

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084239	2 Total pages filed: 66	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Claudia	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2025
	NICKNAME	LAST Ordaz Perez	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 71738 El Paso, TX 79917		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Terri	MI MI	
	NICKNAME	LAST Flickinger	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 8120 Bethany Dr. El Paso, TX 79925		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(915) 276-5158				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 12/31/2024	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 79 El Paso		12 OFFICE SOUGHT (if known) State Representative District 79	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Ordaz Perez, Claudia (The Honorable) **14** Filer ID (Ethics Commission Filers)
00084239

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	72,498.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	22,108.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	86,657.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 The Honorable Claudia Ordaz Perez
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Ordaz Perez, Claudia (The Honorable)	19 Filer ID (Ethics Commission Filers) 00084239
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 72,200.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 298.00
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 22,108.42
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/16 Rpt: 4/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 08/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 512 Strategies LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) American Pharmacy Inc GPAC <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ancira Strategic Partners LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated General Contractors of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borsch, Gary (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/16 Rpt: 5/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Bobby (Mr.)	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code El Paso, TX 79912		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Tropicana Homes
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Randy (Mr.)	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Tropicana Homes
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brotherhood of Locomotive Engineers & Trainmen TXPAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Decatur, TX 76234		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Career Colleges & Schools of Texas PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chevron Employees PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code San Ramon, CA 94583		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/16 Rpt: 6/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgadillo, Danielle <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Self
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El Paso Electric Company Employee PAC <hr/> Contributor address; City; State; Zip Code El Paso, TX 79960	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enterprise Holdings PAC <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63105	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaddy, Lane (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) W Silver Recycling
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldean, Paul (Mr.) <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28277	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) PaceOMatic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/16 Rpt: 7/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grace & McEwan Consulting LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund <hr/> Contributor address; City; State; Zip Code Dallas, TX 75240	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggerty, Patrick <hr/> Contributor address; City; State; Zip Code El Paso, TX 79904	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill Co PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Blake <hr/> Contributor address; City; State; Zip Code Talking Rock, GA 30175	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/16 Rpt: 8/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Pilots PAC <hr/> 6 Contributor address; City; State; Zip Code Deer Park, TX 77536	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Lisa <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Woody (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79901	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Hunt Companies
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimenez, Demetrio (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79922	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Tropicana Homes
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laredo Fire PAC <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/16 Rpt: 9/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 12/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee A. Woods Political Action Committee	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Austin, TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78760	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Peisen	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code El Paso, TX 79922	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) L&F Distributors
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longbow Partners	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00496307) Marathon Petroleum Corporation PAC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Findlay, OH 45840	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/16 Rpt: 10/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/23/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00225342) McGuire Woods Federal PAC Fund	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Richmond, VA 23219		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00097485) Merck Employees PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Washington, DC 20004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Lucas	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAIFA Texas IFAPAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00491696) NRG Energy PAC	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Princeton , NJ 08540-6213		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ONE Gas, Inc PAC <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74103	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00780171</u>) Organon & Co. Employee PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, David (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) West Star Bank
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pascal, Matt <hr/> Contributor address; City; State; Zip Code Hudson, CO 80642	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Political Action Committee of the Independent Insurance Agents of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/16 Rpt: 12/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Red Rock Texas PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabine Pilot PAC <hr/> Contributor address; City; State; Zip Code Port Arthur, TX 77640	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Douglas <hr/> Contributor address; City; State; Zip Code El Paso, TX 79922	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Southwest Land Development Services Inc
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Stuart (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Scott Hulse
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TBA Bank PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/16 Rpt: 13/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TENET Healthcare Corporation	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Dallas, TX 75254		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Reasonable Solutions PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78741		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO State Cope Fund	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78711		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Builders	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Association of Crane Owners PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78716		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/16 Rpt: 14/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dairymen PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78711	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Dental Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Friends of Trey Martinez Fischer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Land Title Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/16 Rpt: 15/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Lobby Partners LLP	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas McDonalds Operators Association PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Athens, TX 75751		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Realtors PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Austin, TX 78768		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC	Amount of Contribution (\$) \$4,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Society of Architects Committee	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Austin, TX 78702		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/16 Rpt: 16/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Association of Fire Fighters Action Committee <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Teachers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Textron Political Action Committee <hr/> Contributor address; City; State; Zip Code Rhode Island, TX 02903	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/16 Rpt: 17/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Cigna Group Employee PAC <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19192	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00284885) The Home Depot PAC <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00010470) Union Pacific Corporation Fund for Effective Government <hr/> Contributor address; City; State; Zip Code Washington, DC 20004	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verizon Communications Inc <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veterinarian PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/16 Rpt: 18/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Massey	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) PTF
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekley, Richard (Mr.)	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code Houston, TX 77055		
Principal occupation / Job title (See Instructions) Homebuilder		Employer (See Instructions) Weekley Homes
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Joyce	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Bob (Mr.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code El Paso, TX 79912		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yellen, Tracy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code El Paso, TX 79902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/16 Rpt: 19/66
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachry Corporation PAC <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78265	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamora, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Dannenbaum Engineering

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 20/66	
2 FILER NAME Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/15/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sampson, Chance	8 Amount of contribution (\$) \$298.00	9 In-kind contribution description Fundraiser host
	7 Contributor address; City; State; Zip Code Austin, TX 78701	<input type="checkbox"/> 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) (See instructions)	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/46 Rpt: 21/66	2	FILER NAME Ordaz Perez, Claudia (The Honorable)	3	Filer ID (Ethics Commission Filers) 00084239
4	Date 07/26/2024	5	Payee name 68 Degrees		
6	Amount (\$) \$181.52	7	Payee address; City; State; Zip Code 2401 Lake Austin Blvd Austin, TX 78703		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/01/2024		Payee name AT&T		
	Amount (\$) \$173.25		Payee address; City; State; Zip Code 208 S. Akard St Dallas, TX 75202		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Bill		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/01/2024		Payee name AT&T		
	Amount (\$) \$145.37		Payee address; City; State; Zip Code 208 S. Akard St Dallas, TX 75202		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Bill		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/46 Rpt: 22/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/01/2024	5 Payee name AT&T	
6 Amount (\$) \$157.09	7 Payee address; City; State; Zip Code 208 S. Akard St Dallas, TX 75202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Bill
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2024	Payee name AT&T	
Amount (\$) \$322.31	Payee address; City; State; Zip Code 208 S. Akard St Dallas, TX 75202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2024	Payee name AT&T	
Amount (\$) \$173.25	Payee address; City; State; Zip Code 208 S. Akard St Dallas, TX 75202	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/46 Rpt: 23/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 12/02/2024	5 Payee name AT&T	
