		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how	to complete this form.	1 Filter ID (Ethics Commission Filters)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR DR.	LYDIA	MI	OFFICE USE ONLY
NAME	NICKNAME	ORTEGA	Suffix	Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	3948 L	FOACY DR. E	STATE: ZIP CODE	TEST VIED
Change of Address	P.O. BOX 141	, Plano, TX	75025	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 414-2010	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
NAME	NICKNAME	SORIN	SUFFIX	Date Processed
××		WITZMAN	•	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	HTE#, CITY; HTE 106 P.O. BOX	STATE; ZIP CODE
(Residence or Business)		Tx 75023	4	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	Bih day before elec	etlon Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	04,	Dey Year / 07/23	THROUGH 04	Day Year / 28 / 2023
11 ELECTION	Month Day	Year Primary General	ELECTION TYPE Runoff Other Description Special	
	03/06/	23		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known PISO - PL)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS A	ACCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CAND	JADE BY POLITICAL COMMITTEES TO SUPPORT JOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO I	PAGE 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

France resultant by Terres Philes Committees.

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 🗢
. CS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$8,038.05
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
C.	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
	Signature of Candidate Please complete either option below:	or Officeholder
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed 20 23 to certify	before me by Lydia Ortega this the 28 which, witness my hand and seal of office.	day of April
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	, and my date of bittin is	-
, 400(000 10		(zip code) (country)
Executed in		, 20 (year)
	Signature of Candidate/Offi	ceholder (Declarant)

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SUBTOTALS - C/OH

Paner and dad by Taxa - Cuta O

FORM C/OH COVER SHEET PG 3

Davidani 44/4E/2022

19	FILER NAME	mmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8,038.05
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 🚓
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 👉
4.	SCHEDULE E: LOANS		\$ 10,036
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 10,036 \$ 9,966.2
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	AL CONTRIBUTIONS	\$ 6
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$-
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	10
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$0
			746

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SCHEDULE A1

in the requested information is not applicable, bo 1401 include this page in the report.					
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME	LYDIA ORTEGA	3 Filer ID (Ethics Commission Filers) N/A			
	5 Full name of contributor out-of-state PAC (ID#:) Robert Canright 6 Contributor address; City: State; Zip Code 8621 BERWICK DR Pland TX 75025 pation / Job title (See Instructions) 9 Employer (See Instructions)				
o i inicipal coca	pation / Bob little (God mattachons)	моно			
Date 4/19/23	Full name of contributor out-of-state PAC (ID#:) Clark Duenas Contributor address; City; State; Zip Code 945 Montecito De. L. A. CA 9003/	Amount of contribution (\$)			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc				
Accoun	ntant				
****	Full name of contributor				
Date 4/19/23	Full name of contributor out-of-state PAC (ID#:) DENISE MARTEL Contributor address; City; State; Zip Code 6280 N. SAN GABRICL Blud 13 M CA 91	,			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Finance Analysi					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional a				

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)	
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
4/20/23	NENRY TABANGAY 6 Contributor address; City;		\$ 104.10	
	30514 Yucca Place, CA	STAIC CA 91	384	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct		
Instru	IMENT TECH			
Date	Full name of contributor 📋 oul-of-state PAC	N251/104	Amount of contribution (\$)	
4/20/23	AMANDA GALICIA Contributor address; City; 13730 LOMITAS AVE LA PUENT	State; Zip Code	\$100	
	13730 LOMITAS AVE LA PUENT	TE CA 91746		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
OFFICE	E ASSISTANT			
Date	Full name of contributor ☐ out-of-state PAC (Amount of contribution (\$)	
4/21/23	Julie Wagoner. Contributor address; City;	State; Zip Code	\$260.25	
	777 W. GARWOOD RA RATHDA	eum 10 8385	's	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi		
	J	The second secon		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
4/22/23	RACHEL Elliott Contributor address; City;	State; Zip Code	\$ 104.10	
, , , ,	5825 VINEYARD Mckinney	ASSESSMENT VALUE OF THE PROPERTY OF THE PROPER	4/01.13	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Homema	iker.	30.702711.00		
	- 170-1900 - 170-1900 - 170-1900 - 170-1900 - 170-1900 - 170-1900 - 170-1900 - 170-1900 - 170-1900 - 170-1900 -		**************************************	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	LYPIA DRIEGA	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution (\$)			
1/24/23	Cleo Marchese 6 Contributor address; City; State; Zip Code	\$104.10			
8 Principal occu	6924 BARBICAN DR Plano TX 75023 pation / Job title (See Instructions) 9 Employer (See Instructions)	tione)			
	C, RLC	nons)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
4/25/25	KARIM MAKAREHCHI Contributor address; City; State; Zip Code				
	6155 E HENNING VIEW AWAHEIM CA 93	807			
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
4/25/23	PATRICIA ORTEGA Contributor address; City; State; Zip Code	\$104.10			
	P.O. BOX 921 LA VERNE CA 91750				
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
4/25/23	Contributor address; City; State; Zip Code	\$100			
	7441 DAWN AUE. Polor Point TX 76258				
Principal occup RETITE	eation / Job title (See Instructions) Employer (See Instruc	tions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:	
2 FILER NAME	LYDIA ORTEGA		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)	
4/25/23	Tames Smith 6 Contributor address; City;	State; Zip Code	\$ 100	
Principal oncu	1797 North wood Rd Nip pation / Job title (See Instructions)	Demoleyer (See Instrue	tions)	
RETIRER		9 Employer (See Instruc	urons)	
Date		C (ID#:)	Amount of contribution (\$)	
4/27/23	MARTY KRAPELNICKI Contributor address; City;		\$750.00	
	113 CHAPEL HILL RD NOVE			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
4/27/23	PINGELA SMITH Contributor address; City;			
	14110 CAMINITO YISTANA	SAN DIEED 92	130	
Principal occup	ation / Job litle (See Instructions)	Employer (See Instruc		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
464/23	Contributor address; City;	State; Zlp Code	\$50	
	2626B Jones RD Walnut C	REEK CA 9459	7	
	alion / Job title (See Instructions)	Employer (See Instruct	tions)	
WE HICED				
ATTACH ADDITIONAL CODICE OF THE SOLICITIES AS MEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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SCHEDULE A1

