CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS (MR) 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received "Telle" RECEIVED 4 CANDIDATE/ **OFFICEHOLDER** 1414 MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** (956)**PHONE** Amount \$ 6 CAMPAIGN MS / MRS / MR **TREASURER** NAME Date Processed NICKNAME LAST Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; ZIP CODE **TREASURER** Encontado Cir. **ADDRESS** (Residence or Business) AREA CODE CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE (916) 458-22**0**98 9 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 5/2024 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Description Month Year General Special 12 OFFICE 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

1	E / OFFICEHOLDER I FINANCE REPORT	FORM C/OH COVER SHEET PG 2					
15 C/OH NAME	equie Ortiz Jr.	6 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	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)	\$ 50000					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
,	4. TOTAL POLITICAL EXPENDITURES	\$ 631.33					
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 868.67					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD						
req	required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder						
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP/SEAL							
Sworn to and subscribed I	efore me by this the	, day of,					
20, to certify which, witness my hand and seal of office.							
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath					
物理學	OR	的。由于1985年,中国1985年					
(2) Unsworn Declaratio	0 70 (1 1					
My name isSequi	el Offiz de , and my date of birth is	1/29/76					
My address is (4)4	Encantado Cinle Palmview, TX	-18512 US					
Executed in Halg	(street) (city) (star day of we day of (month)						
	Signature of Candidate	e/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERN	Escycicl Ortiz Jr.	20 Filer ID (Ethics Co	mmission Filers)
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5000
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 CON	NTRIBUTIONS	\$ 631.33
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL OF	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

if the requested information is not applicable, bo Not include this page in the report.					
The	Instruction Guide explains how to complete this fo	1 Total pages Schedule A1:			
2 FILER NAME	Eseguiel Ortiz Ju	3 Filer ID (Ethics Commission Filers)			
4 Date (-5-2)	5 Full name of contributor Cout-of-state PAC (ID Sonathan Contributor address; City;	ensic; State; Zip Code	7 Amount of contribution (\$) 500,00		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)		
Date	Full name of contributor		Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor	#:)	Amount of contribution (\$)		
	Contributor address; City; S	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor	#:)	Amount of contribution (\$)		
	Contributor address; City; \$	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDULE AS NE	EEDED		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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 B Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense Pri	Illing Expense Travel In District Inting Expense Travel Out of District Idaries/Wages/Contract Labor Other (enter a category not listed above)			
Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME SCYNIC	3 Filer ID (Ethics Commission Filers)			
4 Date 4/10/24	5 Payee name Cone Star /	Vational Bank			
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
\$3.00	720. 8. Veter	ons Dr. Palmier, Tx 78572			
8	(a) Category (See Categories listed at the top of this sched	(b) Description			
PURPOSE OF EXPENDITURE	Other	6. Service Fee			
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
4/10/24	Lone Stor /	Jational Bank			
Amount (\$)	Payee address;	City; State; Zip Code			
\$10.00	720. E. Veter	ans Dr. Palmuiew 1x 785/2			
	Category (See Categories listed at the top of this schedu	Description			
PURPOSE OF EXPENDITURE	Other	Service Charge.			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
	Category (See Categories listed at the top of this schedu	le) Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedu	eT. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	A COMPANY MATERIAL CONTROL OF THE STATE OF T				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.							
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Event Expense Loan Repay Accounting/Banking Fees Office Overt Consulting Expense Food/Beverage Expense Polling Expe Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Exp			pense ages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense		
		The Instruction Guide explai	ns how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NA	Esegniel &	1/4/2	Jr.	3 Filer ID (Ethics	Commission Filers)	
4 Date 4/13/24	5 Payee nai	Wal mart					
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code	
\$2500	24	10 E. Expuy	83	Mission	- Tx	78572	
8	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	6i	ft Awards		Cift (Gift Card		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF		ite / Officeholder name		Office sought	!	Office held	
Date	Payee nar	me				11. 21	
4/13/24		og Wal M	er t				
Amount (\$)	Payee add	dręss;		City;	State;	Zip Code	
\$166.19	241	O E. Expu	. 483	Missio	r Tx	78572	
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Gif	+ / Awards		Kitch	en War	e	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought	(Office held	
Date	Payee na	me			. 1 3 X X X X PARTICIPANT		
4/19/24	· L	Val Mart					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
\$193.54	2	110 E. Exp	wy 8	3 Missi	ion Ty	78572	
	Category	(See Categories listed at the top of this	schedule)	Description	7		
PURPOSE OF EXPENDITURE	Gi	fts / Arards		Kitch	en / Wa	re	
Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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 Gifl/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	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME (Sequiel DITE	3 Filer ID (Ethics Commission Filers)		
4 Date 4/25/24	5 Payee name HEB			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$25.37	6010 W. Expuy &	33 Palmview, Tx 78572		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Suent Expense	Plates Cups Trays		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
4/27/24	HEB			
Amount (\$)	Payee address;	City; State; Zip Code		
950.44	6010 W. Expuy	83 Palmuiew, Tx 78572		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food / Beverage	Colles / Snacks		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
4/26/24	Taco Mañanero			
Amount (\$)	Payee address;	City; State; Zip Code		
\$ 20.60	1106 N. Bentsen Pa	In Mission, TX 78572		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food	Tacos.		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Office held

