# CANDIDATE / OFFICEHOLDER
# CAMPAIGN FINANCE REPORT

**H**

| The C/OH Instruction Guide explains how to complete this form. | **1** Filer ID (Ethics Commission File. | |
|---|---|---|

| **3** CANDIDATE / OFFICEHOLDER NAME | MS / MRS / (MR)     FIRST    _Esequiel_     MI | **OFFICE USE ONLY** |
|---|---|---|
| | NICKNAME _"Zeke"_   LAST _Ortiz_   SUFFIX _Jr._ | Date Received **RECEIVED** |
| **4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br>☐ Change of Address | ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE<br>_1414 Encantado Cir._<br>_Palmview, Tx 78572_ | APR 04 2024 AM<br>@ 4:32 pm<br>**PALMVIEW CITY SECRETARY** |
| **5** CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE   PHONE NUMBER     EXTENSION<br>_(956) 458-2285_ | Date Hand-delivered or Date Postmarked |
| **6** CAMPAIGN TREASURER NAME | MS / MRS / MR    FIRST   _Alma_    MI | Receipt #     Amount $ |
| | NICKNAME    LAST _Ortiz_    SUFFIX | Date Processed<br><br>Date Imaged |

| **7** CAMPAIGN TREASURER ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;   CITY;   STATE;   ZIP CODE<br>_1414 Encantado Circle Palmview, Tx 78572_ |
|---|---|
| **8** CAMPAIGN TREASURER PHONE | AREA CODE   PHONE NUMBER    EXTENSION<br>_(956) 458-2298_ |

| **9** REPORT TYPE | ☐ January 15   ☑ 30th day before election   ☐ Runoff   ☐ 15th day after campaign treasurer appointment (Officeholder Only) |
|---|---|
| | ☐ July 15   ☐ 8th day before election   ☐ Exceeded Modified Reporting Limit   ☐ Final Report (Attach C/OH - FR) |

| **10** PERIOD COVERED | Month   Day   Year<br>_02/26/2024_   THROUGH   Month   Day   Year<br>_04/04/2024_ |
|---|---|

| **11** ELECTION | ELECTION DATE<br>Month   Day   Year<br>_05/04/2024_ | ELECTION TYPE<br>☐ Primary   ☐ Runoff   ☐ Other Description<br>☑ General   ☐ Special |
|---|---|---|

| **12** OFFICE | OFFICE HELD (if any)<br>~~Place~~ None | **13** OFFICE SOUGHT (if known)<br>_Place 1_ |
|---|---|---|

| **14** NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
|---|---|
| | COMMITTEE TYPE    COMMITTEE NAME |
| ☐ Additional Pages | ☐ GENERAL    COMMITTEE ADDRESS |
| | ☐ SPECIFIC    COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER
# CAMPAIGN FINANCE REPORT

## FORM C/OH
## COVER SHEET PG 2

| 15  C/OH NAME | 16  Filer ID  (Ethics Commission Filers) |
|---|---|
| Esequiel Ortiz Jr. | |

| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ |
|---|---|---|---|
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 1000.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 1000.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ |

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

_____
Signature of Candidate or Officeholder

### Please complete either option below:

(1) Affidavit

CITY OF PALMVIEW HIDALGO CO. TEXAS

NOTARY STAMP / SEAL

Sworn to and subscribed before me by ___Esequiel Ortiz Jr___ this the __4th__ day of __April__, 20__24__, to certify which, witness my hand and seal of office.

| _Annette Villarreal_ | _Annette Villarreal_ | _City Secretary_ |
|---|---|---|
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

**OR**

## (2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
                              (street)                           (city)        (state)   (zip code)      (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
                                                                                              (month)              (year)

_____
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**19  FILER NAME**

Esequiel Ortiz Jr.

**20  Filer ID (Ethics Commission Filers)**

**21  SCHEDULE SUBTOTALS**
**NAME OF SCHEDULE**

| | | SUBTOTAL AMOUNT |
|---|---|---|
| 1. | ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 1,000 00 |
| 2. | ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☐ SCHEDULE E: LOANS | $ |
| 5. | ☐ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 6. | ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 9. | ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ |
| 10. | ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

| The Instruction Guide explains how to complete this form. | **1** Total pages Schedule A1: |
|---|---|

**2 FILER NAME** Esequiel Ortiz Jr.

**3** Filer ID (Ethics Commission Filers)

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **7** Amount of contribution ($) |
|---|---|---|
| 4/4/2024 | Jonathan R. Sakulenski | $1,000.00 |
| | **6** Contributor address; City; State; Zip Code | |
| | 1710 E. 28th St. Mission, Tx 78572 | |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| | Contributor address; City; State; Zip Code | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| | Contributor address; City; State; Zip Code | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| | Contributor address; City; State; Zip Code | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.