Davissed 44 (45 (2002)

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)
	5 Full name of contributor out-of-state PAC (ID#:) Tames	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 4//14/23	Full name of contributor out-of-state PAC (ID#:) CASH Contributor address; City; State; Zlp Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
1/11/23	Full name of contributor	Amount of contribution (\$)
, mopar occup	Employer (eee mende	
Date 4/17/23	Full name of contributor out-of-state PAC (ID#:) Ronald A. Dubner Contributor address; City; State; Zip Code 9555 (EBANON ROSHE 602 FRISCO TX 7	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

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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 Af: 2 FILER NAME LYDIN DETERN 3 Filer ID (Ethics Commission Filers) NA 4 Date 5 Full name of contributor Guide-state PAC (IDII: 7 Amount of contribution (§) 2 Filer NAME 4 / 17 / 33 6 Contributor address: 7 DIRECTOR AVE Plano TX 75024 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (§) 2 Finding at occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (3) Amount of contribution (3) Principal occupation / Job title (See Instructions) Employer (See Instructions) Fill name of contributor Contributor address: City: State: Zip Code Amount of contribution (3) Amount of contribution (3) Fill name of contributor Contributor address: City: State: Zip Code Amount of contribution (3) Fill name of contributor Contributor address: City: State: Zip Code Amount of contribution (3) Fill name of contributor Contributor address: City: State: Zip Code Fill name of contributor Contributor address: City: State: Zip Code Fill name of contributor Contributor address: City: State: Zip Code Fill name of contributor Contributor address: City: State: Zip Code Fill name of contributor Contributor address: City: State: Zip Code Fill name of contributor City: State: Zip	" the requested information is not applicable, be ite? morage and page in the report.				
4 Date 5 Full name of contributor out-of-state PAC (IDR	The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
Harman Direction Direction Direction Date Full name of contributor Date Full name of contributor Date Pull name of contributor Date Date Pull name of contributor Date Date Pull name of contributor Date Pull name of contributor Date Date Pull name of contributor Date	2 FILER NAME	LYDIA ORTEGA			
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)		DIANNA BISCAN 6 Contributor address; City;	State; Zip Code		
CHARLES S. Heflin Contributor address; City; State; Zip Code #/18/23 Principal occupation / Job title (See Instructions) Petincipal occupation / Job title (See Instructions) Pate Full name of contributor Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution Par Par Par Par	8 Principal occu			tions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Talmmy Warraw Contributor address; City: State; Zip Code \$50 310 9 WESTVIEW DR Mckinney Tx 750 70					
Carmen Prince Contributor address; City; State; Zip Code \$45 139 Fallkirk Dr. (oppell Tx 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Principal occup	pation / Job title (See Instructions)		tions)	
4/19/23 TAINMY WARREN Contributor address; City; State; Zip Code \$50 3109 WESTVIEW DR Mckinney Tx 75070	4/18/23	CARMEN PRINCE Contributor address; City; 139 FALLKIRK DR COPPEL	State; Zip Code	\$45	
	4/19/23	TAINMY WARREN Contributor address; City; 3109 WESTVIEW DR McKi	State; Zip Code	\$50 70	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	EEDED	

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SCHEDULE A1

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If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
FILER NAME	LYDIA ORTEGA		3 Filer ID (Ethics Commission Filers)	
Date 5 Full name of contributor Out-of-state PAC (ID#:) MONTGOMERY J BENNETT 6 Contributor address; City; State; Zip Code 14185 Dallas Parkway, Suite 100 Tx 756			7 Amount of contribution (\$) \$5,000.00	
	pation / Job title (See Instructions)	9 Employer (See Instruc		
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Fuil name of contributor 🗍 out-of-state PAG	Full name of contributor		
	Contributor address; City;	State; Zip Code		
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor oul-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code	,	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL CODIES	DE THIS SCHEDIN E AS N	FEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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LOANS

