

FORM COR-C/OH CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed: <u>2</u>	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR _____ FIRST _____ MI _____ Mr. <u>Steve</u> NICKNAME _____ LAST _____ SUFFIX _____ <u>Ortega</u>	Date Received _____
	4 ORIGINAL REPORT TYPE	Date Hand-delivered or Postmarked <u>APR 22 PM 4:18</u>
	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report .	Receipt # _____ Amount _____
5 ORIGINAL PERIOD COVERED	Month _____ Day _____ Year _____ Month _____ Day _____ Year _____ <u>7 / 16 / 12</u> THROUGH <u>12 / 31 / 12</u>	Date Processed _____
		Date Imaged _____

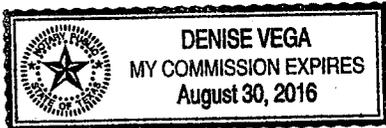
6 EXPLANATION OF CORRECTION
 On January 15, 2013, the semiannual COH report was timely filed. On April 10, 2013, the campaign identified political contributions and political expenditures that were incorrectly submitted on the January 15, 2013 semiannual report, when they should have been reported on the 30th Day before election report. The incorrect contributions and expenditures were removed from the Semiannual COH report. The totals on the cover page were made to reflect these changes. As this correction has been filed within 14 days of discovery of the error and the original report as originally filed substantially complied with the reporting requirements, we respectfully request that any penalty that may accrue be waived in light of these technical corrections.

7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report **due on or after September 1, 2011**. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Steve Ortega
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Steve Ortega, this the 22 day of April

20 13, to certify which, witness my hand and seal of office.

Denise Vega Denise Vega Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011; a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Steve Ortega	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/20/12	5 Payee name US Postal Services	
6 Amount (\$) \$22.50	7 Payee address; City; State; Zip Code Downtown Station, El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Postage	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> 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 schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> 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 schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> 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 schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Steve Ortega **15 ACCOUNT #** (Ethics Commission Filers)

16 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.

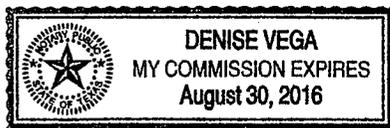
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$54,385
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$12,905.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$41,479.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

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]

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Steve Ortega, this the 22 day of April, 2013, to certify which, witness my hand and seal of office.

[Signature] Denise Vega notary

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/9/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane B. Gaddy 6 Contributor address; City; State; Zip Code 320 Crimson Cloud Ln, El Paso, TX 79912	7 Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert V. Wingo Contributor address; City; State; Zip Code 1021 Los Jardines CIR, El Paso, TX 79912	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/9/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FGGSV, LLC Contributor address; City; State; Zip Code 511 Western Ct, El Paso, TX 79901	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward/Margarita Escudero Contributor address; City; State; Zip Code 3820 Hillcrest DR, El Paso, TX 79902	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah G. Hamlyn Contributor address; City; State; Zip Code 1224 Madeline Ave, El Paso, TX 79902	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/10/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renard U. Johnson 6 Contributor address; City; State; Zip Code 1381 Diamond Gate Pl, El Paso, TX 79936	7 Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Pac Contributor address; City; State; Zip Code 1100 Chase Tower, El Paso, TX 79901	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Kirk Robison Contributor address; City; State; Zip Code 4445 N. Mesa, Ste. 100, El Paso, TX 79902	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pablo Sanders Contributor address; City; State; Zip Code 201 E. Main, 3rd Floor, El Paso, TX 79901	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William D. Sanders Contributor address; City; State; Zip Code 201 E. Main, 3rd Floor, El Paso, TX 79901	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/10/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria F. Teran	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4804 Villa Encanto, El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra/Robert Almanzan	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8937 Parkland DR, El Paso, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert L. Bowling	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4655 Cohen Ave, El Paso, TX 79924		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert/Sherry W. Brown	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 123 W. Mills Ave, Ste. 610, El Paso, TX 79901		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J.A. Cardwell	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 26808, El Paso, TX 79926		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/11/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myrna Deckert 6 Contributor address; City; State; Zip Code 4276 Canterbury Dr, El Paso, TX 79902	7 Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard Goodman III Contributor address; City; State; Zip Code 4911 Meadowlark Dr, El Paso, TX 79922	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael E. Guerra Contributor address; City; State; Zip Code 408 Cincinnati, El Paso, TX 79902	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruben E. Guerra Contributor address; City; State; Zip Code 5848 Diamond Point CIR, El Paso, TX 79912	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell/Kathy A. Hill Contributor address; City; State; Zip Code 1205 Cerrito Grande, El Paso, TX 79912	Amount of contribution (\$) \$200 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
14

