

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

N/A

2 Total pages filed:

14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

DR.

FIRST

LYDIA

MI

NICKNAME

LAST

ORTEGA

SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED
4/28/23

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3948 LEGACY DR. SUITE 106
P.O. BOX 141, PLANO, TX 75023

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 414-2010

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

MR.

FIRST

SORIN

MI

NICKNAME

LAST

WITZMAN

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

APR 28 1:47 PM

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

3948 LEGACY DR. SUITE 106 P.O. BOX 141
PLANO, TX 75023

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(408) 316-4310

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

04 / 07 / 23

THROUGH

Month

Day

Year

04 / 28 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 23

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

NONE

13 OFFICE SOUGHT (if known)

PISO - PLACE 4.

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

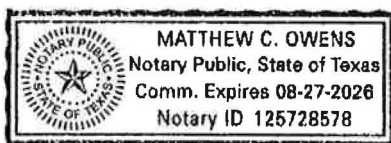
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,038.05
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,966.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,982.78
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,036

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.

Lydia Ortega
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Lydia Ortega this the 28 day of April, 2023 to certify which, witness my hand and seal of office.

Signature of officer administering oath: Matthew C Owens Printed name of officer administering oath
Title of officer administering oath: Notary Public

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

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,038.05
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,036
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,966.25
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 7
2 FILER NAME LYDIA ORTEGA		3 Filer ID (Ethics Commission Filers) N/A
4 Date 4/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Canright 6 Contributor address; City; State; Zip Code 8621 BERWICK DR Plano TX 75025	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clark Duenas Contributor address; City; State; Zip Code 945 Montecito Dr. L.A. CA 90031	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 4/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AURORA MORA Contributor address; City; State; Zip Code P.O. Box 921 LAVERNE CA 91750	Amount of contribution (\$) \$104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DENISE MARTEL Contributor address; City; State; Zip Code 6280 N. SAN GABRIEL Blvd #M CA 91775	Amount of contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Finance Analyst		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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>LYDIA ORTEGA</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>4/20/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>HENRY TABANGAY</i> 6 Contributor address; City; State; Zip Code <i>30514 YUCCA PLACE, CASTAIC CA 91384</i>	7 Amount of contribution (\$) <i>\$104.10</i>
8 Principal occupation / Job title (See Instructions) <i>INSTRUMENT TECH</i>		9 Employer (See Instructions)
Date <i>4/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>AMANDA GALICIA</i> Contributor address; City; State; Zip Code <i>13730 LOMITAS AVE LA PUENTE CA 91746</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions) <i>OFFICE ASSISTANT</i>		Employer (See Instructions)
Date <i>4/21/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JULIE WAGONER</i> Contributor address; City; State; Zip Code <i>777 W. GARWOOD RD RATHDRUM ID 83858</i>	Amount of contribution (\$) <i>\$260.25</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/22/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>RACHEL ELLIOTT</i> Contributor address; City; State; Zip Code <i>5825 VINEYARD MCKINNEY TX 75070</i>	Amount of contribution (\$) <i>\$104.10</i>
Principal occupation / Job title (See Instructions) <i>Homemaker</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>LYDIA ORTEGA</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>4/24/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CLEO MARCHESI</i> 6 Contributor address; City; State; Zip Code <i>6924 BARBICAN DR PLANO TX 75023</i>	7 Amount of contribution (\$) <i>\$104.10</i>
8 Principal occupation / Job title (See Instructions) <i>IBCLC, RLC</i>		9 Employer (See Instructions)
Date <i>4/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>KARIM MAKAREMCHI</i> Contributor address; City; State; Zip Code <i>6155 E HENNING VIEW ANAHEIM CA 92807</i>	Amount of contribution (\$) <i>\$104.10</i>
Principal occupation / Job title (See Instructions) <i>CEO</i>		Employer (See Instructions)
Date <i>4/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>PATRICIA ORTEGA</i> Contributor address; City; State; Zip Code <i>P.O. Box 921 LAVERNE CA 91750</i>	Amount of contribution (\$) <i>\$104.10</i>
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions)
Date <i>4/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Timothy Treloar</i> Contributor address; City; State; Zip Code <i>7441 DAWN AVE. Plot Point TX 76258</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>LYDIA ORTEGA</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>4/25/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JAMES SMITH</i> 6 Contributor address; City; State; Zip Code <i>1797 NORTHWOOD RD NIPOMO CA 93444</i>	7 Amount of contribution (\$) <i>\$100</i>
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date <i>4/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>MARTY KROPELNICKI</i> Contributor address; City; State; Zip Code <i>113 CHAPEL HILL RD NOVATO CA 94949</i>	Amount of contribution (\$) <i>\$750.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ANGELA SMITH</i> Contributor address; City; State; Zip Code <i>14110 CAMINITO VISTANA SAN DIEGO 92130</i>	Amount of contribution (\$) <i>\$104.10</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/24/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JEFFREY HUMMEL</i> Contributor address; City; State; Zip Code <i>2626B JONES RD WALNUT CREEK CA 94597</i>	Amount of contribution (\$) <i>\$50</i>
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>LYDIA ORTEGA</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>4/21/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JAMES YARBROUGH</i> 6 Contributor address; City; State; Zip Code <i>2425 TROPHY DR. PLANO TX 75025</i>	7 Amount of contribution (\$) <i>\$50</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>CASH</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DAVID KEMP</i> Contributor address; City; State; Zip Code <i>7714 ELEMENT AVE PLANO TX 75024</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ronald A. Dubner</i> Contributor address; City; State; Zip Code <i>9555 Lebanon Rd Ste 602 Frisco TX 75035</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 <i>LYDIA ORTEGA</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date <i>4/17/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DIANNA BISCAN</i>	7 Amount of contribution (\$) <i>\$100</i>
6 Contributor address; City; State; Zip Code <i>7714 ELEMENT AVE PLANO TX 75024</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CHARLES S. HEFLIN</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>4217 WHISTLER DR PLANO TX 75093</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>4/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CARMEN PRINCE</i>	Amount of contribution (\$) <i>\$45</i>
Contributor address; City; State; Zip Code <i>139 FALLKIRK DR POPPEL TX 75019</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/19/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>TAMMY WARREN</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>3109 WESTVIEW DR MCKINNEY TX 75070</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 LYDIA ORTEGA		3 Filer ID (Ethics Commission Filers) N/A
4 Date 4/18/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY J BENNETT	7 Amount of contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code 14185 DALLAS PARKWAY, SUITE 100 TX 75254		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