6 Amount (\$) \$180.56	7 Payee address; City; State; Zip Code 208 S. Akard St Dallas, TX 75202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Bill
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2024	Payee name Airbnb Headquarters	
Amount (\$) \$246.94	Payee address; City; State; Zip Code 888 Brannan St San Fransisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2024	Payee name Airbnb Headquarters	
Amount (\$) \$549.20	Payee address; City; State; Zip Code 888 Brannan St San Fransisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/46 Rpt: 24/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/13/2024	5 Payee name Airbnb Headquarters	
6 Amount (\$) \$320.55	7 Payee address; City; State; Zip Code 888 Brannan St San Fransisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2024	Payee name Airbnb Headquarters	
Amount (\$) \$436.11	Payee address; City; State; Zip Code 888 Brannan St San Fransisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2024	Payee name Amazon	
Amount (\$) \$103.78	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/46 Rpt: 25/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
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4 Date 12/19/2024	5 Payee name Amazon
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6 Amount (\$) \$14.06	7 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/19/2024	Payee name Amazon
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Amount (\$) \$48.66	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2024	Payee name Amazon
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Amount (\$) \$503.09	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Living expenses
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/46 Rpt: 26/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 12/27/2024	5 Payee name Amazon	
6 Amount (\$) \$378.86	7 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Living expenses
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name American Airlines	
Amount (\$) \$193.98	Payee address; City; State; Zip Code P.O. Box 619616 DFW Airport, TX 75261	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight change fee for legislative trip in Mexico
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name American Airlines	
Amount (\$) \$138.98	Payee address; City; State; Zip Code P.O. Box 619616 DFW Airport, TX 75261	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight change fee for legislative trip in Mexico
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/46 Rpt: 27/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 09/13/2024	5 Payee name Austin International Airport	
6 Amount (\$) \$19.92	7 Payee address; City; State; Zip Code 3600 Presidential Blvd Austin, TX 78719	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name Austin International Airport	
Amount (\$) \$43.82	Payee address; City; State; Zip Code 3600 Presidential Blvd Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2024	Payee name Best Buy Austin	
Amount (\$) \$2,116.45	Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd Austin, TX 78723	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Apple Computer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/46 Rpt: 28/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/07/2024	5 Payee name Café Toscano Polanco	
6 Amount (\$) \$139.79	7 Payee address; City; State; Zip Code Temístocles 26 Mexico City 11550 Mexico	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting in Mexico during legislative trip
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name Chevron Austin	
Amount (\$) \$19.74	Payee address; City; State; Zip Code 1200 N Lamar Blvd Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name Chevron Austin	
Amount (\$) \$48.92	Payee address; City; State; Zip Code 1200 N Lamar Blvd Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/46 Rpt: 29/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 07/20/2024	5 Payee name Circle K	
6 Amount (\$) \$55.56	7 Payee address; City; State; Zip Code 1520 Lee Trevino Dr El Paso, TX 79936	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Circle K	
Amount (\$) \$25.74	Payee address; City; State; Zip Code 3112 E Cesar Chavez St Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2024	Payee name Delta Airlines	
Amount (\$) \$29.99	Payee address; City; State; Zip Code 1030 Delta Boulevard Atlanta, GA 30354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checked bag fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 10/46 Rpt: 30/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 11/18/2024	5 Payee name Delta Airlines	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 1030 Delta Boulevard Atlanta, GA 30354	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bag fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name Delta Airlines	
Amount (\$) \$114.99	Payee address; City; State; Zip Code 1030 Delta Boulevard Atlanta, GA 30354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight change fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name Discount Tire	
Amount (\$) \$1,201.36	Payee address; City; State; Zip Code 1411 W Ben White Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Installation of tires and alignment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/46 Rpt: 31/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 11/14/2024	5 Payee name Doubletree Suites Austin	
6 Amount (\$) \$402.41	7 Payee address; City; State; Zip Code 303 W 15th St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2024	Payee name EP Easy Storage	
Amount (\$) \$68.00	Payee address; City; State; Zip Code 344 North Zaragoza Road El Paso, TX 79907	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage unit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2024	Payee name EP Easy Storage	
Amount (\$) \$68.00	Payee address; City; State; Zip Code 344 North Zaragoza Road El Paso, TX 79907	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage unit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/46 Rpt: 32/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 09/23/2024	5 Payee name EP Easy Storage	
6 Amount (\$) \$68.00	7 Payee address; City; State; Zip Code 344 North Zaragoza Road El Paso, TX 79907	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage unit
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/11/2024	Payee name EP Easy Storage	
Amount (\$) \$98.00	Payee address; City; State; Zip Code 344 North Zaragoza Road El Paso, TX 79907	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/08/2024	Payee name El Paso Democratic Party	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1401 Montana Ave suite e El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for El Paso Democratic Party Golf Tournament