2 FILER NAME
Steve Ortega

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/11/12

5 Full name of contributor out-of-state PAC (ID#: _____)
E.C. Houghton Jr.

7 Amount of contribution (\$)
\$1,000

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

414 Executive Center Blvd, El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/11/12

Full name of contributor out-of-state PAC (ID#: _____)
Stanley P. Jobe

Amount of contribution (\$)
\$1,000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1150 Southview DR, El Paso, TX 79928

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/11/12

Full name of contributor out-of-state PAC (ID#: _____)
Robert H. Jr./Rose Ann Hoy

Amount of contribution (\$)
\$1,000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

201 Villa Serena CT, El Paso, TX 79922

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/11/12

Full name of contributor out-of-state PAC (ID#: _____)
Ike J. Monty III

Amount of contribution (\$)
\$1,000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7400 Viscount Blvd, Ste. 109, El Paso, TX 79925

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/11/12

Full name of contributor out-of-state PAC (ID#: _____)
Melissa W. O'Rourke

Amount of contribution (\$)
\$1,000

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6041 Torrey Pines, El Paso, TX 79912

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME **Steve Ortega** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 10/11/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert O'Rourke 6 Contributor address; City; State; Zip Code 1209 Prospect St, El Paso, TX 79902	7 Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
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9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 10/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ondasun LLC (Miguel Fernandez & Rodrigo Fernandez) Contributor address; City; State; Zip Code 500 W. Overland Ave, Ste. 310, El Paso, TX 79901	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/17/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Hahn Contributor address; City; State; Zip Code 2244 Trawood Ste. 100, El Paso, TX 79935	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 10/27/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond/Kathy Palacios Contributor address; City; State; Zip Code 637 Willow Glen DR, El Paso, TX 79922	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 11/5/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydia Barnhouse Contributor address; City; State; Zip Code 1 Cielito, La Union, NM 88021	Amount of contribution (\$) \$250 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
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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.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/5/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WT Barnhouse III 6 Contributor address; City; State; Zip Code 1 Cielito, La Union, NM 88021	7 Amount of contribution (\$) \$250 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory B. Bowling Contributor address; City; State; Zip Code 5533 Woodfield DR, El Paso, TX 79932	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall J. Bowling Contributor address; City; State; Zip Code 4655 Cohen Ave, El Paso, TX 79924	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert L. Bowling IV Contributor address; City; State; Zip Code 457 San Clemente, El Paso, TX 79912	Amount of contribution (\$) \$1,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asher Feinberg Contributor address; City; State; Zip Code 1000 Madeline, El Paso, TX 79902	Amount of contribution (\$) \$200 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:
14

2 FILER NAME **Steve Ortega** 3 ACCOUNT # (Ethics Commission Filers)

4 Date 11/7/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Octavio Gomez	7 Amount of contribution (\$) \$125	8 In-kind contribution description (if applicable) In-kind (food for campaign announcement)
6 Contributor address; City; State; Zip Code 904 McKelligon, El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 11/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa C. Johnson & Richard Betram Wright	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 611 E. River Ave, El Paso, TX 79902		(If travel outside of Texas, complete Schedule T)	

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

Date 11/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles McNabb/Paul Carvalho	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5020 Montoya, El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	

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

Date 11/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles/Diane Wakeem	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 741 Somerset, El Paso, TX 79912, 79912		(If travel outside of Texas, complete Schedule T)	

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

Date 11/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Yanez	Amount of contribution (\$) \$125	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1404 Beethoven Pl, El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/7/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica Baker 6 Contributor address; City; State; Zip Code 100 N. Santa Rosa St, Unit P3, San Antonio, TX 78207	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor King Smith Contributor address; City; State; Zip Code 677 Redwood Rd, San Anselmo, CA 94960	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy J. Yellen Contributor address; City; State; Zip Code 925 McKelligon DR, El Paso, TX 79902	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy/Mitzi Bain Contributor address; City; State; Zip Code 4655 Cohen Ave, El Paso, TX 79924	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/26/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Jones-McClendon Contributor address; City; State; Zip Code 1503 Woodlands DR, Tyler, TX 75703	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/26/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth P. Marsh 6 Contributor address; City; State; Zip Code 1001 ESE Loop 323, Ste. 300, Tyler, TX 75701	7 Amount of contribution (\$) \$150	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/30/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goggan, Blair & Sampson Linebarger Contributor address; City; State; Zip Code P.O. Box 17428, Ausitn, TX 78760	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Aguilar Contributor address; City; State; Zip Code 8201 Lockheed Rd, St.e 203, El Paso, TX 79925	Amount of contribution (\$) \$2,500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Teschner Contributor address; City; State; Zip Code 1800 N. Stanton St, Apt. 302, El Paso, TX 79902	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/6/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott McLaughlin Contributor address; City; State; Zip Code 1209 Rim Road Pl, El Paso, TX 79902	Amount of contribution (\$) \$2,500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