LOANS

SCHEDULE E

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 E: **2**

2 FILER NAME **LYDIA ORTEGA**

3 Filer ID (Ethics Commission Filers) **N/A**

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
04/18/23

7 Name of lender ☐ out-of-state PAC (ID#:
LYDIA ORTEGA

9 Loan Amount (\$)
4,886.00

6 Is lender a financial institution?
Y ☒ **N**

8 Lender address; City; State; Zip Code
**3948 LEGACY DR SUITE 106
P.O. BOX 141, PLANO TX 75023**

10 Interest rate
N/A
11 Maturity date
N/A

12 Principal occupation / Job title (See Instructions)
RETIRED

13 Employer (See Instructions)

14 Description of Collateral
☒ none

15 ☒ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
N/A
☐ not applicable

17 Name of guarantor
N/A
18 Guarantor address; City; State; Zip Code
N/A

19 Amount Guaranteed (\$)
N/A

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
2/22/23

Name of lender ☐ out-of-state PAC (ID#:
LYDIA ORTEGA

Loan Amount (\$)
\$2,150.00

Is lender a financial institution?
Y ☒ **N**

Lender address; City; State; Zip Code
**3948 LEGACY DR. SUITE 106 P.O. BOX 141
PLANO, TX 75023**

Interest rate
N/A
Maturity date
N/A

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

Description of Collateral
☒ none

☒ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
☐ not applicable

Name of guarantor
N/A
Guarantor address; City; State; Zip Code
N/A

Amount Guaranteed (\$)
N/A

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS**SCHEDULE E**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 E:
2 FILER NAME <i>LYDIA ORTEGA</i>		3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>3/8/23</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LYDIA ORTEGA</i>	9 Loan Amount (\$) <i>\$3,000.00</i>
6 Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> <i>N</i>	8 Lender address; City; State; Zip Code <i>3948 LEGACY DR, SUITE 106 P.O. BOX 141 Plano TX 75023</i>	10 Interest rate <i>N/A</i>
		11 Maturity date <i>N/A</i>
12 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <i>N/A</i> <input type="checkbox"/> not applicable	17 Name of guarantor <i>N/A</i>	19 Amount Guaranteed (\$) <i>N/A</i>
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <i>Y</i> <input type="radio"/> <i>N</i>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE F1

Revised 4/15/2022

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
Gift/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>LYDIA ORTEGA</i>		3 Filer JD (Ethics Commission Filers) <i>N/C</i>	
4 Date <i>4/25/23</i>		5 Payee name <i>AXIOM</i>			
6 Amount (\$) <i>\$3,000</i>		7 Payee address; City; State; Zip Code <i>800 W. 47th ST, KANSAS CITY, MO 64112</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		(b) Description <i>MAILER #3</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>LYDIA ORTEGA</i>		Office sought <i>PISD - PLACE 4</i>	
Date <i>4/12/23</i>		Payee name <i>AXIOM</i>			
Amount (\$) <i>\$4,886.00</i>		Payee address; City; State; Zip Code <i>800 W. 47th ST KANSAS CITY, MO 64112</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		Description <i>MAILER #1</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED