mailer/digital ads Contributor address; City; State; Zip Code Austin, TX 78741 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)

Contributor's employer/law firm (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

	LOANS					SCHEDULE E
	The Instruction Guide explains how to complete this fo			orm.	·	ges Schedule E: 1 Rpt: 18/35
2	FILER NAME Ortiz Jr., Solomo	on P. (Mr.)			3 Filer ID 000597	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			!	\$ 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 Inst	ructions)	
14	Description of Coll	ateral		15 Check if personal fu	unds were deposited	I 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 Inst	ructions)	

SCHEDULE F1

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

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

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

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

	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: 1/17 Rpt: 19/35	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	10/08/2024	ATT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$289.22	Akard St Ste 2954
		Dallas, TX 75202
8	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
		Campaign phone
		Campaign priorie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	10/22/2024	Acapulco
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	4425 Weber Rd
		Corpus Christi, TX 78411
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for volunteers
		Edition for Volumeons
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	09/27/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$211.75	366 Summer St
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	<u> </u>

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
	Sch: 2/17 Rpt: 20/35	Ortiz Jr., Solomon P. (Mr.) 00059793					
4	Date	5 Payee name					
	10/08/2024	ActBlue					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$116.54	366 Summer St					
		Somerville, MA 02144					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Processing fee					
Ļ	0 1: 0.11.7.7.1.						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	10/13/2024	ActBlue					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$153.31	366 Summer St					
		Somerville, MA 02144					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Processing Fee					
	Opening the ONII Wife disease	On a hide to 10 ff as had don many of the second to					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	10/23/2024	ActBlue					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$137.38	366 Summer St					
		Somerville, MA 02144					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Processing Fee					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
L	expenditure to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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 Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/17 Rpt: 21/35	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	10/15/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$164.66	410 Terry Ave N
		Seattle, WA 98109
8	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
		Offices Supplies
		Cinico Cappinos
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	10/21/2024	American Bank
_	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	5120 SPID
	Ψ30.00	3120 31 10
		Corpus Christi, TX 78411
	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 fees
_	Operation ONLY if allowed	Our did to 10 ff as had done as many
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/27/2024	Caceres, Gloria
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,600.00	4202 Aaron Cove
L		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Admin
		Autilii
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct 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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/17 Rpt: 22/35	Ortiz Jr., Solomon P. (Mr.) 00059793
4	Date	5 Payee name
	10/18/2024	Caceres, Gloria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,200.00	4202 Aaron Cove
		Corpus Christi, TX 78413
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (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
		Autilit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	
	Date 09/27/2024	Payee name Capital Stratogy Assoc
		Capital Strategy Assoc
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 742
		Corpus Christi, TX 78403
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Media buy
		cala su,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/11/2024	Capital Strategy Assoc
	Amount (\$)	Payee address; City; State; Zip Code
	\$26,509.00	PO Box 742
	Ψ20,309.00	FO BOX 742
		County Christi TV 70402
		Corpus Christi, TX 78403
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Media buy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/17 Rpt: 23/35	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	10/01/2024	Capital Strategy Assoc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,500.00	PO Box 742
		Corpus Christi, TX 78403
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Media buy
		Wiedia bay
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	10/18/2024	Capital Strategy Assoc
	Amount (\$)	Payee address; City; State; Zip Code
	\$32,000.00	PO Box 742
	Ψ32,000.00	1 O BOX 142
		Corpus Christi, TX 78403
	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.
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Media buy
	Operation ONLY if allowed	Overfield to 100% or health
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Davisa nama
	10/26/2024	Payee name Capital Strategy Assoc
		, 57
	Amount (\$)	Payee address; City; State; Zip Code
	\$39,000.00	PO Box 742
		Corpus Christi, TX 78403
	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 TV/Media buy
		i V/ivieula buy
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magney/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatalmana C. I. I. T.	
1 Total pages Schedule F1:	
Sch: 6/17 Rpt: 24/35	Ortiz Jr., Solomon P. (Mr.) 00059793
4 Date	5 Payee name
10/15/2024	Capital Strategy Assoc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	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
	GOTV
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/27/2024	City of Corpus Christi
Amount (\$)	Payee address; City; State; Zip Code
\$82.32	1201 Leopard
, , , , , , , , , , , , , , , , , , ,	
	Corpus Christi, TX 78401
DUPPOSE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Clock if travel outside of Toyas, Complete Schedule T
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Utilities
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payeo namo
10/24/2024	Payee name City of Corpus Christi
Amount (\$)	Payee address; City; State; Zip Code
\$86.19	1201 Leopard
	Corpus Christi, TX 78401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Utilities/water
	Otinities/water
Complete ONLY if direct	Candidate/Officeholder name Office sought
Complete <u>ONLY</u> 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

