# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comp	plete this form.	1 Filer ID (Ethics Commit 00084239		2 Total pages filed: 124						
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY					
OFFICEHOLDER NAME	The Honorable	Claudia			Date Received  ELECTRONICA	ALLY FILED					
	NICKNAME	LAST		SUFFIX	··· 07/15/2025						
		Ordaz Perez									
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked					
MAILING ADDRESS	P.O. Box 71738				Receipt #	Amount					
Change of Address	El Paso, TX 79917										
	211 430, 17, 13311				Date Processed						
					Date Imaged						
5 CAMPAIGN	MS / MRS / MR	FIRST		MI							
TREASURER NAME	Mrs.	Terri									
	NICKNAME	LAST		SUFFIX							
	MCKIVAIVIE	Flickinger		301117							
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO P	O BOX PLEASE);	AP	「/SUITE#; CITY	; STA	ATE; ZIP CODE					
(Residence or Business)	El Paso, TX 79925										
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION								
TREASURER PHONE	(915) 276-5158										
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after car						
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta						
9 PERIOD	Month Day Year			Month Day	Year						
COVERED	01/01/2025	TH	IROUGH	06/30/202	25						
10 ELECTION	ELECTION DATE			ELECTION TYPE							
	Month Day Year	XP	rimary	Runoff	Other						
	03/03/2026		eneral	Special	<del></del>						
			Citoral								
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH							
	State Representative Dis	strict 79 El Paso		State Represen	tative District 79						
				ı							
	GO TO PAGE 2										

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 124

13 C / OH NAME	Ordaz Perez, Claudia	(The Honorable)		<b>14</b> Filer ID 00084239	(Ethics Con	nmission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted of These expenditures may have a difficeholders are required to re	been made without t	he candidate's or of	ficeholder's kr	owledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
ш°	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TRI	EASURER NAME				
		COMMITTEE CAMPAIGN TRI	EASURER ADDRES	SS			
	TOTAL UNITEM						
16 CONTRIBUTION TOTALS	S, <b>\$</b>	0.00					
	\$	37,375.00					
EXPENDITURE TOTALS							
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTA RIOD	INED AS OF THE LA	AST DAY OF THE	\$	68,849.15	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTA TING PERIOD	ANDING LOANS AS	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT		true and co	affirm, under penalty rrect and includes al 15, Election Code.				
			The Honoral	ole Claudia Ordaz	Perez		
				Candidate or Office			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subs	cribed before me, by the s	aid		, this the		day	
of	, 20, to ce	ertify which, witness my hand ar	nd seal of office.				
Signature of office	cer administering	Printed name of officer ac	dministering	Title of offi	cer administe	ring oath	

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

### FORM C/OH **COVER SHEET PG 3**

					3 of 124
_	ER NAM	ME rez, Claudia (The Honorable)	<b>19</b> Filer ID 00084239	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	36,500.00
2.	Х	\$	875.00		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	_	
4.		SCHEDULE E: LOANS	\$		
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	54,458.48	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$	150.00

	MONET	ARY POLITICAL C	S		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/124		
2	FILER NAME Ordaz Perez	, Claudia (The Honorable)			3	Filer ID (Ethics Commission 00084239	on Filers)	
4	Date 06/27/2025	Full name of contributor     Bowling, Bobby (Mr.)     Contributor address; City; Sta	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$5,000.00	
_	<u> </u>	El Paso, TX 79912	la la	5 1 (0 1 : 1				
8	Owner	pation / Job title (See Instructions	) 9	Employer (See Instructions Tropicana Homes	)			
	Date 06/30/2025	Full name of contributor Bowling, Randy (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00	
	El Paso, TX 79912							
	Owner	pation / Job title (See Instructions		Employer (See Instructions Tropicana Homes	)			
	Date Full name of contributor out-of-state PAC (ID#:)  O6/25/2025 Garcia, Joe  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00			
		Austin, TX 78701						
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Garcia Group	)			
	Date 06/29/2025	Full name of contributor Goldean, Paul (Mr.) Contributor address; City; Sta				Amount of Contribution (\$)	\$2,500.00	
	Principal occu Executive	pation / Job title (See Instructions)	)	Employer (See Instructions PaceOMatic	)			
	Date 06/23/2025	Full name of contributor Hill Co PAC Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
			,					

	MONET	ARY POLITICAL CO	ONTRIBUTION	S	SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/124		
2	FILER NAME Ordaz Perez	Full name of contributor out-of-state PAC (ID#:			3	Filer ID (Ethics Commission 00084239	on Filers)	
4	Date 06/23/2025	Hill Co PAC			7	Amount of Contribution (\$)	\$2,500.00	
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)			
	Date 06/29/2025	Hoffman, Blake		)		Amount of Contribution (\$)	\$2,000.00	
	Deinsinal assu							
				Employer (See Instructions Owner	)			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00		
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Date 06/29/2025	Full name of contributor  Margo, Donald (Mr.)  Contributor address; City; State  El Paso, TX 79922				Amount of Contribution (\$)	\$500.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)	Amount of Contribution (\$)  Amount of Contribution (\$)  Amount of Contribution (\$)		
	Date 06/23/2025	Austin, TX 78701  ncipal occupation / Job title (See Instructions)  te	\$250.00					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/124		
2	FILER NAME Ordaz Perez	, Claudia (The Honorable)		3	Filer ID (Ethics Commission Filers) 00084239		
4	Date 06/26/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$250.00		
		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 06/25/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00		
	Principal occu	Texas, TX 78711 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$) \$10,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard (Mr.)  Contributor address; City; State; Zip Code  Houston, TX 77055	)		Amount of Contribution (\$) \$5,000.00		
	Principal occu Homebuilder	pation / Job title (See Instructions)	Employer (See Instructions Weekley Homes	)			
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas Contributor address; City; State; Zip Code Austin, TX 78701	)		Amount of Contribution (\$) \$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
		<u>,</u>					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/124				
2 FILER NAME Ordaz Perez	z, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 06/26/2025	7 Contributor address; City; State; Zip Code		8 Amount of 9 In-kind contribution contribution (\$) description \$350.00 I Event space for Austin fundraiser				
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	, and the second se				
Governmen		Campos Consultin	g Group, LLC				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: HS Law PAC Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$250.00   Event space for fundraiser				
	Austin, TX 78701		I I Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Ingersoll, Deborah Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$275.00 I Event coordination for Austin fundraiser				
	Austin, TX 78763		Check if travel outside of Texas. Complete Schedule T.				
Principal occu Self	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Self	I-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
I							

### SCHEDULE F1

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

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

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

ense Travel in Districtionsense Travel Out of Disgrey/Contract Labor OTHER (enter a

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.									
<b>1</b> To	tal pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	n Filers)					
Sc	ch: 1/116 Rpt: 8/124	Ordaz Perez, Claudia (The Honorable)		00084239						
<b>4</b> Da	te	5 Payee name								
01	/01/2025	AT&T								
6 Am	nount (\$)	7 Payee address; City; State;	Zip Code							
	\$157.14	208 S. Akard St								
		Dallas, TX 75202								
8	PURPOSE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description							
ΙĘ	OF XPENDITURE	Office Overhead/Rental Expense	Check if trav	vel outside of Texas. Complete Schedule T.						
			Phone bill	stin, TX, officeholder living expense						
			1 Hone bill							
<b>9</b> Co	mplete <u>ONLY</u> if direct	Candidate/Officeholder name Off	ice sought	Office held						
	penditure to benefit C/O		ioo oougiit	Omoo noid						
Da	te	Payee name								
l	/31/2025	AT&T								
An	nount (\$)	Payee address; City; State;	Zip Code							
	\$157.17	208 S. Akard St	,-							
		Dallas, TX 75202								
	PURPOSE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description							
_	OF	Office Overhead/Rental Expense	' I '	vel outside of Texas. Complete Schedule T.						
▎▐	XPENDITURE	р	, <u>–</u>	stin, TX, officeholder living expense						
			Phone bill							
	manlata ONII V if dinast	Candidate/Office halder name	i a a a combt	Office held						
	mplete <u>ONLY</u> if direct penditure to benefit C/O		ice sought	Office held						
	+o									
Da n1	./03/2025	Payee name AT&T								
	nount (\$)		Zip Code							
All	\$75.17	208 S. Akard St	Zip Code							
	Ψ.σ.Ξ.	200 0.7 mara 0.								
		Dallas, TX 75202								
	PURPOSE	(a) Category (See Categories listed at the top of this sched	(b) Description							
	OF XPENDITURE	Office Overhead/Rental Expense	Check if trav	vel outside of Texas. Complete Schedule T.						
	APENDITURE	·	ı <b>—</b>	stin, TX, officeholder living expense						
			Internet							
	mplete <u>ONLY</u> if direct	Candidate/Officeholder name Off	ico sought	Office held						
	penditure to benefit C/O		ice sought	Onice neiu						
<u> </u>										

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mittee	Gift/Awards/Memoria Legal Services The Instruction (	·		ages	/Contract Labor		Travel Out of E OTHER (enter	District a category not listed above	/e)
Ļ	<b>-</b>	١.		THE HISH UCHOH	Juine exhibitis		ייףופ	ic una ioiiii.	<u> </u>		(Ed.) O	. =1 .
1	Total pages Schedule F1:	ı							3		(Ethics Commissio	n Filers)
	Sch: 2/116 Rpt: 9/124	-	Ordaz Perez	z, Claudia (The	e Honorable)	)				00084239	) 	
4	Date	ı	Payee name									
L	03/31/2025	L ,	AT&T									
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$183.97	:	208 S. Akar	d St								
			Dallas, TX 7	5202								
8	PURPOSE	_		e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF			e calegories listed al nead/Rental Ex		.cuaic)	. ,		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							X Check if Austin,	, TX,	officeholder livi	ng expense	
								Phone bill				
9	Complete ONLY if direct		andidate/Offic	eholder name	(	Office sou	ght			Office I	held	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	04/01/2025	'	AT&T									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$75.60	:	208 S. Akar	d St								
			Dallas, TX 7	5202								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex		,			outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							X Check if Austin,	, TX,	officeholder livi	ng expense	
								Internet				
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(	Office sou	ght			Office I	neld	
L		-										
	Date		Payee name									
	03/03/2025	'	AT&T									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$72.91	:	208 S. Akar	d St								
			Dallas, TX 7	5202								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental E		´		Check if travel			mplete Schedule T.	
	EAPENDITURE				-			X Check if Austin,	, TX,	officeholder livi	ng expense	
								Internet				
	Complete ONLY if direct		andidate/Offic	eholder name	(	Office sou	ght			Office I	held	
	expenditure to benefit C/OI											

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4		5 Payee name
L	03/03/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$171.90	208 S. Akard St
		Dallag TV 75202
Ļ	DUDDOOF	Dallas, TX 75202
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Phone bill
Ļ	Compulate ONII V if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Date	Davisa nama
	05/31/2025	Payee name AT&T
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$173.98	208 S. Akard St
		Dallas, TX 75202
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Phone bill
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
	Date	Payee name
	05/30/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.66	208 S. Akard St
		Dallas, TX 75202
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Internet
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/116 Rpt: Ordaz Perez, Claudia (The Honorable) 00084239 4 Date Payee name 04/30/2025 AT&T 6 Amount (\$) Payee address; City; State; Zip Code \$174.98 208 S. Akard St Dallas, TX 75202 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Phone bill Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/30/2025 AT&T Amount (\$) Payee address; City; State; Zip Code \$75.60 208 S. Akard St Dallas, TX 75202 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense Internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2025 AT&T Amount (\$) Payee address: City; State; Zip Code \$75.74 208 S. Akard St Dallas, TX 75202 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cd Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	06/30/2025	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$395.00	PO Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Platform fees
		Tranominees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	David and the second
	Date	Payee name
L	01/28/2025	All My Sons El Paso
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,645.00	820 Kastrin St
		El Paso, TX 79907
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Moving costs
		Widwing Costs
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	01/20/2025	Alon 7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.65	850 N Zaragoza Rd
		El Paso, TX 79936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Sus
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Legal Services	:		/ages	/Contract Labor		OTHER (enter a	strict a category not listed above	·)
	·			The Instruction G	uide explains ho	ow to cor	mple	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 6/116 Rpt:		Ordaz Perez	, Claudia (The	Honorable)					00084239		
4	Date	5	Payee name									
	06/16/2025		Alon 7-Eleve	en								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$20.01		850 N Zarag	oza Rd								
			El Paso, TX	79936								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis					Check if travel of	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITORE							<b>—</b>	, TX,	officeholder living	g expense	
								Gas				
9	Complete ONLY if direct		andidate/Offic	eholder name	Off	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	н										
	Date		Payee name									
	02/19/2025		Amazon Gro	ocery								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$11.64		PO Box 812	26								
			Seattle, WA	98108								
	DUDDOCE	_				Т	/l=\					
	PURPOSE OF			e Categories listed at		lule)	(a)	Description  Check if travel	outci	do of Toyas Com	nplete Schedule T.	
	EXPENDITURE	'	Office Overr	ead/Rental Ex	pense			<b>-</b>		officeholder living		
								Groceries			,	
	Complete ONLY if direct		andidate/Offic	eholder name	Off	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					•					
-	Date	1	Payee name									
	01/06/2025	l	Amazon									
		<u> </u>		City.	Ctata	Zin Co	al a					
	Amount (\$)	ı	Payee addres	-	State;	Zip Co	ue					
	\$162.04		PO Box 812	20								
			Seattle, WA	98108								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Office Overh	ead/Rental Ex	pense			ш			plete Schedule T.	
										officeholder living	g expense	
								Office supplie	.5			
	Complete ONLY if direct		andidate/Offi-	oholder neme	<u> </u>	fice cour	ah+			Office	old	
	Complete ONLY if direct expenditure to benefit C/OI		anunate/Offic	eholder name	Oli	fice sou	yııı			Office h	ciu	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\dashv$
	Sch: 7/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239	
4	Date	5 Payee name	
	05/30/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
ľ	\$35.61	PO Box 81226	
	Ψ00.01	1 0 BOX 01220	
		Seattle, WA 98108	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	X Check if Austin, TX, officeholder living expense	
		Office supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Date	Payee name	=
	01/13/2025	Payee name Amazon	ı
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$146.55	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE		$\dashv$
	OF	1	
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Office supplies	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
$\vdash$			_
	Date	Payee name	
	01/14/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$298.65	PO Box 81226	
		Seattle, WA 98108	
			_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	ľ
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Office supplies	
		Office supplies	
_	0 1. 5		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiencie to beliefft C/OI	··	
			ı