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/46 Rpt: 33/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 09/09/2024	5 Payee name El Paso International Airport	
6 Amount (\$) \$55.46	7 Payee address; City; State; Zip Code 6701 Convair Rd El Paso, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Fig+Brie	
Amount (\$) \$467.94	Payee address; City; State; Zip Code 3800 N Mesa St Suite C12 El Paso, TX 79902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cheese board for fundraiser gathering
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2024	Payee name Flying J Fort Stockton	
Amount (\$) \$55.56	Payee address; City; State; Zip Code 2571 N Front St Fort Stockton, TX 79735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/46 Rpt: 34/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 08/31/2024	5 Payee name Ghoul Coffee	
6 Amount (\$) \$17.84	7 Payee address; City; State; Zip Code 2324 E Cesar Chavez St Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2024	Payee name HEB	
Amount (\$) \$17.44	Payee address; City; State; Zip Code 1000 E 41st St Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal while in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2024	Payee name Hill Country Springs, Inc	
Amount (\$) \$10.83	Payee address; City; State; Zip Code 10019 S IH 35 Frontage Rd Austin, TX 78747	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office water supplier
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/46 Rpt: 35/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
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4 Date 08/02/2024	5 Payee name Hill Country Springs, Inc
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6 Amount (\$) \$10.83	7 Payee address; City; State; Zip Code 10019 S IH 35 Frontage Rd Austin, TX 78747
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office water supplier
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/04/2024	Payee name Hill Country Springs, Inc
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Amount (\$) \$10.83	Payee address; City; State; Zip Code 10019 S IH 35 Frontage Rd Austin, TX 78747
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office water supplier
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2024	Payee name Hill Country Springs, Inc
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Amount (\$) \$9.82	Payee address; City; State; Zip Code 10019 S IH 35 Frontage Rd Austin, TX 78747
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office water supplier
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/46 Rpt: 36/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 11/02/2024	5 Payee name Hill Country Springs, Inc	
6 Amount (\$) \$10.83	7 Payee address; City; State; Zip Code 10019 S IH 35 Frontage Rd Austin, TX 78747	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office water supplier
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name Hill Country Springs, Inc	
Amount (\$) \$24.57	Payee address; City; State; Zip Code 10019 S IH 35 Frontage Rd Austin, TX 78747	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office water supplier
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Hyatt Regency Mexico City	
Amount (\$) \$48.94	Payee address; City; State; Zip Code Av. Insurgentes Sur 724 Mexico City 03100 Mexico	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal in Mexico during legislative trip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/46 Rpt: 37/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/07/2024	5 Payee name Hyatt Regency Mexico City	
6 Amount (\$) \$28.77	7 Payee address; City; State; Zip Code Av. Insurgentes Sur 724 Mexico City 03100 Mexico	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal in Mexico during legislative trip
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Hyatt Regency Mexico City	
Amount (\$) \$45.26	Payee address; City; State; Zip Code Av. Insurgentes Sur 724 Mexico City 03100 Mexico	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal in Mexico during legislative trip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Hyatt Regency Mexico City	
Amount (\$) \$121.50	Payee address; City; State; Zip Code Av. Insurgentes Sur 724 Mexico City 03100 Mexico	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal in Mexico during legislative trip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/46 Rpt: 38/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/01/2024	5 Payee name Hyatt Regency Mexico City	
6 Amount (\$) \$47.11	7 Payee address; City; State; Zip Code Av. Insurgentes Sur 724 Mexico City 03100 Mexico	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal in Mexico during legislative trip
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Isola Polanco	
Amount (\$) \$271.89	Payee address; City; State; Zip Code Av. Emilio Castelar 149 Mexico City 11550 Mexico	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting in Mexico during legislative trip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Juliana Cocina de Casa	
Amount (\$) \$181.04	Payee address; City; State; Zip Code Calle Lago Zurich 245 Amp Granada Mexico City 11529 Mexico	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting in Mexico during legislative trip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/46 Rpt: 39/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 07/16/2024	5 Payee name Kona Grill	
6 Amount (\$) \$58.45	7 Payee address; City; State; Zip Code 8889 Gateway Blvd W Ste 1740 El Paso, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name Masters, Cristina	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 7207 Winecup Holw Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Maxwell Ford	
Amount (\$) \$83.49	Payee address; City; State; Zip Code 5000 S I-35 Frontage Rd Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Oil change
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/46 Rpt: 40/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 09/06/2024	5 Payee name Mustang Parking	
6 Amount (\$) \$8.00	7 Payee address; City; State; Zip Code 201 E. Main St El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Mustang Parking	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 201 E. Main St El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Mustang Parking	
Amount (\$) \$4.00	Payee address; City; State; Zip Code 201 E. Main St El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/46 Rpt: 41/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/11/2024	5 Payee name Nori	
6 Amount (\$) \$98.50	7 Payee address; City; State; Zip Code 3208 Guadalupe St B Austin, TX 78705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name Paso Del Norte Autograph	