Office sought

If the requested information is not applicable, DO NOT include this page in the report.					
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Fees Food/Beve y Gift/Awards Il Committee Legal Serv	rage Expense s/Memorials Expense ices	Office Overhel Polling Expen Printing Exper Salaries/Wage	ad/Rental Expense se nse es/Contract Labor	Transportation Equipm Travel In District Travel Out Of District	nent & Related Expense
	Truction Guide explai	is now to com	piete this form.	3 CIL 1D (CIL)	Owner training Files
2 FILER NAME S	equiel (Dr+12	Jr.	3 Filer ID (Ethics	Commission Filers)
5 Payee name	anta Fe	Bak			
7 Payee address;			City;	State;	Zip Code
310 0	r. Veter	ans B	lud. Po	almuicw, Ti	c 7857Z
(a) Category (See Categ	ories listed at the top of this	s schedule) (b) Description		
Food	A		Pa	in Dulc	e
(c) Check if trave	outside of Texas. Complete	Schedule T.	Check if A	Austin, TX, officeholder living	expense
	eholder name		Office sought	(Office held
Payee name					
Littl	e Cae	sars			
Payee address;			City;	State;	Zip Code
104	FM 492		Pa	Inview, TX	78572
Category (See Catego	ries listed at the top of this	schedule)	Description		
Check if travel	outside of Texas. Complete 5	Schedule T.	Check if A	Austin, TX, officeholder living of	expense
Candidate / Office	holder name		Office sought		Office held
Payee name			_		
Lone	Stor N	Jation	al Da	nK	
Payee address;			City;	State;	Zip Code
720	E. Wet	erons I	r. Pa	Inview ,TX	78572
Category (See Catego	ries listed at the top of this	schedule)	Description		
Othe	r Account Fee		Ser	vice Fee	
Check if travel	outside of Texas. Complete \$	Schedule T.	Check if A	Austin, TX, officeholder living e	expense
	EXP Event Experses Fees Food/Bever Gift/Awards Legal Service The Institute Candidate / Office Candidate / Of	Expenditure cate Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain 2 FILER NAME Sequie 5 Payee name Santa Fe 7 Payee address; 3 10 W. Veter (a) Category (See Categories listed at the top of this Food (c) Check if travel outside of Texas. Complete: Candidate / Officeholder name Payee name Little Category (See Categories listed at the top of this Category (See Categories listed at the top of this Payee address; Category (See Categories listed at the top of this Candidate / Officeholder name Payee address; Category (See Categories listed at the top of this Candidate / Officeholder name Category (See Categories listed at the top of this Category (See Categories listed at the top of this Category (See Categories listed at the top of this Category (See Categories listed at the top of this Category (See Categories listed at the top of this Category (See Categories listed at the top of this Category (See Categories listed at the top of this	EXPENDITURE CATEGORIES FOOD/Beverage Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Printing Experse Gilt/Awards/Memorials Expense Printing Experse Salaries/Wags The Instruction Guide explains how to come Santa Fe Bake 7 Payee name Santa Fe Bake 7 Payee address: 3 10 W. Veterans Bake 7 Payee address: 3 10 Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Little Cae Sars Payee address: Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee address: Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Peerage Expense Gilt/Awards/Memorials Expense Gilt/Awards/Memorials Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 2 FILER NAME Sequie Orthor Tv. 5 Payee name 2 Filer NAME Sequie Orthor Tv. 5 Payee address; City: 3 / O	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Feed Feed Feed Feed Feed Feed Feed Fe

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Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense F	Polling Expense Printing Expense Salaries/Wages/Contract Labor	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 (SEGUIC)	1+12 Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name HEB					
6 Amount (\$) \$45,78	7 Payee address;	city; cpwy8] Palm	state: Zip Code			
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description				
PURPOSE OF EXPENDITURE	Food Beverage	Coke	es / Smacks			
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin,	TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	edule) Description				
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description				
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin,	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						