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memoria Legal Services  The Instruction	·		ages.	/Contract Labor		Travel Out of E OTHER (enter	oistrict a category not listed above)	
Ļ	<b>-</b>	٦	EU E5		Calue explains	HOW TO COL	iibie	ic una ioiiii.	_	-u	(Filtra 2	>
1	Total pages Schedule F1:	2							3		(Ethics Commission File	rs)
L	Sch: 8/116 Rpt:	_		z, Claudia (Th	e Honorable)	)				00084239		
4	Date	5	Payee name									
	01/15/2025		Amazon									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$57.70		PO Box 812	226								
			Seattle, WA	98108								
8	PURPOSE	(a)		ee Categories listed a	t the ton of this sch	nedule)	(b)	Description				
	OF	<u> </u>		head/Rental E		.cuaic <sub>j</sub>	. ,		outsi	ide of Texas. Co	mplete Schedule T.	
	EXPENDITURE							_		, officeholder livi	ng expense	
								Office supplie	es			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	H 										
	Date		Payee name									
	01/15/2025		Amazon									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$142.87		PO Box 812	226								
			Seattle, WA	98108		_						
	PURPOSE OF	(a)		ee Categories listed a		nedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental E	xpense			<b>—</b>			mplete Schedule T.	
								Check if Austin, Office supplie		, officeholder livii	ig expense	
								Onice Supplie	,3			
$\vdash$	Complete ONLY if direct	<u></u>	Candidata/O#:	ceholder name		Office com	ah+			Office I	neld	
	Complete ONLY if direct expenditure to benefit C/OH		Janunate/UIII	cenoidei Hällie	(	Office sou	yııı			Office f	ICIU	
$\vdash$	Data	_										
	Date		Payee name									
	01/16/2025		Amazon									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$84.39		PO Box 812	226								
			Seattle, WA	98108								
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			head/Rental E		·		Check if travel			mplete Schedule T.	
	LAFENDITURE							X Check if Austin,		, officeholder livi	ng expense	
								Office supplie	es			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(	Office sou	ght			Office h	neld	
	experiulture to beliefit C/Of	1										
												10110

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarise Wagnes/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total marca Cabadula E1.		_
1	Total pages Schedule F1: Sch: 9/116 Rpt:	2 FILER NAME Ordaz Perez, Claudia (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084239	
Ļ		l .	_
4	Date	5 Payee name	
	01/16/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$58.44	PO Box 81226	
		C	
		Seattle, WA 98108	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LXI LINDITORL	X Check if Austin, TX, officeholder living expense	
		Office supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
<b>=</b>	Date	Payee name	=
	01/16/2025		
		Amazon	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.09	PO Box 81226	
		Seattle, WA 98108	
	DUDDOOF	I	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Office supplies	
		Office Supplies	
_			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit 6/61	·	
	Date	Payee name	
	01/20/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$136.78	PO Box 81226	
	Ψ130.76	1.0.000.01220	
		Seattle, WA 98108	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	X Check if Austin, TX, officeholder living expense	
		Office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>1</del>	
			_

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	<u> </u>	_
-	Sch: 10/116 Rpt:	Ordaz Perez, Claudia (The Honorable)  00084239	
4	Date	5 Payee name	
	01/21/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$156.05	PO Box 81226	
		Seattle, WA 98108	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	-	\times \t	
		Office Supplies	
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	_
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
_	<u> </u>		_
	Date	Payee name	
	01/28/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$131.37	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
	ZA ZIIDII GRZ	X Check if Austin, TX, officeholder living expense	
		Office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/O		
			_
	Date	Payee name	
	01/31/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$169.69	PO Box 81226	
L		Seattle, WA 98108	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		X Check if Austin, TX, officeholder living expense Office supplies	
		Office Supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
			_

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 11/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4 Date	5 Payee name
01/31/2025	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$24.88	PO Box 81226
	Seattle, WA 98108
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	X Check if Austin, TX, officeholder living expense
	Office supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/06/2025	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$144.68	PO Box 81226
	Seattle, WA 98108
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	TX Check if Austin, TX, officeholder living expense
	Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/O	<u>'</u>
Date	Payee name
02/10/2025	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$12.98	PO Box 81226
	Seattle, WA 98108
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	X Check if Austin, TX, officeholder living expense
	Office supplies
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide			xpens Wages	e /Contract Labor		Travel in District Travel Out of Distr OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 12/116 Rpt:		Ordaz Pere	z, Claudia (The Ho	norable)					00084239	
4	Date	5	Payee name								
L	02/17/2025		Amazon								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$148.99		PO Box 812	226							
			Seattle, WA	98108							
8	PURPOSE OF	(a)		ee Categories listed at the to		dule)	(b)	Description			
	EXPENDITURE		Office Over	head/Rental Expen	se			Check if travel of X Check if Austin,		de of Texas. Compl officeholder living	
								Office supplie			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Ot	ffice sou	ught			Office hel	d
	expenditure to benefit C/OF	H									
	Date		Payee name								
	03/03/2025		Amazon								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$54.10		PO Box 812	226							
			Seattle, WA	98108							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	p of this sche	dule)	(b)	Description			
	OF EXPENDITURE			head/Rental Expen				<b>—</b>		de of Texas. Compl	
	-							Check if Austin, Office supplie		officeholder living e	expense
								Omoc Supplie	,,,		
$\vdash$	Complete ONLY if direct		Candidate/Offi	ceholder name	Ot	ffice sou	<u>l</u> ught			Office hel	d
	expenditure to benefit C/O	Н					-				
	Date		Payee name								
	03/03/2025		Amazon								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$48.23		PO Box 812	226							
			Seattle, WA	98108							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	p of this sche	dule)	(b)	Description			
	OF EXPENDITURE			head/Rental Expen		,		Check if travel		de of Texas. Comp	
	LAI LADITORE							_		officeholder living e	expense
								Office supplie	:5		
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Of	ffice sou	lapt			Office hel	d
	expenditure to benefit C/O		Januale/OIII	ocholder Hallie	O	301	agrit			Office fiel	u

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services  The Instruction G			ges/	Contract Labor		OTHER (enter a	strict a category not listed above	)
_					ulue explains now	to com	pic	te tilis ioilli.	-			\
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	Filers)
	Sch: 13/116 Rpt:		Ordaz Perez	z, Claudia (The	Honorable)					00084239		
4	Date	5	Payee name									
	03/03/2025		Amazon									
6	Amount (\$)	7	Payee addres	ss; City;	State; Ziņ	Code	e					
	\$68.46		PO Box 812									
			Soattle WA	00100								
Ļ			Seattle, WA			- 1						
8	PURPOSE OF	(a)			the top of this schedule)	(k	b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Ex	pense			<u> </u>		officeholder livin	nplete Schedule T.	
								Office supplie		Onicendiaer livin	у схрензе	
								Cinoc cappine	,,			
Ļ	Commission ONII V if direct	Щ	Canalidate /Offic		Office					Office b	ماط	
9	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Οπισε	sough	nτ			Office h	ela	
	<u> </u>	_										
	Date		Payee name									
	03/06/2025		Amazon									
	Amount (\$)		Payee addres	ss; City;	State; Ziŗ	Code	е					
	\$37.88		PO Box 812	26								
			Seattle, WA	98108								
	PURPOSE	(-)				I a	<u>ا ۱</u>					
	PURPOSE OF	(a)			the top of this schedule)	(,	U)	Description  Check if travel (	nutei	de of Teyes Con	nplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Ex	pense					officeholder livin		
								Office supplie			,	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	nt .			Office h	eld	
	expenditure to benefit C/O					9						
	D-4-	_										
	Date		Payee name									
	04/08/2025		Amazon									
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	е					
	\$35.69		PO Box 812	26								
			Seattle, WA	98108								
	PURPOSE	(a)	Category (so	o Catogorios listod at t	he top of this schedule)	(k	b)	Description				
	OF	``		nead/Rental Ex		`	,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		011100 01011	roda/rtorita: Ex	poneo			X Check if Austin,	, TX,	officeholder livin	g expense	
								Office supplie	es			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	nt			Office h	eld	
	expenditure to benefit C/OI	Н										

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		ense ges/Contract Labor	Trave	el in District el Out of Dis ER (enter a	ctrict category not listed above)		
1	Total pages Schedule F1:	2 FILER	NAME				3 Filer	· ID	(Ethics Commission Filers)	
	Sch: 14/116 Rpt:	Ordaz	Perez, Claudia (The	Honorable)			000	84239		
4	Date	<b>5</b> Payee	name				•			
	05/08/2025	Amazo	on							
6	Amount (\$)	<b>7</b> Payee	address; City;	State;	Zip Cod	e				
	\$124.77	PO Bo	ox 81226							
		Seattle	e, WA 98108							
8	PURPOSE	(a) Catego	Ory (See Categories listed at	the top of this sche	edule) (	b) Description				
	OF EXPENDITURE		Overhead/Rental Ex						plete Schedule T.	
	-					X Check if Austir Office supplie		nolaer living	expense	
						Cilioo oappiii				
9	Complete ONLY if direct	L Candida	te/Officeholder name	C		nt		Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee								
	02/02/2025	Amazo		<u> </u>	<b>7</b> : ~					
	Amount (\$)	1	address; City;	State;	Zip Cod	е				
	\$151.74	POBC	ox 81226							
		Seattle	e, WA 98108							
	PURPOSE OF		Ory (See Categories listed at		edule) (	b) Description				
	EXPENDITURE	Office	Overhead/Rental Ex	pense		Check if travel Check if Austir			plete Schedule T. expense	
						Office supplie			·	
						• •				
	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name	C	Office soug	nt		Office he	eld	
	Date	Payee	name							
	03/05/2025	Amazo	on							
	Amount (\$)	Payee	address; City;	State;	Zip Cod	е				
	\$159.08	PO Bo	ox 81226							
		Seattle	e, WA 98108							
	PURPOSE	(a) Catego	Ory (See Categories listed at	the top of this sche	edule) (	b) Description				
	OF EXPENDITURE	Office	Overhead/Rental Ex	pense		Check if travel Check if Austir			plete Schedule T.	
						Office and ap				
						· <del></del> r		1-1		
	Complete ONLY if direct		te/Officeholder name	C	Office soug	nt		Office he	eld	
	expenditure to benefit C/OI	4								
			<del> </del>							

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political ( Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 2	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 15/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239	
4 Date	5 Payee name	
03/27/2025	Amazon	
6 Amount (\$) \$79.00	Payee address; City; State; Zip Code PO Box 81226  Seattle, WA 98108	
8 PURPOSE (	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office supplies	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/03/2025	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$132.67	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  Check if travel outside of Texas. Complete Schedule T.  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	
Date	Payee name	
04/03/2025	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$22.31	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office supplies	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Finding Expense
Salaries/Mangs/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	04/07/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.89	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office supplies
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/07/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.18	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	04/15/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.33	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
		Gines supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Poli Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F:	.: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4 Date	5 Payee name
04/15/2025	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$27.00	PO Box 81226
	Seattle, WA 98108
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
04/18/2025	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$51.9	PO Box 81226
	Seattle, WA 98108
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Office supplies
	Office supplies
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C	
Data	
Date	Payee name
02/14/2025	Austin Proper
Amount (\$)	Payee address; City; State; Zip Code
\$293.2	7 600 W 2nd St
	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Staff lunch
Complete ONE V if all the art	Condidate/Officeholder name Office cought Office hald
Complete ONLY if direct expenditure to benefit C	Candidate/Officeholder name Office sought Office held OH

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1: Sch: 18/116 Rpt:	FILER NAME     Ordaz Perez, Claudia (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084239
4	Date 01/08/2025	5 Payee name Best Buy Austin	
6	Amount (\$) \$554.09	7 Payee address; City; State; Zip Code 1201 Barbara Jordan Blvd Austin, TX 78723	
8	PURPOSE OF EXPENDITURE	Office Overfiedd/Nertai Experise	outside of Texas. Complete Schedule T. n, TX, officeholder living expense <b>e</b> S
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/08/2025	Payee name Cafe on the Beach	
	Amount (\$) \$74.87	Payee address; City; State; Zip Code 3616 Gulf Blvd  South Padre, TX 78597	
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense se — SpaceX Tour Trip
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/07/2025	Payee name Canva	
	Amount (\$) \$119.40	Payee address; City; State; Zip Code 75 East Santa Clara Street San Jose, CA 95113	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense are - Design