Amount (\$) \$66.29	Payee address; City; State; Zip Code 10 Henry Trost Ct El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Pink Granite Foundation	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1100 West Avenue Suite B Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fee for legislative staffer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/46 Rpt: 42/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 07/29/2024	5 Payee name Pool Burger	
6 Amount (\$) \$23.09	7 Payee address; City; State; Zip Code 2315 Lake Austin Blvd Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2024	Payee name Qi Austin	
Amount (\$) \$253.83	Payee address; City; State; Zip Code 835 W 6th St Unit 114 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name Runnels, Emily	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 7600 Wood Hollow Dr Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas bonus
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/46 Rpt: 43/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 12/18/2024	5 Payee name Saenz, Denise	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 14633 Escalera Dr El Paso, TX 79928	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Christmas bonus
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name Southwest Inflight Wifi	
Amount (\$) \$5.60	Payee address; City; State; Zip Code PO Box 36611 Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wi-fi on board
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Southwest Inflight Wifi	
Amount (\$) \$8.00	Payee address; City; State; Zip Code PO Box 36611 Dallas, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense On board wi-fi
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/46 Rpt: 44/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 07/23/2024	5 Payee name Starbucks	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3120 Palm Way Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto card reload for meetings and events
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2024	Payee name Starbucks	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3120 Palm Way Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto card reload for meetings and events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Starbucks	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3120 Palm Way Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto card reload for meetings and events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/46 Rpt: 45/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 09/12/2024	5 Payee name Starbucks	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3120 Palm Way Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto card reload for meetings and events
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Starbucks	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3120 Palm Way Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto card reload for meetings and events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Starbucks	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3120 Palm Way Austin, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto card reload for meetings and events
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/46 Rpt: 46/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 12/20/2024	5 Payee name Starbucks	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3120 Palm Way Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto card reload for meetings and events
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name Sweetgreen	
Amount (\$) \$51.83	Payee address; City; State; Zip Code 1007 S Congress Ave Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2024	Payee name Taft Diaz	
Amount (\$) \$33.06	Payee address; City; State; Zip Code 209 N Stanton St El Paso, TX 79901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/46 Rpt: 47/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 12/05/2024	5 Payee name Texas House Democratic Caucus	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 1100 Congress Ave Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense House Democratic Caucus dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name The Loren Hotel	
Amount (\$) \$198.68	Payee address; City; State; Zip Code 1211 W Riverside Dr, Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2024	Payee name The UPS Store	
Amount (\$) \$159.64	Payee address; City; State; Zip Code 6060 Cornerstone Ct West Headquarters San Diego, CA 92121	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Package overnight shipping costs to district director
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/46 Rpt: 48/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 12/19/2024	5 Payee name The Whitely	
6 Amount (\$) \$2,659.00	7 Payee address; City; State; Zip Code 301 Brazos St. Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name Tiff's Treats Austin	
Amount (\$) \$24.00	Payee address; City; State; Zip Code 1806 Nueces St Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you basket
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2024	Payee name UBER	
Amount (\$) \$6.35	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/46 Rpt: 49/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 07/29/2024	5 Payee name UBER	
6 Amount (\$) \$11.62	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/29/2024	Payee name UBER	
Amount (\$) \$12.09	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2024	Payee name UBER	
Amount (\$) \$18.11	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/46 Rpt: 50/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 07/30/2024	5 Payee name UBER	
6 Amount (\$) \$12.94	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name UBER	
Amount (\$) \$15.99	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name UBER	
Amount (\$) \$17.04	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/46 Rpt: 51/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 08/01/2024	5 Payee name UBER	
6 Amount (\$) \$12.65	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2024	Payee name UBER	
Amount (\$) \$34.58	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2024	Payee name UBER	
Amount (\$) \$13.77	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in the district
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/46 Rpt: 52/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 09/08/2024	5 Payee name UBER	
6 Amount (\$) \$29.28	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in the district
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name UBER	
Amount (\$) \$12.87	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name UBER	
Amount (\$) \$8.26	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/46 Rpt: 53/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 09/09/2024	5 Payee name UBER	