14

2 FILER NAME Steve Ortega

3 ACCOUNT # (Ethics Commission Filers)

4 Date
12/6/12

5 Full name of contributor out-of-state PAC (ID#: _____)
Wyatt & Underwood, PLLC

7 Amount of
contribution (\$)
\$300

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

705 Texas Ave, St. 100, El Paso, TX 79901

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/10/12

Full name of contributor out-of-state PAC (ID#: _____)
Randy P./Roman Brock/Bustillos

Amount of
contribution (\$)
\$1,000

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

417 Executive Center Blvd., El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/11/12

Full name of contributor out-of-state PAC (ID#: _____)
Sam J. Legate

Amount of
contribution (\$)
\$2,500

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1 Texas Tower, 109 North Oregon St,
12th Floor, El Paso, TX 79901

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/12/12

Full name of contributor out-of-state PAC (ID#: _____)
Gary Porras

Amount of
contribution (\$)
\$1,000

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

359 W Vinton Rd, Vinton, TX 79821

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/12/12

Full name of contributor out-of-state PAC (ID#: _____)
Mamie Salazar Harper

Amount of
contribution (\$)
\$2,500

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

939 Rim Rd, El Paso, TX 79902

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/12/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robyn M. Rogers/ Robert V. Rice 6 Contributor address; City; State; Zip Code 310 West 6th St, Tyler, TX 75701	7 Amount of contribution (\$) \$500 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/14/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humberto/Laura M. Enriquez Contributor address; City; State; Zip Code 705 Coeur Dalene CIR, El Paso, TX 79922	Amount of contribution (\$) \$100 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter F. Love Contributor address; City; State; Zip Code 5425 Soledad Ln, El Paso, TX 79932	Amount of contribution (\$) \$100 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard Goldberg Contributor address; City; State; Zip Code 717 River Elms, El Paso, TX 79922	Amount of contribution (\$) \$2,000 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu A. Beaman/Laura E. Gomez Contributor address; City; State; Zip Code 1213 Prospect St, El Paso, TX 79902	Amount of contribution (\$) \$200 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/17/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Acosta 6 Contributor address; City; State; Zip Code 5866 Via Cuesta DR, El Paso, TX 79912	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/17/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman J./Cheryl B. Gordon Contributor address; City; State; Zip Code 808 Wingfoote Rd, El Paso, TX 79912	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varwal LLC Contributor address; City; State; Zip Code 4100 Rio Bravo, St. 203, El Paso, TX 79902	Amount of contribution (\$) \$1,000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurt G. Paxson Contributor address; City; State; Zip Code P.O. Box 2450, El Paso, TX 79952	Amount of contribution (\$) \$110	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mounce, Green, Myers, Safi, Paxson & Galatzan PAC Contributor address; City; State; Zip Code P.O. Drawer 1977, El Paso, TX 79950	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/19/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elma R. Carreto	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 601 S. Mesa Hills DR, Apt. 827, El Paso, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/21/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John T. Hellard	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1535 Hawkins D, El Paso, TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/26/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John C. Martin	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 609 Mt. Cristo Rey, El Paso, TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/31/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell S./Elva B. Autry	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 220 Cherry Hill Lane, Santa Teresa, NM 88008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Steve Ortega	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/14/12	5 Payee name Office Depot
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6 Amount (\$) \$595.28	7 Payee address; City; State; Zip Code 1111 Geronimo, El Paso, TX 79925
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Office Overhead	(b) Description (If travel outside of Texas, complete Schedule T) Office supplies
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/12	Payee name Office Depot
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Amount (\$) \$57.53	Payee address; City; State; Zip Code 1111 Geronimo, El Paso, TX 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Office supplies
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/28/12	Payee name US Postal Service
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Amount (\$) \$45.00	Payee address; City; State; Zip Code Downtown Station, El Paso, TX 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/18/12	Payee name Forma Group
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Amount (\$) \$1,000	Payee address; City; State; Zip Code 301 E. San Antonio, Ste. B201, El Paso 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/7/12		5 Payee name Office Depot			
6 Amount (\$) \$160.76		7 Payee address; City; State; Zip Code 801 Sunland Park Dr., B El Paso, TX 79912			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead		(b) Description (If travel outside of Texas, complete Schedule T) Office supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/18/12		Payee name Baracuda Consulting			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 2209 Pittsburg, El Paso, TX 79930			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/16/12		Payee name YWCA - Walk a Mile Fundraiser			
Amount (\$) \$100		Payee address; City; State; Zip Code 201 E. Main, Ste, 400, El Paso, TX 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donation		Description (If travel outside of Texas, complete Schedule T) Donation made by candidate	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/31/12		Payee name Stanton Street Technology			
Amount (\$) 2,500		Payee address; City; State; Zip Code 500 W. Overland, El Paso, TX 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Technology Services		Description (If travel outside of Texas, complete Schedule T) Web-related services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME Steve Ortega	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/4/12	5 Payee name The Station	
6 Amount (\$) \$1,400	7 Payee address; City; State; Zip Code 500 W. Overland, 250, El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) Office rental
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 10/30/12	Payee name Costco	
Amount (\$) \$274.47	Payee address; City; State; Zip Code 6101 Gateway West, El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Office supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 12/14/12	Payee name Stanton Street Technology	
Amount (\$) \$206.25	Payee address; City; State; Zip Code 500 W. Overland, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Technology Services	Description (If travel outside of Texas, complete Schedule T) Web-related services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 12/4/12	Payee name Baracuda Consulting	
Amount (\$) \$520.00	Payee address; City; State; Zip Code 2209 Pittsburg, El Paso, TX 79930	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Steve Ortega	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/4/12	5 Payee name Forma Group
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6 Amount (\$) \$1,000	7 Payee address; City; State; Zip Code 301 E. San Antonio, Ste. B201, El Paso 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/13/12	Payee name AT&T
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Amount (\$) \$256.81	Payee address; City; State; Zip Code 2701 N. Mesa, El Paso, TX 79902
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone services	Description (If travel outside of Texas, complete Schedule T) Campaign phone
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/5/12	Payee name Constant Contact
-----------------	--------------------------------

Amount (\$) \$53.30	Payee address; City; State; Zip Code 122 Hudson, 3rd Floor, New York, NY 10013
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Technology Services	Description (If travel outside of Texas, complete Schedule T) Email outreach
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/6/12	Payee name Stanton Street Technology
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Amount (\$) 3,247.50	Payee address; City; State; Zip Code 500 W. Overland, El Paso, TX 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Technology Services	Description (If travel outside of Texas, complete Schedule T) Web-related services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Steve Ortega	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/12/12	5 Payee name Tabla
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6 Amount (\$) \$102.14	7 Payee address; City; State; Zip Code 115 Durango, El Paso, TX 79901
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) Campaign meeting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/28/12	Payee name Office Depot
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Amount (\$) \$63.30	Payee address; City; State; Zip Code 9801 Gateway West, El Paso, TX 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/12	Payee name Walmart
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Amount (\$) \$21.17	Payee address; City; State; Zip Code 12236 Montana, El Paso, TX 79938
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/15/12	Payee name Costco
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Amount (\$) \$41.63	Payee address; City; State; Zip Code 6101 Gateway West, El Paso, TX 79925
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CITY CLERK DEPT
2013 APR 22 PM 1:20

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7	2 FILER NAME Steve Ortega	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/6/12	5 Payee name Joe Moody Campaign	
6 Amount (\$) \$100	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Contribution	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Joe Moody	Office sought State Representative Office held
Date 11/16/12	Payee name United Bank of El Paso del Norte	
Amount (\$) \$5.00	Payee address; City; State; Zip Code P.O. Box 246, El Paso, TX 79943	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Returned Contribution Check Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/10/12	Payee name Adam Pena	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 500 W. Overland, Ste. 250 K, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/ Wages	Description (If travel outside of Texas, complete Schedule T) Campaign Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/12/12	Payee name AT&T	
Amount (\$) \$132.73	Payee address; City; State; Zip Code 2701 N. Mesa, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Phone services	Description (If travel outside of Texas, complete Schedule T) Campaign phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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