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/20/2025	Chevron Ft Stockton
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.31	1501 North Hwy 285
		Fort Stockton, TX 79735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Sus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/23/2025	Circle K El Paso
_	Amount (\$)	Payee address; City; State; Zip Code
	\$16.34	11096 Pebble Hills Blvd,
	Ψ10.54	11000 F CBBIC Fillio Biva,
		El Paso, TX 79936
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/30/2025	Clarks
	Amount (\$)	Payee address; City; State; Zip Code
	\$202.13	1200 W 6th St
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		l Out of District ER (enter a category not listed above)
1	Total pages Schedule F1:	.: 2 FILER NAME 3 Filer	ID (Ethics Commission Filers)
-	Sch: 20/116 Rpt:		84239
4	Date	5 Payee name	
	05/06/2025	Cookie Bouquets	
6	Amount (\$) \$71.90	7 Payee address; City; State; Zip Code 6665 Huntley Rd	
	7.2.00		
L		Columbus, OH 43229	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Cita/ Wal as/Memorials Expense	exas. Complete Schedule T.
		Check if Austin, TX, officeh	
		Thank you gift for Ho	use member
9	Complete ONLY if direct expenditure to benefit C/OI		Office held
	Date	Payee name	
	02/19/2025	Eddie V's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$197.27	7 301 E 5th St.	
		Austin, TX 79901	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 Toda/Beverage Expense	exas. Complete Schedule T.
		Check if Austin, TX, officeh	older living expense
		Meeting	
	Complete ONLY if direct		Office held
	expenditure to benefit C/OI	ОН	
	Date	Payee name	
	05/22/2025	Ezov	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$190.22	2 2708 E Cesar Chavez	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 ood/beverage Expense	exas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeh	older living expense
		Staff meeting	
_	Operation ONE VIII II	Out tide to 10ff and address on the 10ff and 10f	Off: 11-1
	Complete ONLY if direct expenditure to benefit C/OI		Office held
	•		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	05/05/2025	FedEx Office
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.13	110 E 2nd St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Legislative Materials for Texas House Members
		Legislative iviaterials for Texas Flouse ivieribers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
$\vdash$	Data	
	Date	Payee name
	02/27/2025	Gina's on Congress
	Amount (\$)	Payee address; City; State; Zip Code
	\$142.80	314 Congress Ave.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	-	Check if Austin, TX, officeholder living expense  Staff meeting
		Stan meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	03/19/2025	Gina's on Congress
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.55	314 Congress Ave.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Meeting
		iviceting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
L	Sch: 22/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/05/2025	Go Daddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.21	14455 N Hayden Rd Ste 100
		Scottsdale, AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Domain renewal
		Bondin renewal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
	03/05/2025	Go Daddy
H	Amount (\$)	Payee address; City; State; Zip Code
	\$141.02	14455 N Hayden Rd Ste 100
	4111.02	This it hay don't did sto so
		Scottsdale, AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Domain renewal
		Bondin renewal
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>U</b>
H	Date	Payee name
	06/16/2025	Go Daddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.21	14455 N Hayden Rd Ste 100
		Scottsdale, AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Domain renewal
		Donain renewal
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 23/116 Rpt:	2 FILER NAME Ordaz Perez, Claudia (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084239
4	Date	5 Payee name
	06/29/2025	Hertz Car Rental
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$293.16	5601 NORTHWEST EXPRESSWAY
		Oklahoma , OK 73132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Car rental
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	01/23/2025	Hertz Car Rental
	Amount (\$)	Payee address; City; State; Zip Code
	\$434.58	5601 NORTHWEST EXPRESSWAY
		Oklahoma , OK 73132
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transport thing Faving sent And Polytod  The sent of the sent thing Faving sent And Polytod
EXPENDITURE		Transportation Equipment And Related Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Car rental
L		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/23/2025	Hertz Car Rental
	Amount (\$) \$363.06	Payee address; City; State; Zip Code 5601 NORTHWEST EXPRESSWAY
		Oklahoma , OK 73132
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  The control of
	EXPENDITURE	Transportation Equipment And Related Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Car rental
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/116 Rpt:	Ordaz Perez, Claudia (The Honorable)
Ļ	•	
4	Date	5 Payee name
L	01/05/2025	Hertz Car Rental
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$439.02	5601 NORTHWEST EXPRESSWAY
		Oklahoma , OK 73132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
ľ	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Rental car
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	06/13/2025	Hertz Car Rental
_	Amount (\$)	Payee address; City; State; Zip Code
	\$243.43	5601 NORTHWEST EXPRESSWAY
	Φ243.43	JUUL NOITTHWEST EAFRESSWAT
		Oklahoma , OK 73132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	-	Expense Check if Austin, TX, officeholder living expense  Rental Car
		Rental Cal
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	•
L		
	Date	Payee name
	01/03/2025	Hill Country Springs, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.83	10019 S IH 35 Frontage Rd
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office water supplier
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1 

### SCHEDULE F1

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

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/04/2025	Hill Country Springs, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.57	10019 S IH 35 Frontage Rd
		Austin, TX 78747
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office water supplier
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	03/04/2025	Hill Country Springs, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.82	10019 S IH 35 Frontage Rd
		Austin, TX 78747
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office water supplier
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	04/02/2025	Hill Country Springs, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.82	10019 S IH 35 Frontage Rd
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office water supplier
		Office water supplier
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Gift/Awards/Me Legal Services	•			/ages	/Contract Labor		Travel C OTHER		strict category not listed above)	
	·				tion Guide	explains l	how to co	mple	ete this form.	_				
1	Total pages Schedule F1:	2	FILER NAME	Ē						3	Filer I	)	(Ethics Commission Fi	lers)
	Sch: 26/116 Rpt:		Ordaz Pere	z, Claudia	(The Hor	norable)					00084	1239		
4	Date	ı	Payee name											
L	05/02/2025		Hill Country	Springs, I	nc									
6	Amount (\$) \$71.81	7	Payee addres			State;	Zip Co	de						
			Austin, TX 7	78747										
8	PURPOSE OF	(a)	Category (Se				edule)	(b)	Description					
	EXPENDITURE		Office Over	head/Rent	al Expens	se			<u> </u>				plete Schedule T.	
									Office water			uer iiving	ı expense	
									Onice water s	∍uμ	hiiei			
<u> </u>	0 1. 5		S pr=											
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder na	.me		Office sou	ght			Of	fice he	eld	
	Date		Payee name											
L	02/05/2025		Hilton Gard	en Inn Soι	ıth Padre	Island								
	Amount (\$)		Payee addres	ss; City	;	State;	Zip Co	de						
	\$246.24		7010 Padre	Blvd										
			South Padre	e Island, T	X 78597									
	PURPOSE OF	(a)	Category (Se		sted at the top	of this sch	edule)	(b)	Description					
	EXPENDITURE		Travel Out	of District					<u></u>				plete Schedule T.	
									Check if Austin					
									Lodging expe	110	c - Spa	ACEV I	loui	
<u> </u>	Operation ONE VALUE	<u> </u>					N#:	and a st				:c: !	.1.1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder na	me		Office sou	ght			Of 	fice he	ela	
Т	Date	Г	Payee name											
	01/13/2025		Legislative :	Study Gro	up									
-	Amount (\$)		Payee addres			State:	Zip Co	de						
	\$1,030.00		1100 Congr		,	Ciaic,	Z.p 00	40						
	Ψ1,030.00		TTOO CONGI	033										
			Austin, TX 7	78701										
	PURPOSE	(a)	Category (Se	ee Categories li	sted at the top	of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Contribution						_				plete Schedule T.	
	LAI LIIDITOILE		Candidate/0	Officeholde	er/Political	l Comm	ittee		Check if Austin			der living	expense	
									Membership	aue	es			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder na	me	С	Office sou	ght			Of	fice he	eld	
	experiencie to beliefft C/OI													

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 27/116 Rpt:	Ordaz Perez, Claudia (The Honorable)  00084239
4	Date	5 Payee name
	01/06/2025	Lemonade Insurance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.08	5 Crosby Street, 3rd Floor
		New York, NY 10013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		Apartment rental insurance
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experionare to benefit C/Or	
	Date	Payee name
	01/16/2025	Lemonade Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.08	5 Crosby Street, 3rd Floor
		New York, NY 10013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Apartment rental insurance
		Apartment remainistrance
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
	Date	Payee name
	02/12/2025	Lemonade Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.33	5 Crosby Street, 3rd Floor
	, = 100	
		New York, NY 10013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Apartment rental insurance
		Apartment renta insurance
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/13/2025	Lemonade Insurance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.33	5 Crosby Street, 3rd Floor
		New York, NY 10013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Apartment rental insurance
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/11/2025	Lemonade Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.33	5 Crosby Street, 3rd Floor
	Ψ23.33	3 Glosby Street, Strict 1001
		New York, NY 10013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Apartment rental insurance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	05/11/2025	Lemonade Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.33	5 Crosby Street, 3rd Floor
	Ψ23.33	3 Glosby Street, Strict 1001
		New York, NY 10013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Apartment rental insurance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
l		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	·	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 29/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239	
4	Date	5 Payee name	
	06/16/2025	Lemonade Insurance	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$23.33	5 Crosby Street, 3rd Floor	
		New York, NY 10013	
_	PURPOSE	1	_
8	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Apartment rental insurance	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	<del>1</del>	
	Date	Payee name	_
	03/21/2025	Love's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.37	2723 East US Highway 29	
	Ψ33.37	2723 Last 03 Highway 29	
		F. ( 0) ( ) ( ) TV 70705	
		Fort Stockton, TX 79735	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Gas	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	_
	05/12/2025	Payee name  Lucchese Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$390.24	11401 Century Oaks Terrace Suite 101	
		Austin, TX 78758	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Committee gift for Chairman	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		
			_

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
ᆫ		The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1:		
	Sch: 30/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239	
4	Date	5 Payee name	
	03/10/2025	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$7.25	Headquarters	
	Ţ <u>_</u>	185 Berry St. Suite 400	
L		San Francisco , CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Transportation in Austin	
		Transportation in Austin	
Ļ			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	03/11/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.95	Headquarters	
		185 Berry St. Suite 400	
		San Francisco , CA 94107	
L	DUDDOCE		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	<del>-</del>	
F	Date	Payee name	=
	03/12/2025	Lyft	
H			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.77	Headquarters	
		185 Berry St. Suite 400	
		San Francisco , CA 94107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
L			_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experiorate to benefit C/OI		

## SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 31/116 Rpt:	2 FILER NAME Ordaz Perez, Claudia (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084239
4	Date 03/14/2025	5 Payee name Lyft
6	Amount (\$) \$12.96	7 Payee address; City; State; Zip Code Headquarters 185 Berry St. Suite 400 San Francisco , CA 94107
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/14/2025	Payee name Lyft
	Amount (\$) \$7.26	Payee address; City; State; Zip Code Headquarters 185 Berry St. Suite 400 San Francisco , CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/14/2025	Payee name Lyft
	Amount (\$) \$40.78	Payee address; City; State; Zip Code Headquarters 185 Berry St. Suite 400 San Francisco , CA 94107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/19/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.99	Headquarters
		185 Berry St. Suite 400
		San Francisco , CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/19/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.16	Headquarters
		185 Berry St. Suite 400
		San Francisco , CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	03/24/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.97	Headquarters
		185 Berry St. Suite 400
		San Francisco , CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/24/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.23	Headquarters
		185 Berry St. Suite 400
		San Francisco , CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in 7 destin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
	Date	Payee name
	03/28/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.30	Headquarters
		185 Berry St. Suite 400
		San Francisco , CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/07/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.31	Headquarters
		185 Berry St. Suite 400
		San Francisco , CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	04/11/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.46	Headquarters
		185 Berry St. Suite 400
		San Francisco , CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	04/25/2025	Lyft
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$19.97	Headquarters
		185 Berry St. Suite 400
		San Francisco , CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	02/17/2025	Maiko Sushi Lounge
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.13	207 San Jacinto Blvd Ste 202
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal
		IVICAI
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	₹
H		
ı		

## SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/29/2025	Maiko Sushi Lounge
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.46	207 San Jacinto Blvd Ste 202
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal
		Medi
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/07/2025	Maiko Sushi Lounge
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.55	207 San Jacinto Blvd Ste 202
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal Meal
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/10/2025	Maiko Sushi Lounge
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.46	207 San Jacinto Blvd Ste 202
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Meal
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	capenditule to belieff C/Of	
ı		

## SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/24/2025	Maiko Sushi Lounge
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.70	207 San Jacinto Blvd Ste 202
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meal
		Medi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	03/24/2025	Mustang Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	201 E. Main St
		El Paso, TX 79901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking fee
		T WINING TOO
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/19/2025	Mustang Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.00	201 E. Main St
		El Paso, TX 79901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	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
	experience to belieff 6/01	•

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/31/2025	One Taco Taqueria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.94	402 Brazos St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal
		Wiedi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	01/09/2025	Park ATX
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.05	P.O Box 1088
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking meter charge
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	01/10/2025	Park ATX
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.65	P.O Box 1088
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking meter charge
		Faiking meter charge
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/10/2025	Park ATX
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.40	P.O Box 1088
		Austin, TX 78767
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Parking meter charge
		Taking meter charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Dayso nama
	01/13/2025	Payee name Park ATX
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.65	P.O Box 1088
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking meter charge
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
	01/14/2025	Park ATX
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.65	P.O Box 1088
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking meter charge
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1		2 FILER NAME Order Parez Claudio (The Hanarahla)	3 Filer ID (Ethics Commission Filers) 00084239
4	Sch: 39/116 Rpt:	Ordaz Perez, Claudia (The Honorable)  5 Payee name	00004239
	01/15/2025	Park ATX	
6	Amount (\$) \$10.65	7 Payee address; City; State; Zip Code P.O Box 1088	e
		Austin, TX 78767	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking meter charge
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
	Date	Payee name	
	06/30/2025	Park ATX	
	Amount (\$) \$10.90	Payee address; City; State; Zip Code P.O Box 1088	9
		Austin, TX 78767	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking meter fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
	Date 02/06/2025	Payee name Parkside	
	Amount (\$) \$131.62	Payee address; City; State; Zip Code 301 E 6th St	9
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	office held