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: 7/17 Rpt: 25/35	Ortiz Jr., Solomon P. (Mr.)	
4	Date	5 Payee name	
	10/02/2024	FaceBook	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,387.47	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	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O	1	
	Date	Payee name	
	10/15/2024	FaceBook	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,800.00	1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Ads	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
	Date	Payee name	_
	10/18/2024	FaceBook	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,800.00	1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Ads	
		7.43	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
			-

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/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: 8/17 Rpt: 26/35	Ortiz Jr., Solomon P. (Mr.) 00059793
4 Date	5 Payee name
10/23/2024	FaceBook
6 Amount (\$) \$1,800.00	7 Payee address; City; State; Zip Code 1 Hacker Way
	Menlo Park, CA 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/07/2024	Goodman Campaigns LLC
Amount (\$) \$1,479.50	Payee address; City; State; Zip Code 211 E 7th St Ste 620
	Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Texting & emails
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/13/2024	Goodman Campaigns LLC
Amount (\$) \$1,150.00	Payee address; City; State; Zip Code 211 E 7th St Ste 620
	Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Consultant
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/17 Rpt: 27/35	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
L	10/09/2024	Goodman Campaigns LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$961.92	211 E 7th St Ste 620
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising /Texts
		T diffalling / Texts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	10/15/2024	Grunwald Printing Company
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$6,293.00	1418 Morgan
	Ψ0,230.00	1410 Morgan
		Corpus Christi, TX 78404
	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 Signs & Mail
		Signs & Maii
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/15/2024	Grunwald Printing Company
	Amount (\$)	
	` '	Payee address; City; State; Zip Code
	\$6,293.40	1418 Morgan
		Corpus Christi, TX 78404
	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 mailer
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 10/17 Rpt: 28/35	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	10/18/2024	Grunwald Printing Company
6	Amount (\$) \$5,943.68	7 Payee address; City; State; Zip Code 1418 Morgan Corpus Christi, TX 78404
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign signs/mailer
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	10/25/2024	Grunwald Printing Company
	Amount (\$) \$6,240.65	Payee address; City; State; Zip Code 1418 Morgan
		Corpus Christi, TX 78404
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mailer
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/22/2024	Payee name HEB
	Amount (\$) \$186.44	Payee address; City; State; Zip Code 5801 Weber Rd
		Corpus Christi, TX 78413
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for event
	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services 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 com	ple	te this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 11/17 Rpt: 29/35	Ortiz Jr., Solomon P. (Mr.)		00059793
4	Date 10/03/2024	5 Payee name Landlord Resources		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$1,800.00	3833 S Staples Ste S116		
		Corpus Christi, TX 78411		
8	PURPOSE OF	,	b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Campaign Hdqts. Rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/03/2024	Landlord Resources		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$107.29	3833 S Staples Ste S116		
		Corpus Christi, TX 78411		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	ļ	Check if travel outside of Texas. Complete Schedule T.
			ļ	Check if Austin, TX, officeholder living expense Utilities Electric
				Othinos Electric
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	4		
	Date	Payee name		
	09/30/2024	Lopez Broadcasting		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$3,000.00	2209 NPID Ste V		
		Corpus Christi, TX 78408		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Advertising Expense	ļ	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Radio ads
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		Since field

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/17 Rpt: 30/35	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	09/27/2024	Martinez, Frankie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	802 S Cancahua Apt 437
		· ·
		Corpus Christi, TX 78401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Media production
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit 6/61	
	Date	Payee name
	10/11/2024	Martinez, Frankie
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,600.00	802 S Cancahua Apt 437
	, ,	
		Corpus Christi, TX 78401
	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
		Media Production
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beriefit Great	
	Date	Payee name
	10/17/2024	Martinez, Frankie
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	802 S Cancahua Apt 437
		· ·
		Corpus Christi, TX 78401
	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
		Media production
	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 Con