Commenced day Tour Cutte Accordants

SCHEDULE E

If the requested i	if the requested information is not applicable, DO NOT include this page in the report.				
The In	The Instruction Guide explains how to complete this form.				
2 FILER NAME	2 FILER NAME LYDIA ORTEGA				
4 TOTAL OF UNITEMIZED LOANS		\$			
5 Date of loan	5 Date of loan 7 Name of lender Out-of-state PAC (ID#:)		9 Loan Amount (\$)		
04/18/23	LYDIA ORTEGIA		4,886.00		
	8 Lender address; City;	State; Zip Code	10 Interest rate		
V M	3948 LEGACY DRS	2110 100	11 Maturity date		
	O. Box 141, Plano IX		N/A.		
RETIRED	/ Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Collate	eral	Check if personal fund account (See Instruction	ls were deposited into political ons)		
INFORMATION	7 Name of guarantor NA 8 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)		
20 Principal Occupation	(See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
2/22/23	LYDIA ONTEGA		\$ 2,150.00		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution?	3948 Legacy DR. Suit	E 106 P.O. BOX 141	Maturity date		
	Plano, TX 75023		NA		
Principal occupation	/ Job title (See Instructions)	Employer (See Instructions)	•		
Ketired					
Description of Collate	rai	Check if personal fund account (See Instruction	ls were deposited into political ons)		
GUARANTOR INFORMATION	Name of guarantor N/A		Amount Guaranteed (\$)		
not applicable	Guarantor address; City;	State; Zip Code	NA.		
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.					

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LOANS

SCHEDULE E

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

ii tile requestou	imormation is not applicable, be no	T morado uno pago ar dio ro	PO: 5:
The I	nstruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	2 FILER NAME LYDIA ONTEGA		
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan 3/8/23	LUDIA DOTEGA	PAC (ID#:)	9 Loan Amount (\$) \$3,000.00
6 is lender a financial Institution?	8 Lender address; City; 3948 LEGACY DR. Sun	State; Zip Code FE 106 P.O. Box 141	10 Interest rate NA 11 Maturity date
Y (N)	Plano Tx 75023		NA
12 Principal occupation RETIRED	n / Job title (See Instructions)	13 Employer (See instructions)	1
14 Description of Colla	teral	Check if personal fundaccount (See Instruct	ds were deposited into political lions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
N/A	18 Guarantor address; City;	State; Zip Code	N/A
not applicable			
20 Principal Occupation	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions)	B
Description of Colla	teral	Check if personal fundance account (See Instruct	ds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
INFORMATION	Guarantor address; City;	State; Zip Code	
not applicable		,	
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
If In-	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	
		truction guide for additional re	Positing 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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Glft/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 c	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME LYDIA ORTEG	A	3 Filer ID (Ethics N/A	Commission Filers)		
4 Date 4/16/23	5 Payee name COSTCO VISA - KEEPERS 7 Payee address;	PRESS RO	LOMA VISTA CKWELL, TX	75023		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$1971.88	P.O. BOX 790057, SAINT LOUIS, MD 63179-0057					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	ADVERTISING	SIGNAGE				
	(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/OI	Candidate / Officeholder name LYDIA OIZTEGA DIS	Office sought DPIACE 4		Office held		
Date 4/16/23	Costco VISA - STAPLES 3.	333 Presru	n Ro, Fris	sco TX		
1/16/83	COSTED VISA - CHAPTES 5.			75034		
Amount (\$)	Payee address;	City;	State;	Zip Code		
53.80	P.O. Box 790057. Saint Lows, MO 63179-005>					
Category (See Categories listed at the top of this schedule) Description						
PURPOSE OF EXPENDITURE	AOVERTISING	FlyERS	•			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living e	expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OH LYDIA ONTEGA PISO - PLY						
Date	Payee name					
4/27/23	STAPLES					
Amount (\$)	Payee address;	City;	State;	Zip Code		
54.57	3333 PRESTON RQ FRISO	10 TX 75	034			
	Category (See Categories listed at the top of this schedule)	Description		1		
PURPOSE OF EXPENDITURE	AOVERTISING	Flyers	- Iliusi			
	Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name LYDIA PRIEGA F	Office sought	4	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
Designed 44/5/2000						

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/Dalltlanl Committe

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

Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Order (artiel a cared	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME LYDIA ONTEGA	9	3 Filer ID (Ethic	s Commission Filers)	
4 Date 4/25/23	5 Payee name AXIOM		(
6 Amount (\$)	7 Payee address;	Cily;	State;	Zip Code	
\$3,000	800 W. 47th ST. KANSAS CIT	ry, MO 64.	112		
8	(a) Category (See Calegories listed at the top of this schedule)	(b) Description	37,00	1	
PURPOSE OF EXPENDITURE	ADVERTISING	MAILER	*3		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name LYD1A ONTEGA	Office sought PISD - PO	ACE 4	Office held	
Date	Payee name		The state of the s		
4/12/23	Axiom				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$4,886.00	800 W. 47th 8+ KANSAS City, MO 64112				
	Category (See Calegories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	AOVERTISING	MAILER	生/		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, afficeholder living	expense	
Complete <u>QNLY</u> if direct expanditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
Deviced 44/EDDO					