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 40/116 Rpt:	Ordaz Perez, Claudia (The Honorable)	00084239
4	Date	5 Payee name	
	02/19/2025	Perry's	
Ļ		•	
ľ	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$279.93	114 W 7th St	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Meal expense	e - El Paso Days
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office Held
⊨			
	Date	Payee name	
	04/11/2025	Photographic Design	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$429.00	Congress	
		Austin, TX 78701	
_		I	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	(= 0 1.01.11.=
	EXPENDITURE	Onice Overneau/Nerital Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
			of Representatives
		Member Phot	
L	Complete ONII V if direct	Canadidate/Officeholder nome	Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	01/07/2025	PinMart, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$203.15	180 Martin Lane	
		Elk Crovo Villago II. 60007	
		Elk Grove Village, IL 60007	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overhead/Nerital Expense	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Office pins for	VISILUIS
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/O	1	
1			
ı			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 41/116 Rpt: Ordaz Perez, Claudia (The Honorable) 00084239 4 Date Payee name 01/22/2025 Royal Blue Grocery 6 Amount (\$) Payee address; State; Zip Code \$21.26 301 Brazos St Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Groceries Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/29/2025 Royal Blue Grocery Amount (\$) Payee address; City; State; Zip Code \$7.98 301 Brazos St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Groceries Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/31/2025 Royal Blue Grocery Amount (\$) Payee address: City; State; Zip Code \$25.39 301 Brazos St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Groceries Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (expense a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Lega	Awards/Memorials E Il Services Instruction Gui	•		ages/	Contract Labor		Travel Out of Di OTHER (enter a		sted above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Co	mmission Filers)
Ĺ	Sch: 42/116 Rpt:	ı	Ordaz Perez, C	claudia (The F	lonorable)				Ľ	00084239	,	
4	Date	5	Payee name									
	02/02/2025		Royal Blue Gro	cery								
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de					
	\$8.99		301 Brazos St									
			Austin, TX 787	01								
8	PURPOSE	├	Category (See Ca		ton of this scho	dule)	(b)	Description				
	OF		Food/Beverage		top of this serie	duic)	` '		outsi	de of Texas. Con	plete Schedule	т.
	EXPENDITURE		222 222390	1				Check if Austin,	, TX,	officeholder living	g expense	
								Groceries				
L												
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeh	older name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OF											
	Date		Payee name									
	02/09/2025	L	Royal Blue Gro	cery								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$11.73		301 Brazos St									
		_	Austin, TX 787									
	PURPOSE OF		Category (See Ca		top of this sche	dule)	(b)	Description	a	do of Tours C	mlata C-l !	. T
	EXPENDITURE		Food/Beverage	Expense				<b>=</b>		de of Texas. Con officeholder living		: I.
								Groceries	, ./	2oooidoi iiViii	5 2mpo.100	
	Complete ONLY if direct	<u></u>	Candidate/Officeh	older name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н				·						
	Date		Payee name									
	02/14/2025	ı	Royal Blue Gro	cery								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$37.77	ı	301 Brazos St	-								
			Austin, TX 787	01								
	PURPOSE OF		Category (See Ca		top of this sche	dule)	(b)	Description				
	EXPENDITURE		Food/Beverage	Expense				므		de of Texas. Con officeholder living		εТ.
								Groceries	, ιλ,	omcenoider iiVIII	a cyhanag	
								2.0001103				
	Complete ONLY if direct	C	Candidate/Officeh	older name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI						•					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 43/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239						
4	Date	5 Payee name						
	04/06/2025	Royal Blue Grocery						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$29.87	301 Brazos St						
		Austin, TX 78701						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Groceries						
		Glocelles						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OI							
⊨	Date							
	Date	Payee name						
L	05/18/2025	Royal Blue Grocery						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$40.57 301 Brazos St							
	Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
Check if Austin, TX, officeholder living expens								
		Grocenes						
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
⊨	Data	Davida marea						
	Date 03/31/2025	Payee name						
L		Royal Blue Grocery						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$20.53	301 Brazos St						
L		Austin, TX 78701						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Groceries						
		Grocenes						
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
$\vdash$								

## SCHEDULE F1

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

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

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

Candidate/Officeholder/Political Co Credit Card Payment	Ommittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2	FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 44/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4 Date 5	Payee name
02/24/2025	Southwest Airlines
6 Amount (\$) 7	Payee address; City; State; Zip Code
\$317.07	PO Box 36611
	Dallas, TX 75235
8 PURPOSE (a	A) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Flight for SpaceX tour visit
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/29/2025	Southwest Inflight Wifi
Amount (\$)	Payee address; City; State; Zip Code
\$8.00	PO Box 36611
	Dallas, TX 75235
PURPOSE (a	A) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  In-flight wifi
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	Candidate/Officeriolider frame Office sought Office field
5. T	
Date	Payee name
06/27/2025	Southwest Inflight Wifi
Amount (\$)	Payee address; City; State; Zip Code
\$8.00	PO Box 36611
	Dallas, TX 75235
	a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	In-flight wifi
0 1. 5	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
- p - 1 /2 2 /23 0/3/1	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 45/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239					
4	Date	5 Payee name					
	01/02/2025	Starbucks					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$100.00	3120 Palm Way					
		A					
_		Austin, TX 78758					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Card reload for meetings and events					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/12/2025	Starbucks					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$100.00	3120 Palm Way					
Austin, TX 78758							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas, Complete Schedule T					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Card reload for meetings and events						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	experialitire to benefit C/O						
	Date	Payee name					
	03/06/2025	Starbucks					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$100.00	3120 Palm Way					
Austin, TX 78758							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Card reload for meetings and events							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/Ol	7					
_							

## SCHEDULE F1

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

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

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

g Expense Travel in District
g Expense Travel Out of District
es/Wages/Contract Labor OTHER (enter a cate

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	04/02/2025	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	3120 Palm Way
		Austin, TX 78758
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Card reload for meetings and events
		Card reload for meetings and events
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
-	Date	Dougo nomo
	05/03/2025	Payee name Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3120 Palm Way
		Austin, TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Card reload for meetings and events
		Card reload for meetings and events
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Device same
	06/02/2025	Payee name Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3120 Palm Way
		Austin, TX 78758
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Card reload for meetings and events
		Cara reload for meetings and events
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

## SCHEDULE F1

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

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

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

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

rsement Solicitation/Fundraising Expense

xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Labor OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/20/2025	Sunoco Gas Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.74	503 US-277 N
		Sonora, TX 76950
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gus
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/23/2025	Sunoco Gas Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.04	503 US-277 N
		Sonora, TX 76950
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
		- Cus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/24/2025	Sushi Junai
	Amount (\$)	Payee address; City; State; Zip Code
	\$242.43	315 Congress Ave. #100
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 48/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239					
4	Date	5 Payee name					
	01/10/2025	Target					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$794.20	2025 Guadalupe					
		Austin, TX 78705					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Office supplies					
_	0 1 0 0 1 1 1 1						
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/24/2025	Texaco					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$15.44	2901 Spirit of Texas Dr					
Austin, TX 78719							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
Check if Austin, TX, officeholder living expense							
		Gas					
	Complete ONLY if direct	Condidate/Officeholder name Office country Office hold					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	03/24/2025	Texaco					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$19.76	2901 Spirit of Texas Dr					
		Austin, TX 78719					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Gas					
	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					

## SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 49/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239					
4	Date	5 Payee name					
	02/17/2025	Texas Capitol Giftshop					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$130.00	1100 Congress Ave					
		Austin, TX 78701					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
		Check if Austin, TX, officeholder living expense  Office supplies					
		Cinide supplies					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	02/07/2025	Texas House Climate Caucus					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$200.00	1100 Congress Ave					
Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Membership fee					
		Monisoriemp rec					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	02/07/2025	Texas House Democratic Caucus					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	1100 Congress Ave					
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Membership fee					
		Wellibership lee					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
l							

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
-	Sch: 50/116 Rpt:	Ordaz Perez, Claudia (The Honorable)							
4	Date	5 Payee name							
	02/07/2025	Texas Legislative Ladies Club							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$41.56	1100 Congress Ave							
		Austin, TX 78701							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
	LA LIBITORE	Check if Austin, TX, officeholder living expense							
		Membership fee							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experiulture to beriefft C/Oi								
	Date	Payee name							
	01/06/2025	The Whitely							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$3,121.80 301 Brazos St.								
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
X Check if Austin, TX, officenoider living expense									
		Rent							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·							
	· 								
	Date	Payee name							
	02/03/2025	The Whitely							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$3,742.61	301 Brazos St.							
		Austin, TX 78701							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.							
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							
		TX-III.							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made Candidate/Officeholder/Poli Credit Card Payment								
1 Total pages Schedule F1	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 51/116 Rpt:	Ordaz Perez, Claudia (The Honorable)  00084239							
4 Date	5 Payee name							
03/10/2025	The Whitely							
6 Amount (\$) \$3,878.54	7 Payee address; City; State; Zip Code 301 Brazos St.							
	Austin, TX 78701							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent							
Complete ONLY if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH							
Date	Payee name							
04/02/2025	The Whitely							
Amount (\$)	Payee address; City; State; Zip Code							
\$3,878.54 301 Brazos St.								
	Austin, TX 78701							
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense Rent								
Complete ONLY if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held  OH							
Date	Payee name							
05/02/2025	The Whitely							
Amount (\$) \$3,878.54	Payee address; City; State; Zip Code 301 Brazos St.							
	Austin, TX 78701							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent							
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH							

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 52/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239			
4	Date	5 Payee name			
	06/03/2025	The Whitely			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$3,878.54	301 Brazos St.			
		Austin, TX 78701			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		\times \t			
		Nent			
Ļ					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
L	experience to borione Gro				
	Date	Payee name			
	06/01/2025	Tiny Boxwoods			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$264.83	1503 W 35th St			
		Austi, TX 78703			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
Check if Austin, TX, officeholder living expens					
		Star turiori			
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	•			
L					
	Date	Payee name			
L	01/06/2025	Two Men and a Truck			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$320.30	PO Box 4710			
		Lansing, MI 48911			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment And Related			
l	LAFENDITORE	Expense			
		Moving expense			
L					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L	experiorale to belieff C/OI				

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (setter a extension pat listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 53/116 Rpt:	Ordaz Perez, Claudia (The Honorable)  00084239								
4	Date	5 Payee name								
	01/06/2025	Two Men and a Truck								
6	Amount (\$) \$3,520.00	7 Payee address; City; State; Zip Code PO Box 4710								
		Lancing ML49011								
8	PURPOSE	Lansing, MI 48911  (b) Proprietion								
°	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Moving expense								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	06/09/2025	U-Haul Moving & Storage								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,065.71 6610 Burnet Rd									
	DUDDOG-	Austin, TX 78757								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  The Chock if travel outside of Taxas, Complete Schodule Taxas,								
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Moving expenses								
		3 - 1								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	02/02/2025	UBER								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$15.59	1455 Market St 400, Headquaters								
		San Francisco, CA 94103								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description								
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Transportation in Austin								
		Transportation in Austin								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·								

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1: Sch: 54/116 Rpt:		E ez, Claudia (The Hon	orable)			3	Filer ID 00084239	(Ethics Commission Filers)
4	Date	_	•				<u> </u>		
•	01/13/2025	5 Payee name UBER	=						
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip C	ode				
	\$8.91	1455 Mark	et St 400, Headquate	ers					
		San Franc	isco, CA 94103						
8	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out						de of Texas. Com	
						Transportatio		officeholder living Austin	expense
9	Complete ONLY if direct expenditure to benefit C/Oł		ficeholder name	Office so	ught			Office he	eld
H	Date	Payee name							
	01/14/2025	UBER							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode				
\$12.52 1455 Market St 400, Headquaters									
San Francisco, CA 94103									
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out of District						de of Texas. Com	
						Check if Austin, TX, officeholder living expense  Transportation in Austin			
						•			
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld
	Date	Payee name	<del></del> e						
	01/15/2025	UBER							
	Amount (\$)	Payee addr		State; Zip C	ode				
	\$12.35	1455 Mark	et St 400, Headquate	ers					
		San Franc	isco, CA 94103						
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District			ш		de of Texas. Com officeholder living	
						Transportatio			CAPCITAC
						4			
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office so	ught			Office he	eld

## SCHEDULE F1

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

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

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

Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services Salaries/Wage  The Instruction Guide explains how to comp	es/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2	FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 55/116 Rpt:	Ordaz Perez, Claudia (The Honorable)	00084239
4 Date 5	Payee name	
01/15/2025	UBER	
6 Amount (\$) 7	Payee address; City; State; Zip Code 1455 Market St 400, Headquaters San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(b) Category (See Categories listed at the top of this schedule)  Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
01/16/2025	UBER	
Amount (\$)	Payee address; City; State; Zip Code	
\$11.03	1455 Market St 400, Headquaters	
	San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule)  Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
01/16/2025	UBER	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.68	1455 Market St 400, Headquaters	
	San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule)  Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_		· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1:		
	Sch: 56/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239	
4	Date	5 Payee name	
	01/17/2025	UBER	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$12.11	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
Ļ			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/O		
			_
	Date	Payee name	
	01/17/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.81	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/24/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.99	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	experience to beliefft G/O		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		
	Sch: 57/116 Rpt:	Ordaz Perez, Claudia (The Honorable)	00084239
4	Date	5 Payee name	
	01/29/2025	UBER	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.15	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
Ļ	DUDDOCE	<u> </u>	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	toide of Toyon Complete Cohedule T
	EXPENDITURE	Travel out of District	tside of Texas. Complete Schedule T. X, officeholder living expense
		Transportation	
		Transportation	iii / tdotiii
_	Complete ONU V if allows	Condidate/Officeholder page	Office hald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/29/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.18	1455 Market St 400, Headquaters	
		Con Francisco CA 04102	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver out of District	tside of Texas. Complete Schedule T.
		Transportation	X, officeholder living expense
		Transportation	III Ausuiii
_	- 1		250
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/29/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.63	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
		1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel out of District	tside of Texas. Complete Schedule T.
		Transportation	X, officeholder living expense
		Transportation	III / Woull
_	Complete ONLY !f alline :	Condidate/Officeholder parts	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	- parameter solitone of of		

### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Lega	wards/Memorials Exp   Services   Instruction Guide	Sa		ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict ı category not listed	above)
1	Total pages Schedule F1:	2	EII ED NAME						3	Filer ID	(Ethics Commi	ssion Filers)
_	Sch: 58/116 Rpt:	ı	Ordaz Perez, C	laudia (The Ho	onorable)					00084239	(Ethics Commi	331011 1 11013)
4	Date	5	Payee name									
	01/29/2025		UBER									
6	Amount (\$)	ı	Payee address;	City;	State; Z	ip Cod	de					
	\$14.10		1455 Market St	400, Headqua	iters							
			Con Francisco	CA 04102								
8	DUDDOCE	⊢	San Francisco,			1,	(h)	December				
O	PURPOSE OF		Category (See Ca		op of this schedul	le)	(D)	Description	outci	do of Toyas Com	nplete Schedule T.	
	EXPENDITURE		Travel Out of D	ISTRICT				<b>=</b>		officeholder living		
								ப Transportatio			5 - p	
9	Complete ONLY if direct		Candidate/Officeho	older name	Offic	ce soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/30/2025		UBER									
	Amount (\$)		Payee address;	City;	State; Z	ip Cod	de					
	\$7.82		1455 Market St	400, Headqua	iters							
			San Francisco,	CA 94103								
	PURPOSE OF	(a)	Category (See Ca	tegories listed at the t	op of this schedul	le)	(b)	Description				
	EXPENDITURE		Travel Out of D	istrict				<b>=</b>			plete Schedule T.	
								Transportatio		officeholder living	g expense	
								Transportatio	,,,,,,,	17 tustiii		
	Complete ONLY if direct		Candidate/Officeho	older name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date	ı	Payee name									
	01/31/2025		UBER									
	Amount (\$)	ı	Payee address;	City;	State; Z	ip Cod	de					
	\$12.05		1455 Market St	400, Headqua	iters							
			San Francisco,	CA 94103								
	PURPOSE	(a)	Category (See Ca	tegories listed at the t	op of this schedul	le) (	(b)	Description				
	OF EXPENDITURE		Travel Out of D	istrict				<b>—</b>			plete Schedule T.	
								ш		officeholder living	g expense	
								Transportatio	11 II	ı Ausilli		
	Complete ONLY if direct		Candidate/Officeho	older name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/O					3						

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memorials E Legal Services  The Instruction Gui	•		/ages/	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed above)	
<u> </u>	Tatalmana C.I. III Ti	<u> </u>							<u>۔</u>	Ell 15	(Ethian One stind of Ethian )	
1	Total pages Schedule F1: Sch: 59/116 Rpt:	2		: z, Claudia (The I	Honorable)	ı			3	Filer ID 00084239	(Ethics Commission Filers)	)
1	Date	5		•			—		<u> </u>			
🕇			Payee name									
L	02/03/2025	$ldsymbol{ld}}}}}}$	UBER									
6	Amount (\$) \$7.18	7		ss; City; et St 400, Headqu sco, CA 94103	•	; Zip Coo	de					
8	PURPOSE	(a)	Category	ee Categories listed at the	a top of this a-t-	adula)	(b)	Description				
	OF	```	Travel Out (		e lop of this sch	iedule)	(~)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Traver Out (	J. DISTRICT				<b>=</b>		officeholder livin		
								Transportatio				
								, ,,,,,,				
_	Complete ONLY if direct	Щ	Candidata/Off:	apholder neme		Office soud	+dr			Office h	apld	
9	Complete ONLY if direct expenditure to benefit C/Oh		oanuluate/Offi	ceholder name	C	nice sou(	ynt			OiTice h	leiu	
H	Date	$\overline{}$	Pavee nome				_					
	01/31/2025		Payee name UBER									
L		<u> </u>										
	Amount (\$)		Payee addres		•	; Zip Coo	de					
	\$12.30		1455 Marke	t St 400, Headqı	ıaters							
				sco, CA 94103		<del>.</del>	_					
	PURPOSE	(a)		ee Categories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of	of District				<b>=</b>			mplete Schedule T.	
	<b></b>							<b>—</b>		officeholder livin	g expense	
								Transportatio	n ir	n Austin		
							_					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office souç	ght			Office h	eld	
	Date	Π	Payee name							_		
	02/03/2025		UBER									
		$\vdash$										
	Amount (\$)		Payee addres		•	; Zip Coo	ae					
	\$18.23		1455 Marke	t St 400, Headqı	ıaters							
			San Francis	sco, CA 94103								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sch	edule)	(b)	Description	_			Ī
	OF EXPENDITURE		Travel Out					<u></u>			nplete Schedule T.	
	LA LINDITURE									officeholder livin	ig expense	
								Transportatio	n ir	n Austin		
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office souç	ght			Office h	eld	
	expenditure to benefit C/OI					,						
	· · · · · ·											

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/04/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.39	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	02/04/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.45	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
		That operation in August
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/04/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.13	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

	onations Made By fficeholder/Politica ment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries/V	Vages/0	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not liste	d above)
1 Total pages S	Chedule E1:	2 FILED NAME					3	Filer ID	(Ethics Comn	nission Filers)
Sch: 61/1		l	z, Claudia (The Ho	onorable)			l	00084239	(Ethics Collin	113310111 11613)
4 Date		5 Payee name								
01/17/2025		UBER								
6 Amount (\$)	\$24.81		et St 400, Headqua	State; Zip Co ters	ode					
			sco, CA 94103							
8 PURPOSE OF	E		ee Categories listed at the to	op of this schedule)	(b) [	Description				
EXPENDITU	IRE	Travel Out	of District		<u> </u>	<b>=</b>	, TX,	officeholder living	plete Schedule T. g expense	
9 Complete ON expenditure to			ceholder name	Office sou	ight			Office he	eld	
Date		Payee name								
01/17/2025		UBER								
Amount (\$)		Payee addre	ss; City;	State; Zip Co	ode					
	\$9.50	1455 Marke	et St 400, Headqua	ters						
			sco, CA 94103		I					
PURPOSE OF EXPENDITU		(a) Category (Si	ee Categories listed at the to of District	op of this schedule)	] [	<b>=</b>	, TX,	officeholder living	plete Schedule T. g expense	
Complete <u>ON</u> expenditure to			ceholder name	Office sou	ıght			Office he	eld	
Date		Payee name								
02/05/2025		UBER								
Amount (\$)		Payee addre	ss; City;	State; Zip Co	ode					
	\$9.50	1455 Marke	et St 400, Headqua	ters						
		San Francis	sco, CA 94103							
PURPOSE OF EXPENDITU		(a) Category (Si	ee Categories listed at the to of District	op of this schedule)			, TX,	officeholder living	plete Schedule T. g expense	
Complete <u>ON</u> expenditure to			ceholder name	Office sou	ight			Office he	eld	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica		mmittee							OTHER (enter a category not listed above)		
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 62/116 Rpt:		Ordaz Pere	z, Claudia (The	Honorable)					00084239		
4	Date	5	Payee name									
	02/05/2025		UBER									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$7.95		1455 Marke	t St 400, Head	quaters							
			San Francis	co, CA 94103								
8	PURPOSE	(a)					(h)	Description				
٠	OF	(س)	Travel Out	ee Categories listed at	the top of this sche	dule)	(5)	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Traver Out (	Check if Austin, TX,								
								Transportatio	n ir	n Austin		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/06/2025		UBER									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$13.97		1455 Marke	t St 400, Head	quaters							
			San Francis	co, CA 94103								
	PURPOSE	(a)		ee Categories listed at	the ten of this cohe	dulo)	(b)	Description				
	OF	`´	Travel Out		the top of this sche	dule)	` '	_ `	outsi	de of Texas. Com	plete Schedule T	
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	g expense	
								Transportatio	n ir	n Austin		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Of	ffice sou	ght			Office h	eld	
	experientare to benefit G/OI											
	Date		Payee name									
	02/06/2025		UBER									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$7.32		1455 Marke	t St 400, Head	quaters							
			San Francis	co, CA 94103								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Travel Out					므			plete Schedule T	
	LAFENDITORE							ш		officeholder living	g expense	
								Transportatio	n ir	1 Austin		
	Operation ONE VIII II	L_	0		-	<b>(</b> (:	aula t			0,,,	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	Of	ffice sou	ght			Office h	eid	
	,											

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1: Sch: 63/116 Rpt:		E ez, Claudia (The Hond	orable)			3	Filer ID 00084239	(Ethics Commission Filers)
4	Date	5 Payee name	`						
_	02/09/2025	UBER	_						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode				
	\$5.61	1455 Mark	et St 400, Headquate	rs					
		San Franc	isco, CA 94103						
8	PURPOSE		See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out		or triis scrieduic)	`´	Check if travel		de of Texas. Com	
	LA LIBITORE					Check if Austin, Transportatio		officeholder living	expense
						παπορυπαπο	ar II	. / \u3\li1	
9	Complete ONLY if direct		ficeholder name	Office sou	<u>I</u> ught			Office he	eld
L	expenditure to benefit C/O	<del></del> -							
	Date	Payee name	e						
	02/10/2025	UBER							
	Amount (\$)	Payee addre		State; Zip Co	ode				
	\$7.99	1455 Mark	et St 400, Headquate	rs					
		0	: OA 04460						
			isco, CA 94103		T				
	PURPOSE OF		See Categories listed at the top of	of this schedule)	(b)	Description  Check if travel of	OLITSi	de of Texas. Com	olete Schedule T
	EXPENDITURE	Travel Out	OI DISTRICT			<b>=</b>		officeholder living	
						Transportatio	n ir	n Austin	
					<u> </u>				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ught			Office he	eld
	Date	Payee name	e						
	02/11/2025	UBER							
	Amount (\$)	Payee addre		State; Zip Co	ode				
	\$7.51	1455 Mark	et St 400, Headquate	rs					
		San Franc	isco, CA 94103						
	PURPOSE	(a) Category (s	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel Out	of District					de of Texas. Comp officeholder living	
						Transportatio			САРСПОС
						•			
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ught			Office he	eld

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/12/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.41	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
<u>_</u>	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.48	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	02/14/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.60	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Commission ONE V. C. P.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Le	t/Awards/Memorials gal Services ne Instruction Gu	•		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2 -	II FR NAME						3	Filer ID	(Ethics Commis	ssion Filers)
_	Sch: 65/116 Rpt:		Ordaz Perez,	Claudia (The	Honorable)	)				00084239	(Lunes Commis	ssion i licis)
4	Date	<b>5</b> P	Payee name									
	02/14/2025	J	JBER									
6	Amount (\$)		Payee address;	City;		; Zip Co	de					
	\$40.70	1	L455 Market S	st 400, Headq	uaters							
		S	San Francisco	, CA 94103								
8	PURPOSE	(a) C	Category (See (	ategories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	Т	Travel Out of	District							plete Schedule T.	
								Transportatio		officeholder living	g expense	
								Transportatio	,,,,,,,	1 Austin		
9	Complete ONLY if direct		andidate/Office	nolder name	(	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	1										
	Date	Р	Payee name									
	02/15/2025	L	JBER									
	Amount (\$)	Р	Payee address;	City;	State	; Zip Co	de					
	\$29.40	1	L455 Market S	St 400, Headq	uaters							
		93	San Francisco	, CA 94103								
	PURPOSE	(a) C	Category (See (	ategories listed at th	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	Т	Γravel Out of	District				<b>=</b>			plete Schedule T.	
								Transportatio		officeholder living	g expense	
								Transportatio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i Austiii		
	Complete ONLY if direct		andidate/Office	nolder name	(	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	1										
	Date		Payee name									
	02/16/2025		JBER									
	Amount (\$)		Payee address;	•		; Zip Co	de					
	\$25.51	1	L455 Market S	St 400, Headq	uaters							
		S	San Francisco	, CA 94103		·						
	PURPOSE OF		Category (See (		ne top of this sch	nedule)	(b)	Description		J4.T -	-1	
	EXPENDITURE	Т	Travel Out of	District						de of Texas. Com officeholder living	plete Schedule T.	
								Transportatio			i evhelise	
	Complete ONLY if direct		andidate/Office	nolder name	(	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	4										