6 Amount (\$) \$15.88	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name UBER	
Amount (\$) \$7.03	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name UBER	
Amount (\$) \$14.71	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/46 Rpt: 54/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 09/10/2024	5 Payee name UBER	
6 Amount (\$) \$7.67	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name UBER	
Amount (\$) \$12.59	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name UBER	
Amount (\$) \$7.24	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/46 Rpt: 55/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 09/11/2024	5 Payee name UBER	
6 Amount (\$) \$24.63	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2024	Payee name UBER	
Amount (\$) \$35.92	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in the district
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2024	Payee name UBER	
Amount (\$) \$9.99	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in the district
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 36/46 Rpt: 56/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 09/27/2024	5 Payee name UBER	
6 Amount (\$) \$19.63	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in the district
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name UBER	
Amount (\$) \$12.59	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name UBER	
Amount (\$) \$5.25	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 37/46 Rpt: 57/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
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4 Date 10/10/2024	5 Payee name UBER
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6 Amount (\$) \$13.60	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name UBER
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Amount (\$) \$28.81	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/11/2024	Payee name UBER
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Amount (\$) \$14.85	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 38/46 Rpt: 58/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/11/2024	5 Payee name UBER	
6 Amount (\$) \$15.28	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2024	Payee name UBER	
Amount (\$) \$8.96	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2024	Payee name UBER	
Amount (\$) \$8.96	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 39/46 Rpt: 59/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/13/2024	5 Payee name UBER	
6 Amount (\$) \$11.98	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2024	Payee name UBER	
Amount (\$) \$13.74	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name UBER	
Amount (\$) \$13.96	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 40/46 Rpt: 60/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/16/2024	5 Payee name UBER	
6 Amount (\$) \$26.33	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2024	Payee name UBER	
Amount (\$) \$16.78	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name UBER	
Amount (\$) \$29.98	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in the district
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 41/46 Rpt: 61/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 12/09/2024	5 Payee name UBER	
6 Amount (\$) \$9.99	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2024	Payee name UBER	
Amount (\$) \$36.97	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in College Station
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2024	Payee name UBER	
Amount (\$) \$33.41	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Palm Beach for legislative work trip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 42/46 Rpt: 62/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 11/18/2024	5 Payee name UBER	
6 Amount (\$) \$48.80	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Palm Beach for legislative work trip
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2024	Payee name UBER	
Amount (\$) \$18.90	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in the district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2024	Payee name UBER	
Amount (\$) \$41.75	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in the district
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 43/46 Rpt: 63/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 11/12/2024	5 Payee name UBER	
6 Amount (\$) \$7.65	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name UBER	
Amount (\$) \$15.31	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name UBER	
Amount (\$) \$14.03	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 44/46 Rpt: 64/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 11/12/2024	5 Payee name UBER	
6 Amount (\$) \$46.50	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name UBER	
Amount (\$) \$29.98	Payee address; City; State; Zip Code 1455 Market St 400, Headquarters San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transportation in El Paso
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name USPS	
Amount (\$) \$195.00	Payee address; City; State; Zip Code 880 N Zaragoza El Paso, TX 79907	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense P.O. Box renewal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 45/46 Rpt: 65/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4 Date 10/12/2024	5 Payee name Uber Eats	
6 Amount (\$) \$58.55	7 Payee address; City; State; Zip Code 1455 Market St. 4th Fl Trevose, PA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal while in Austin
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2024	Payee name Uber Eats	
Amount (\$) \$102.88	Payee address; City; State; Zip Code 1455 Market St. 4th Fl Trevose, PA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal in Palm Beach for legislative work trip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2024	Payee name Valero	
Amount (\$) \$25.91	Payee address; City; State; Zip Code 3001 Yarbrough El Paso, TX 79915	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 46/46 Rpt: 66/66	2 FILER NAME Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
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4 Date 09/11/2024	5 Payee name Walton's Bakery
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6 Amount (\$) \$57.88	7 Payee address; City; State; Zip Code 609 W 6th Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff meeting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/11/2024	Payee name Wyndham Austin
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Amount (\$) \$432.83	Payee address; City; State; Zip Code 516 W. 8th Street Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lodging in Austin
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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