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: 13/17 Rpt: 31/35	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	09/27/2024	Ramirez, Joseph
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	2309 Blue Star
		Corpus Christi, TX 78414
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOTV
		GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
⊨	D-4-	
	Date	Payee name
L	10/15/2024	Ramirez, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2309 Blue Star
		Corpus Christi, TX 78414
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		GOTV
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┡		
	Date	Payee name
	10/16/2024	Ramirez, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	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
1		Media / Spanish TV
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/17 Rpt: 32/35	Ortiz Jr., Solomon P. (Mr.)
4	Date	5 Payee name
	10/25/2024	Ramirez, Joseph
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	2309 Blue Star
		Corpus Christi, TX 78414
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	10/18/2024	Retro 104.1 Radio
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	400 Mann St
	Ψ2,000.00	Ste 1006
		Corpus Christi, TX 78401
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Media OTT
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/O	<u> </u>
	Date	Payee name
	09/27/2024	Rice, Conor
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	11 Lake Shore Dr
		Corpus Christi, TX 78413
	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
	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 Co 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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/17 Rpt: 33/35 Ortiz Jr., Solomon P. (Mr.) 00059793 4 Date Payee name 10/18/2024 Rice, Conor 6 Amount (\$) Payee address; State; Zip Code \$750.00 11 Lake Shore Dr Corpus Christi, TX 78413 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **GOTV** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/03/2024 Taqueria La Cabana Amount (\$) Payee address; City; State; Zip Code \$70.83 10669 Lepard Corpus Christi, TX 78410 **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 Volunteer dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2024 Texas Flame Steak Amount (\$) Payee address: City; State; Zip Code \$58.89 4535 SPID Corpus Christi, TX 78411 **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 Volunteers/Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 FILE	R NAME		3 Filer ID (Ethics Commission Filers)
Sch: 16/17 Rpt: 34/35 Ortiz	Jr., Solomon P. (Mr.)		00059793
4 Date 5 Paye	e name		
10/22/2024 The	Annex		
6 Amount (\$) 7 Paye	e address; City; State	; Zip Code	
\$132.48 312	S Chaparral		
	us Christi, TX 78401		
8 PURPOSE (a) Cate(GOTY (See Categories listed at the top of this sch		
EXPENDITURE Ever	nt Expense		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		-	refreshments
Complete ONLY if direct Candid expenditure to benefit C/OH	date/Officeholder name	Dffice sought	Office held
Date Paye	e name		
10/08/2024 U & I	Restaurant		
Amount (\$) Paye	e address; City; State	; Zip Code	
\$62.04 309	S Water		
Corp	us Christi, TX 78401		
PURPOSE (a) Cate(GOTY (See Categories listed at the top of this sch		
EXPENDITURE FOOD	l/Beverage Expense	<u> </u>	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Volunteer lur	
		7 0 10 110 0 1 10 1	
Complete ONLY if direct Candid expenditure to benefit C/OH	date/Officeholder name	Dffice sought	Office held
Date Paye	e name		
10/07/2024 WIX			
Amount (\$) Paye	e address; City; State	; Zip Code	
	Gansevoort St	•	
New	York , NY 10014		
1 05 1	gory (See Categories listed at the top of this sch		
EXPENDITURE Adve	ertising Expense	, <u>u</u>	l outside of Texas. Complete Schedule T.
		Website/ema	n, TX, officeholder living expense
		Website/eme	an service
Complete ONLY if direct Candid	late/Officeholder name (Office sought	Office held
expenditure to benefit C/OH	iate/Onicenduel ridifle	omee sought	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 17/17 Rpt: 35/35		(Ethics Commission Filers)
4	Date 10/02/2024	5 Payee name WalMart	
6	Amount (\$) \$186.11		
8	PURPOSE OF EXPENDITURE	Corpus Christi, TX 78414 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Con Check if Austin, TX, officeholder living TM Glow Parade	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office h	eld
	Date 10/02/2024	Payee name WalMart	
	Amount (\$) \$186.11	Payee address; City; State; Zip Code 6101 Saratoga Corpus Christi, TX 78414	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Con Check if Austin, TX, officeholder living Candies for school parade	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office h	eld
	Date 10/17/2024	Payee name iHeart Media	
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 501 Tupperware Lane	
		Corpus Christi, TX 78417	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Con Check if Austin, TX, officeholder living	•
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office h	eld