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expert Legal Services  The Instruction Guide (	Salaries/V	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 IF			I	3	Filer ID	(Ethics Commission Filers)	)
_	Sch: 66/116 Rpt:		ez, Claudia (The Hon	norable)				00084239	(2000)	,
4	Date	5 Payee name	e							
	02/18/2025	UBER								
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip Co	ode					
	\$11.05	1455 Mark	cet St 400, Headquate	ers						
		San Franc	isco, CA 94103							
8	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District			=			nplete Schedule T.	
						_		officeholder living	g expense	
						Transportatio	11 11	i Austiii		
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ıght			Office h	eld	
	experialitate to benefit 6/61	•								
	Date	Payee nam	e							
	02/20/2025	UBER								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$7.79	1455 Mark	et St 400, Headquate	ers						
			•							
		San Franc	isco, CA 94103							
	PURPOSE OF	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Travel Out	of District					de of Texas. Com officeholder living	plete Schedule T.	
						Transportation			g expense	
						Tansportation		i / tustiii		
	Complete ONLY if direct	Candidata/Ot	fficeholder name	Office sou	ıabt			Office he	ald	
	expenditure to benefit C/OI		incendider name	Office 300	ignt			Office In	ciu	
	Date	Payee nam	e							
	02/21/2025	UBER								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$40.97	1455 Mark	et St 400, Headquate	ers						
			•							
		San Franc	isco, CA 94103							
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District						pplete Schedule T.	
								officeholder living	g expense	
						Transportation	ıı If	i AuStill		
			***		Ļ					
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ıght			Office h	eld	
	experience to belief 0/01	•								

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_		<u>,                                      </u>	
1	Total pages Schedule F1:		)
	Sch: 67/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239	
4	Date	5 Payee name	
	02/24/2025	UBER	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.10	1455 Market St 400, Headquaters	
	***		
		Con Evanciona, CA 04100	
		San Francisco, CA 94103	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Transportation in Austin	
		Transportation in Austin	
<u>_</u>	Complete ONLY !! -!!	Condidate/Officeholder name Office servicht	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	02/25/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.20	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
⊨	Data	Davies name	
	Date	Payee name	
	02/26/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.68	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Leg	'Awards/Memorials Ex al Services e Instruction Guid			ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not liste	d above)
1	Total pages Schedule F1:	2	FII FR NAME						3	Filer ID	(Ethics Comn	nission Filers)
Ĺ	Sch: 68/116 Rpt:		Ordaz Perez, (	Claudia (The H	onorable)				<u> </u>	00084239	(	
4	Date	5	Payee name									
	02/26/2025		UBER									
6	Amount (\$)	7	Payee address;	City;	State:	Zip Cod	de					
	\$3.00		1455 Market S	-		•						
	40.00											
			Can Francisco	CA 04102								
			San Francisco	, CA 94103								
8	PURPOSE OF	(a)	Category (See C		top of this sched	dule)	(b)	Description				
	EXPENDITURE		Travel Out of D	District				<b>=</b>			plete Schedule T.	
								Transportatio		officeholder living	g expense	
								Transportatio	,,,,,,,	i Austiii		
<u>_</u>	Operation Children	L_		-1-1		rr:					-1-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeh	older name	Of	ffice souç	ght			Office he	eid	
L	- parametric 20 20 10 11 0 10 10 10 10 10 10 10 10 10 10	_										
	Date		Payee name		<u>-</u>							
	02/26/2025		UBER									
	Amount (\$)		Payee address;	City;	State;	Zip Cod	de					
	\$8.12		1455 Market S	t 400, Headqua	aters							
				·								
			San Francisco	, CA 94103								
	PURPOSE OF	(a)	Category (See C	ategories listed at the	top of this sched	dule)	(b)	Description				
	EXPENDITURE		Travel Out of D	District				<b>=</b>			plete Schedule T.	
								Transportatio		officeholder living	g expense	
								Παποροπαπο	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i Austiii		
_	Complete ONLY if direct	Ļ	Condidate /Office - I	older nems		ffing and	2b+			Office	ald	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeh	ошег патте	Of	ffice soug	JII			Office he	tiu	
	Date		Payee name									
	02/27/2025		UBER									
	Amount (\$)		Payee address;	City;	State:	Zip Cod	de					
	\$21.50		1455 Market S									
	,==.00			,								
			San Francisco	, CA 94103			_		_			
	PURPOSE	(a)	Category (See C	ategories listed at the	top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Travel Out of D	District							plete Schedule T.	
								ш		officeholder living	g expense	
								Transportatio	ırı II	i Austin		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeh	older name	Of	ffice soug	ght			Office he	eld	
	experience to beliefft C/Of											

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
_	Sch: 69/116 Rpt:	Ordaz Perez, Claudia (The Honorable)  00084239	11 11013)
4	Date	5 Payee name	
	02/27/2025	UBER	
6	Amount (\$) \$11.23	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	ın .	
	Date	Payee name	
	02/28/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.28	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Transportation in Austin	
		Transportation in Austin	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiditure to benefit C/Oi	/n	
	Date	Payee name	
	02/28/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.28	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 70/116 Rpt:	Ordaz Perez, Claudia (The Honorable)  00084239
4	Date	5 Payee name
	03/05/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.76	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/05/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.53	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	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
	CAPCHARATO TO DOTTOTA C. C.	'
	Date	Payee name
	03/05/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.70	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		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
	experience to benefit eyer	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/12/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.72	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
		Transportation in Austin
Ļ	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/19/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.88	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	03/19/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.03	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 72/116 Rpt:	Ordaz Perez, Claudia (The Honorable)	00084239
4	Date	5 Payee name	
	03/20/2025	UBER	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.41	1455 Market St 400, Headquaters	
		, '	
		San Francisco, CA 94103	
Ļ	DUDDOOF		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District	TX, officeholder living expense
		Transportatio	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Davies seems	
	03/20/2025	Payee name	
		UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.78	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel	outside of Texas. Complete Schedule T.
	EXI ENDITORE		TX, officeholder living expense
		Transportatio	n in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/24/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.98	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	'	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Transportatio	n in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment		-	es/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Cabadula F1:	·			<u> </u>	Filer ID	(Ethios Commission F	iloro)
1	Total pages Schedule F1: Sch: 73/116 Rpt:	Ordaz Perez, Claudia (The Honorable)			3	Filer ID 00084239	(Ethics Commission F	ilers)
_	<u> </u>							
4	Date	5 Payee name						
	03/25/2025	UBER						
6	Amount (\$)	7 Payee address; City; State; Zip	Code	,				
	\$7.58	1455 Market St 400, Headquaters						
		San Francisco, CA 94103						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b	) Description				
	OF	Travel Out of District	`	:	outs	side of Texas. Com	plete Schedule T.	
	EXPENDITURE			Check if Austin	, TX	t, officeholder living	g expense	
				Transportatio	n i	n Austin		
9	Complete ONLY if direct	Candidate/Officeholder name Office	sough	t		Office he	eld	
	expenditure to benefit C/OI	l						
	Date	Payee name						
	03/26/2025	UBER						
	Amount (\$)	Payee address; City; State; Zip	Code	<u> </u>				
	\$10.13	1455 Market St 400, Headquaters						
		San Francisco, CA 04102						
		San Francisco, CA 94103						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b	Description				
	EXPENDITURE	Travel Out of District		<u> </u>		side of Texas. Com ., officeholder living		
				Transportatio			g expense	
				ransportatio		117 (05011		
	Complete ONLY if direct	Candidate/Officeholder name Office	sough	t		Office he	ald.	
	expenditure to benefit C/OI		Sougii	·		Office fit	ziu -	
	Date	Payee name						
	03/27/2025	UBER						
	Amount (\$)	Payee address; City; State; Zip	Code	,				
	\$8.18	1455 Market St 400, Headquaters						
		San Francisco, CA 94103						
	PURPOSE		/h	N December				
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	1(0	<ul> <li>Description</li> <li>Check if travel</li> </ul>	nuts	side of Texas. Com	inlete Schedule T	
	EXPENDITURE	Travel Out of District		ш		, officeholder living		
				Transportatio			,	
	Complete ONLY if direct	Candidate/Officeholder name Office	SOURH	t		Office he	hle	
	expenditure to benefit C/OI		Jougil			Onice III	J.G	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 74/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	03/29/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.88	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	03/31/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.03	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
		Transportation in Austri
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/31/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.99	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Operation ONLY if all part	Our distance (Office health an array of the constitution of the co
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 75/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	04/01/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.52	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Dougo nomo
		Payee name
	04/02/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.99	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Compulate ONLY if direct	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.02	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if alice at	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 76/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	04/03/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.21	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/04/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.08	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	04/04/2025	Payee name UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.85	1455 Market St 400, Headquaters
	40.00	
		San Francisco, CA 94103
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_		· · · · · · · · · · · · · · · · · · ·	,
1	Total pages Schedule F1:		rs)
	Sch: 77/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239	
4	Date	5 Payee name	
	04/04/2025	UBER	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.32	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
Ļ			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
_			
	Date	Payee name	
	04/08/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.99	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Transportation in Austin	
		Transportation in Austin	
	0 1: 0.11.7.7.1.		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  'H	
	Date	Payee name	
	04/08/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.89	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
_	0 1: 0:::::::::::::::::::::::::::::::::		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	OTIGICAL CONTROL OF OT		

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Legal Services			ages	/Contract Labor		OTHER (enter a	a category not listed above)	
	•			The Instruction Gu	iide explains ho	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	)
	Sch: 78/116 Rpt:		Ordaz Perez	, Claudia (The	Honorable)					00084239		
4	Date	5	Payee name									
	04/08/2025		UBER									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de					
	\$7.13		1455 Market	St 400, Headq	uaters							
			San Francis	co, CA 94103								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Travel Out o					브			nplete Schedule T.	
	ZA ZADITORZ							_		officeholder livin	g expense	
								Transportatio	n ir	1 Austin		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	Off	fice souç	ght			Office h	eld	
	experientare to benefit of or											
	Date		Payee name									
	04/09/2025		UBER									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$5.92		1455 Market	St 400, Headq	uaters							
			San Francis	co, CA 94103								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Travel Out o	f District				<b>=</b>			nplete Schedule T.	
	-							<b>—</b>		officeholder livin	g expense	
								Transportatio	11 11	i Austiii		
	Operation ONLY if allowed	<u> </u>	2	-11	0"	e:				O#: I-	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	Off	fice souç	gnt			Office h	eld	
	•	_										
	Date	ı	Payee name									
	04/09/2025		UBER									
	Amount (\$)		Payee addres	s; City;	State;	Zip Cod	de					
	\$7.63		1455 Market	St 400, Headq	uaters							
			San Francis	co, CA 94103								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Travel Out o								nplete Schedule T.	
	EXI ENDITORE							_		officeholder livin	g expense	
								Transportatio	n ir	1 Austin		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Off	fice souç	ght			Office h	eld	
	oxpenditure to beliefft C/Of	•										

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 79/116 Rpt:	Ordaz Perez, Claudia (The Honorable)  00084239
4 Date	5 Payee name
04/09/2025	UBER
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.67	1455 Market St 400, Headquaters
	San Francisco, CA 94103
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Transportation in Austin
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
04/10/2025	UBER
Amount (\$)	Payee address; City; State; Zip Code
\$7.53	1455 Market St 400, Headquaters
	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Transportation in Austin
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
04/11/2025	UBER
Amount (\$)	Payee address; City; State; Zip Code
\$7.40	1455 Market St 400, Headquaters
	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Transportation in Austin
Operation Children	Out lide to 10ff and a lide and a second to the second to
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 80/116 Rpt: Ordaz Perez, Claudia (The Honorable) 00084239 4 Date Payee name 04/14/2025 **UBER** 6 Amount (\$) Payee address; City; State; Zip Code \$32.11 1455 Market St 400, Headquaters San Francisco, CA 94103 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/14/2025 **UBER** Amount (\$) Payee address; City; State; Zip Code \$7.99 1455 Market St 400, Headquaters San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/15/2025 **UBER** Amount (\$) Payee address; City; State; Zip Code \$6.12 1455 Market St 400, Headquaters San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment				Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 81/116 Rpt:		Ordaz Pere	z, Claudia (The	Honorable)					00084239	
4	Date	5	Payee name								
L	04/15/2025		UBER								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$8.30		1455 Marke	t St 400, Head	quaters						
L			San Francis	co, CA 94103			_				
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out of	of District				<b>=</b>		de of Texas. Com	
	-							Transportatio		officeholder living	expense
								ransportatio		. ,	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	<u> </u>	office sou	l ıght			Office he	eld
	expenditure to benefit C/O						g. 10				
	Date		Payee name								
	04/16/2025		UBER								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$7.83		1455 Marke	t St 400, Head	quaters						
			San Francis	co, CA 94103							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out			•		<b>=</b>		de of Texas. Com	
								_		officeholder living	expense
								Transportatio	11 11	ı Ausilli	
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	0	office sou	laht			Office he	ald.
	expenditure to benefit C/O		zaradato/OIII	ocholadi name	O	300	-911L			Omice ne	
H	Date	Ī	Daveo nama								
	04/17/2025		Payee name UBER								
_	Amount (\$)	$\vdash$	Payee addres	ss; City;	Ctoto:	Zip Co	nde				
	\$6.25			t St 400, Head		Zip CC	Jue				
	φυ.25		1400 Marke	t ot 400, Fiedu	quai <del>c</del> io						
			San Francis	co, CA 94103							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out of	of District						de of Texas. Com	
								Check if Austin, Transportatio		officeholder living	expense
								παπομυπαπο	11 11	i Ausull	
	Complete ONLY if direct	Ц,	`andidate/Offi	ceholder name	0	office sou	ıaht			Office he	ald
	expenditure to benefit C/O		Januale/OIII	conduct flame	C	300	agrit			Office He	JIQ.

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 82/116 Rpt:	Ordaz Perez, Claudia (The Honorable)  00084239
4	Date	5 Payee name
	04/17/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.15	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/24/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.91	1455 Market St 400, Headquaters
	Ψ±0.5±	1433 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Data	B
	Date 05/26/2025	Payee name UBER
		0000
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.76	1455 Market St 400, Headquaters
		05
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor		Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction C	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)	
L	Sch: 83/116 Rpt:		Ordaz Pere	z, Claudia (The	Honorable)					00084239		
4	Date	5	Payee name									
L	06/24/2025		UBER									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$10.13		1455 Marke	t St 400, Head	quaters							
L			San Francis	sco, CA 94103								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out of	of District				<b>=</b>		de of Texas. Com		
	-							Transportatio		officeholder living	expense	
								Tanoportatio		. ,		
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	l Jaht			Office he	eld	_
	expenditure to benefit C/O			- Indian indian	Ö		gt			200 710	-	
	Date		Payee name									=
	06/27/2025		UBER									
	Amount (\$)	T	Payee addres	ss; City;	State;	Zip Co	ode					_
	\$7.53		1455 Marke	t St 400, Head	quaters							
			San Francis	sco, CA 94103								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE		Travel Out of					<b>=</b>		de of Texas. Com		
								<b>—</b>		officeholder living	expense	
								Transportatio	11 11	i Ausull		
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Ω	Office sou	<u>l</u> ıght			Office he	eld	_
	expenditure to benefit C/O				J		J -					
H	Date	Π	Payee name									=
	06/27/2025		UBER									
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	ode					+
	\$6.59			t St 400, Head		_,p 00						
	40.50				-1							
			San Francis	sco, CA 94103								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				_
	OF EXPENDITURE		Travel Out	-				ш		de of Texas. Com		
								_		officeholder living	expense	
								Transportatio	11 11	i Austili		
	Complete ONLY if direct	Ц	`andidato/Offi	ceholder name		Office sou	lapt			Office he	ald	_
	expenditure to benefit C/O		zai iuiuale/OIII	centiuei Haine	O	7111CE 50U	igill			Office He	สน	
												_

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 84/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	06/27/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.93	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/30/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.59	1455 Market St 400, Headquaters
	,	
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
		Transportation in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
<b>-</b>	Date	Payee name
	06/30/2025	UBER
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.34	1455 Market St 400, Headquaters
		Con Francisco CA 04100
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
		Transportation in Austri
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

### SCHEDULE F1

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

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

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 85/116 Rpt:		Ordaz Perez, Claudia (The Honorable)		00084239
4	Date	5	Payee name		
	04/21/2025		UBER		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$33.79		1455 Market St 400, Headquaters		
			San Francisco, CA 94103		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	<b>Description</b>
	OF EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Transportation in Austin
					·
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/O	Н			
	Date	T	Payee name		
	04/22/2025		UBER		
	Amount (\$)	T	Payee address; City; State; Zip Co	ode	
	\$50.02		1455 Market St 400, Headquaters		
	l		San Francisco, CA 94103		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Transportation in Austin
	l				
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	t Office held
	expenditure to benefit C/OH	Н			
	Date	Т	Payee name		
	04/23/2025		UBER		
	Amount (\$)	T	Payee address; City; State; Zip Co	ode	
	\$6.23		1455 Market St 400, Headquaters		
			San Francisco, CA 94103		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense  Transportation in Austin
	Complete ONLY if direct	(	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OF	Н			
1					

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 86/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	04/24/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.36	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
-	Date	Dougo nomo
		Payee name
	04/24/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.75	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
_	Compulate ONLY if direct	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/25/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.36	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
_	Commission ONU Wife allows	Condidate/Officeholder name Office county
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 87/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	04/25/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.71	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Dougo nomo
	04/28/2025	Payee name
		UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.11	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	0 1: 0:11:4"."	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	04/28/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.69	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	<b></b>	Check if Austin, TX, officeholder living expense
		Transportation in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Lega	Awards/Memorials Exp I Services Instruction Guide	S		ages/	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	above)
1	Total pages Schedule F1:	2 =	II FR NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 88/116 Rpt:	l		laudia (The Ho	onorable)				<u> </u>	00084239	\00 00mm	
4	Date	5 ₽	Payee name									
	04/28/2025	ι	JBER									
6	Amount (\$)	<b>7</b> P	Payee address;	City;	State; 2	Zip Cod	de					
	\$34.60	1	L455 Market St	400, Headqua	iters							
				•								
		S	San Francisco,	CA 94103								
8	PURPOSE	(a) (	Category (See Ca	tegories listed at the t	op of this schedu	ule)	(b)	Description				
	OF EXPENDITURE	т	Γravel Out of D	istrict				<b>=</b>			plete Schedule T.	
								<b>—</b>		officeholder living	g expense	
								Transportatio	/11 II	i Austill		
_	Operation ONE VIII	<u> </u>		-1-1			.l.z			0′′′′ :	-1-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeh	older name	Offi	ice soug	gnt			Office h	eia	
	Date	F	Payee name									
	04/29/2025	ا ا	JBER									
	Amount (\$)	F	Payee address;	City;	State; 2	Zip Cod	de					
	\$7.95	1	L455 Market St	400, Headqua	iters							
			San Francisco,									
	PURPOSE OF	ı		tegories listed at the t	op of this schedu	ule) (	(b)	Description				
	EXPENDITURE	T	Travel Out of D	istrict				<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.	
								Transportatio			a evhense	
								. ranoportatio	11	. ,		
$\vdash$	Complete ONLY if direct		andidate/Officeh	older name	Offi	ice soug	ıht			Office he	<u></u>	
	expenditure to benefit C/O		and date/Officering	Jaci Haille	<u></u>	souy	J11L			Onice III		
	Date	ı	Payee name									
	04/30/2025	ا ر	JBER									
	Amount (\$)	F	Payee address;	City;	State; 2	Zip Cod	de					
	\$7.99	1	L455 Market St	400, Headqua	iters							
		S	San Francisco,	CA 94103								
	PURPOSE OF	ı		tegories listed at the t	op of this schedu	ule) (	(b)	Description				
	EXPENDITURE	T	Travel Out of D	istrict				<b>—</b>			plete Schedule T.	
								Transportatio		officeholder living Δυςτίη	g expense	
								παπορυπαπο	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. / .u.ɔuii		
	Complete ONLY if direct		andidate/Officeh	older name	Offi	ice soug	nh+			Office he	ald.	
	Complete ONLY if direct expenditure to benefit C/OH		zi iuiuate/OIIICeN	nuci iidiiie	OIII	ice soug	JI IL			Onice n	≂iu	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 89/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	04/30/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.51	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/30/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.81	1455 Market St 400, Headquaters
		22 22 22 23 42 23 42
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Davida marra
	05/01/2025	Payee name UBER
	Amount (\$) \$7.40	Payee address; City; State; Zip Code 1455 Market St 400, Headquaters
	Ψ1.40	1435 Market St 400, Headquaters
		San Francisco, CA 94103
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotocomy set listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 90/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	05/01/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.54	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
		That operation in 7 death
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/02/2025	UBER
	Amount (\$) \$7.53	
	\$7.53	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	05/05/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.73	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Opening the ONLY if allowed	Our didn't lotter halden games Office and the
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 91/116 Rpt:	FILER NAME     Ordaz Perez, Claudia (The Honorable)		3 Filer ID (Ethics Commission Filers) 00084239
4	Date 05/06/2025	5 Payee name UBER		00004233
6	Amount (\$) \$6.39	7 Payee address; City; State; Zip Co 1455 Market St 400, Headquaters	de	
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94103  (a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	Date 05/06/2025	Payee name UBER		
	Amount (\$) \$22.04	Payee address; City; State; Zip Co 1455 Market St 400, Headquaters San Francisco, CA 94103	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	ght	Office held
	Date 05/07/2025	Payee name UBER		
	Amount (\$) \$5.34	Payee address; City; State; Zip Co 1455 Market St 400, Headquaters	de	
		San Francisco, CA 94103		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 92/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	05/09/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.14	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/09/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.87	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Pouso namo
	05/09/2025	Payee name UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.05	1455 Market St 400, Headquaters
	400.00	
		San Francisco, CA 94103
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 93/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239	
4	Date	5 Payee name	
	05/12/2025	UBER	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$31.69	1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
		Transportation in Additi	
_	Operation ONE Wife disease	Outside to 10ff and address areas of the analysis of the second of the s	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  H	
	Date	Payee name	
	05/12/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$5.23	1455 Market St 400, Headquaters	
	Ψ0.20	2 100 Market St. 100, Floatiquations	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		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 H	
	Date	Payee name	_
	05/13/2025	UBER	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.17	1455 Market St 400, Headquaters	
	Ψ0.11	1433 Warket St 400, Fleauquaters	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Transportation in Austin	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 94/116 Rpt:	Ordaz Perez, Claudia (The Honorable)  00084239
4 Date	5 Payee name
05/14/2025	UBER
6 Amount (\$) \$36.11	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquaters  San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/15/2025	UBER
Amount (\$)	Payee address; City; State; Zip Code
\$11.67	1455 Market St 400, Headquaters
BURDOCE	San Francisco, CA 94103
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/16/2025	UBER
Amount (\$)	Payee address; City; State; Zip Code
\$5.84	1455 Market St 400, Headquaters
	San Francisco, CA 94103
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Transportation in Austin
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 95/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	05/16/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.49	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Additi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	05/19/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.08	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name  UBER
	05/20/2025	
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.62	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 96/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	05/20/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.77	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
		Transportation in Adolin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
$\vdash$	Date	Payeo namo
	05/20/2025	Payee name UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.66	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Occupated ONLY if disease	On didn't Office helds
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/21/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.90	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	•	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 97/116 Rpt:	2 FILER NAME Ordaz Perez, Claudia (The Honorable) 3 Filer ID 00084239	(Ethics Commission Filers)
4	Date 05/21/2025	5 Payee name UBER	
6	Amount (\$) \$7.63	7 Payee address; City; State; Zip Code 1455 Market St 400, Headquaters  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  Check if travel outside of Texas. Complete Comple	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	d
	Date 05/21/2025	Payee name UBER	
	Amount (\$) \$7.56	Payee address; City; State; Zip Code 1455 Market St 400, Headquaters  San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Comple	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	d
	Date 05/23/2025	Payee name UBER	
	Amount (\$) \$7.53	Payee address; City; State; Zip Code 1455 Market St 400, Headquaters	
		San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Compl  Check if Austin, TX, officeholder living e  Transportation in Austin	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	d

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 98/116 Rpt:	Ordaz Perez, Claudia (The Honorable)  00084239
4	Date	5 Payee name
	05/27/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.54	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
		That op States I in Vision
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/27/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.53	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.99	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
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 co	mplete this form.			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)	
Sch: 99/116 Rpt:	Ordaz Perez, Claudia (The Honorable)		00084239		
4 Date	5 Payee name				
05/27/2025	UBER				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$7.92	1455 Market St 400, Headquaters				
	San Francisco, CA 94103				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Travel Out of District		el outside of Texas. Com	plete Schedule T.	
EXPENDITURE			tin, TX, officeholder living	g expense	
		Transportat	ion in Austin		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office he	eld	
Date	Payee name				
05/28/2025	UBER				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$7.56	1455 Market St 400, Headquaters				
	San Francisco, CA 94103				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Travel Out of District	ш	el outside of Texas. Com		
			tin, TX, officeholder livinç ion in Austin	g expense	
		Transportat	ion in Adouit		
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office he	eld	
	expenditure to benefit C/OH				
Date	Payee name				
05/29/2025	UBER				
		do			
Amount (\$) \$7.55	Payee address; City; State; Zip Co 1455 Market St 400, Headquaters	ue			
Ψ1.55	1400 Market St 400, Fleadquaters				
	San Francisco, CA 94103				
	·	<b></b>			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	el outside of Texas. Com	nnlete Schedule T	
EXPENDITURE	Travel Out of District		tin, TX, officeholder living		
			ion in Austin		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld	
expenditure to benefit C/OI	1				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 100/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	05/29/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.93	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	D-1-	
	Date	Payee name
	05/29/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.63	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	05/30/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.53	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
1		Transportation in Austin
$ldsymbol{ld}}}}}}$	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	,	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:2 FILER NAME3 Filer ID (Ethics CommissSch: 101/116 Rpt:Ordaz Perez, Claudia (The Honorable)00084239	ion Filers)
L L	
4 Date         5 Payee name           05/30/2025         UBER	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$7.11 1455 Market St 400, Headquaters	
THOS Market St 400, Headquaters	
Con Francisco CA 04103	
San Francisco, CA 94103	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description  Chock if traval outside of Taxas Complete Schedule Taxas C	
Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
Transportation in Austin	
Transportation in Addition	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Pavee name	
i ayou mamo	
06/02/2025 UBER	
Amount (\$) Payee address; City; State; Zip Code	
\$7.61 1455 Market St 400, Headquaters	
San Francisco, CA 94103	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officenoider living expense	
Transportation in Austin	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
- p	
Date Payee name	
06/02/2025 UBER	
Amount (\$) Payee address; City; State; Zip Code	
\$6.53 1455 Market St 400, Headquaters	
San Francisco, CA 94103	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE  Travel Out of District  Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1A, officeriolider living expense	
Transportation in Austin	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experience to benefit 0/011	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 102/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	06/02/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.43	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/02/2025	UBER
_	Amount (\$)	Payee address; City; State; Zip Code
	\$6.25	1455 Market St 400, Headquaters
	Ψ0.23	1400 Market of 400, Fredaybaters
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Transportation in Austin
	Operation ONLY if allowed	Our did to 10 ff as had done as many
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	UBER
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.55	1455 Market St 400, Headquaters
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Transportation in Austin
		Transportation in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (	Is Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)
1	Total pages Schedule F1:	2			- 11				3	Filer ID	(Ethics Commission Filers)
	Sch: 103/116 Rpt:			z, Claudia (The	e Honorable)					00084239	
4	Date	5	Payee name								
	06/03/2025		UBER								
6	Amount (\$)	7	Payee addre		,	Zip Co	ode				
	\$7.53		1455 Marke	t St 400, Head	lquaters						
			San Francis	sco, CA 94103							
8	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out	of District				<b>=</b>		de of Texas. Comp	
								Transportatio		officeholder living  Austin	expense
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	<u>I</u> ıght			Office he	ld
	expenditure to benefit C/OI										
	Date		Payee name								
	06/16/2025		UBER								
	Amount (\$)		Payee addres		·	Zip Co	ode				
	\$12.48		1455 Marke	t St 400, Head	iquaters						
			San Francis	sco, CA 94103							
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel In Di	strict				ш		de of Texas. Comp officeholder living	
								Transportatio			
								•			
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	C	Office sou	ıght			Office he	ld
H	Date		Payee name								
	06/16/2025		UBER								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$6.62			t St 400, Head		-					
			San Francis	sco, CA 94103							
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sche	edule)	(b)	Description	outo:	de of Texas. Comp	aloto Schodulo T
	EXPENDITURE		Travel In Di	SITICI						officeholder living	
								Transportatio		J	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	office sou	ight			Office he	ld
	expenditure to benefit C/O	H									

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 104/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	06/18/2025	UBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.04	1455 Market St 400, Headquaters
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Transportation
		Transportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	06/24/2025	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.00	880 N Zaragoza
		El Paso, TX 79907
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense P.O. Box renewal
		F.O. BOX TEHEWAI
	Opening ONE VI & Blood	Out in the 10ff and a later was a second to the second to
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	01/17/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.55	1455 Market St. 4th Fl
		Trevose, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meal
	Operation Children	Outlide 10th about 10th and 10
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 105/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/31/2025	Uber Eats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.02	1455 Market St. 4th Fl
		Trevose, PA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal
		iviedi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	02/09/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.26	1455 Market St. 4th Fl
		Trevose, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Meal
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	02/12/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.85	1455 Market St. 4th Fl
		Trevose, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meal
$\vdash$	Complete ONLY !f allower	Condidate/Officeholder name Office assists Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

### SCHEDULE F1

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

Event Expense Fees

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awa Committee Legal Se	verage Expense rds/Memorials Expense	Office Overhea Polling Expens Printing Expens Salaries/Wage	se s/Contract Labor		Solicitation/Fundraising Exper Transportation Equipment & F Travel in District Travel Out of District OTHER (enter a category not	Related Expense
1	Total pages Schedule F1:	P FILER NAME				3	Filer ID (Ethics Co	ommission Filers)
	Sch: 106/116 Rpt:		udia (The Honorable	e)			00084239	
4	Date	Payee name		,				
•	02/22/2025	Uber Eats						
6	Amount (\$) \$39.61	Payee address; 1455 Market St. 4	th FI	e; Zip Code				
		Trevose, PA 9410	3					
8	PURPOSE OF EXPENDITURE	a) Category (See Category Food/Beverage E		chedule) (b)	=		de of Texas. Complete Schedu officeholder living expense	le T.
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officehold	er name	Office sought			Office held	
	Date	Payee name						
	03/01/2025	Uber Eats						
	Amount (\$)	Payee address;	City; Stat	e; Zip Code				
	\$23.08	1455 Market St. 4	th FI					
		Trevose, PA 9410	3					
	PURPOSE OF EXPENDITURE	<b>a)</b> Category <sub>(See Categ</sub> Food/Beverage E		chedule) (b)	<u></u>		de of Texas. Complete Schedu officeholder living expense	le T.
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officehold	er name	Office sought			Office held	
	Date 03/08/2025	Payee name Uber Eats						
	Amount (\$) \$30.03	Payee address; 1455 Market St. 4	•	e; Zip Code				
		Trevose, PA 9410	3					
	PURPOSE OF EXPENDITURE	a) Category (See Category Food/Beverage E		chedule) (b)	$\square$		de of Texas. Complete Schedu officeholder living expense	le T.
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officehold	er name	Office sought			Office held	
T-0	orms provided by Tayas Ethics Commission www.athics state ty us Version V// 1.0 f10d0fd9							

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 107/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
_	03/31/2025	Uber Eats
6	Amount (\$) \$32.03	7 Payee address; City; State; Zip Code 1455 Market St. 4th Fl
	φ <sub>3</sub> 2.03	1435 Warket St. 4tti Fi
		Trevose, PA 94103
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal
_	Onwellate ONII V if direct	Our distance (Office health as a second seco
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Data	
	Date 04/01/2025	Payee name Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.50	1455 Market St. 4th Fl
	Ψ00.00	1400 Market Ot. 44111
		Trevose, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/01/2025	Uber Eats
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.50	1455 Market St. 4th Fl
		Trevose, PA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meal
		Mod.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

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

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

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

Candidate/Officenoider/Politic	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 108/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4 Date	5 Payee name
02/19/2025	Uber Eats
6 Amount (\$) \$21.64	7 Payee address; City; State; Zip Code 1455 Market St. 4th FI
	Trevose, PA 94103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
04/28/2025	Uber Eats
Amount (\$) \$41.71	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) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
05/01/2025	Uber Eats
Amount (\$) \$73.55	Payee address; City; State; Zip Code 1455 Market St. 4th FI
	Trevose, PA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meal
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH

# SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 109/116 Rpt:	Ordaz Perez, Claudia (The Honorable)		00084239
4	Date	5 Payee name		<u> </u>
l	05/05/2025	Uber Eats		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
l	\$39.92	1455 Market St. 4th Fl		
l				
l		Trevose, PA 94103		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense  Meal
l				The distriction of the districti
9	Complete ONLY if direct	Candidate/Officeholder name Office sout	aht	Office held
	expenditure to benefit C/OI		<b></b>	
F	Date	Payee name		
l	05/09/2025	Uber Eats		
⊢	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$26.79	1455 Market St. 4th Fl		
l	,			
l		Trevose, PA 94103		
⊢	PURPOSE		(b)	Description
l	OF	Food/Beverage Expense	( - ,	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	<u> </u>		Check if Austin, TX, officeholder living expense
l				Meal
L	Complete ONLY if direct	Candidate/Officeholder name Office souc	nht.	Office held
l	expenditure to benefit C/OI		JIIL	Office field
⊨	Data	D		
l	Date 05/27/2025	Payee name Uber Eats		
┝			40	
l	Amount (\$) \$43.87	Payee address; City; State; Zip Coo 1455 Market St. 4th Fl	ue	
l	Ψ+0.07	1400 Market St. 40111		
l		Trevose, PA 94103		
┝	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	1 dourbeverage Expense		Check if Austin, TX, officeholder living expense
l				Meal
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
L	experientare to benefit 6/01	•		

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 110/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	01/21/2025	Valero Fredericksburg
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.91	23401 US-290
		Harper, TX 78631
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/07/2025	Valley International Airport
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$63.62	Payee address; City; State; Zip Code 3002 Heritage Way
	\$03.02	3002 Heritage way
		Harligen, TX 78550
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Complete Schedule T.  Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	л -
	Date	Payee name
	01/08/2025	Wal-Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,020.83	1030 Norwood Park Blvd
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Office and apartment supplies
		Office and apartment supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

# SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 111/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	02/02/2025	Wal-Mart Control of the Control of t
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.19	1030 Norwood Park Blvd
		Austin, TX 78753
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Apartment supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	5.	
	Date	Payee name
	02/04/2025	Wal-Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.00	1030 Norwood Park Blvd
		Austin, TX 78753
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Apartment supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/09/2025	Wal-Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.76	1030 Norwood Park Blvd
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Apartment supplies
	Complete ONU V if allow	Condidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	· · · · · · · · · · · · · · · · · · ·	
l		

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Po	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 112/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4 Date	5 Payee name
03/01/2025	Wal-Mart
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$185.5	59 1030 Norwood Park Blvd
	Austin, TX 78753
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Apartment supplies
	/ parument supplies
9 Complete ONLY if direct	t Candidate/Officeholder name Office sought Office held
expenditure to benefit C	
Date	Davies warms
03/08/2025	Payee name Wal-Mart
Amount (\$)	Payee address; City; State; Zip Code
\$68.1	1030 Norwood Park Blvd
	Austin, TX 78753
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Apartment supplies
Complete ONLY if direct	ct Candidate/Officeholder name Office sought Office held
expenditure to benefit C	C/OH
Date	Payee name
03/24/2025	Wal-Mart
Amount (\$)	Payee address; City; State; Zip Code
\$177.1	
	Austin, TX 78753
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Apartment supplies
Complete ONLY if direct	
expenditure to benefit C	JON

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 113/116 Rpt:	2 FILER NAME Ordaz Perez, Claudia (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084239
4	Date 04/04/2025	5 Payee name Wal-Mart
6	Amount (\$) \$114.27	7 Payee address; City; State; Zip Code 1030 Norwood Park Blvd
8	PURPOSE OF EXPENDITURE	Austin, TX 78753  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Apartment supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/11/2025	Payee name Wal-Mart
	Amount (\$) \$88.27	Payee address; City; State; Zip Code  1030 Norwood Park Blvd  Austin, TX 78753
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Apartment supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/26/2025	Payee name Wal-Mart
	Amount (\$) \$86.13	Payee address; City; State; Zip Code 1030 Norwood Park Blvd
		Austin, TX 78753
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Apartment supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 114/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239			
4	Date	5 Payee name			
	05/29/2025	Wal-Mart			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$49.37	1030 Norwood Park Blvd			
		Austin, TX 78753			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  Apartment supplies			
		Apartment supplies			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
$\vdash$	Data	Davis same			
	Date	Payee name			
	06/25/2025	Wal-Mart			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$73.73	1030 Norwood Park Blvd			
		Austin, TX 78753			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Apartment supplies			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	05/18/2025	Wal-Mart			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$101.48	1030 Norwood Park Blvd			
		Austin, TX 78753			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense Supplies for apartment			
		Supplies for apartment			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 115/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239				
4	Date	5 Payee name				
	01/13/2025	Wayfair				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,534.06	4 Copley Place, 7th Floor				
		Boston, MA 02116				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Apartment furniture				
		Apartment furniture				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
	Date	Payee name				
	01/02/2025	Wayfair				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$375.81	4 Copley Place, 7th Floor				
		Boston, MA 02116				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Apartment furniture				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·				
_						
	Date	Payee name				
	01/09/2025	Wayfair				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$444.90	4 Copley Place, 7th Floor				
		Boston, MA 02116				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense				
		Apartment furniture				
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 116/116 Rpt:	Ordaz Perez, Claudia (The Honorable) 00084239
4	Date	5 Payee name
	04/04/2025	Wu Chow
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$278.29	5000 Bee Cave Rd
l		
L		Austin, TX 78746
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Staff meeting
l		Stan mooting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
l	01/13/2025	Wyndham Austin
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$546.88	516 W. 8th Street
l		
		Austin, TX 78701
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Accommodations for constituents to attend Opening
l		Day cermonies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1
l		
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCH	FD	ш	F	k
эсп	ᄆ	UL	. =	•

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	The Instruction Cuide explains how to complete this form			ages Schedule K:			
	The Instruction Guide explains how to complete this form.  Sch: 1/				./1 Rpt: 124/124	/1 Rpt: 124/124	
2	FILER NAME			3	Filer ID	(Ethics Commission	Filers)
	Ordaz Perez	, C	laudia (The Honorable)		00084	1239	
4	Date	<u>_</u>			8 Amount (\$)		
	05/19/2025		Bell, Keith				\$50.00
		6	Address of person from whom amount is received; City; State; Zip Code	•••••		1	
			Forney, TX 75126				
		7	Purpose for which amount is received Check if p	olitio	cal cont	ribution returned to filer	
			Reimbursement for Gift Presented to Committee Chair				
F	Date	H	Name of person from whom amount is received			Amount (\$)	
	05/19/2025		Bumgarner, Benjamin			γ inodit (Φ)	\$50.00
	00/10/1010	ļ	Address of person from whom amount is received; City; State; Zip Code				400.00
			Address of person from whom amount is received. City, State, 21p Code				
			Flower Mound, TX 75022				
		Н		olitio	cal cont	I ribution returned to filer	
			Reimbursement for Gift Presented to Committee Chair	Jonas	odi oonii	insulation retained to mer	
⊨	Data	_				Α	
	Date 05/19/2025		Name of person from whom amount is received Oliverson, Tom			Amount (\$)	\$50.00
	05/19/2025	ļ					Φ50.00
			Address of person from whom amount is received; City; State; Zip Code				
			Houston, TX 77046				
		H		olitic	cal cont	I ribution returned to filer	
			Reimbursement for Gift Presented to Committee Chair	JOILL	zai com	indution returned to mer	
$\vdash$	Reimbursement for Gift Presented to Committee Chair						