

FORM COR-C/OH

## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <b>60</b>		<b>OFFICE USE ONLY</b>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received <b>2013 MAY 16 PM 1:45</b> <b>CITY CLERK DEPT.</b>				
	NICKNAME	LAST	SUFFIX					
		Mr. Steve						
		Ortega						
4 ORIGINAL REPORT TYPE	<input 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 checked="" 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					
				Date Hand-delivered or Postmarked				
				Receipt #				
				Amount				
				Date Processed				
				Date Imaged				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		1	1	13	THROUGH	4	1	13

**6 EXPLANATION OF CORRECTION**

The original COH report was timely filed. On May 6th, the COH identified discrepancies regarding the total contributions and total expenditures previously filed. Upon further review, the COH identified several bookkeeping errors that led to the unintentional omission of several campaign contributions and expenses. The COH has since identified the omitted campaign contributions and expenditures and included them in this amended Campaign Finance Report.

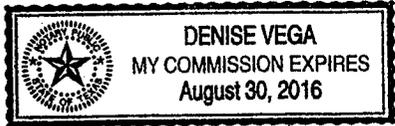
**7 AFFIDAVIT**

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Steve Ortega*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Steve Ortega, this the 16<sup>th</sup> day of MAY

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**

CITY CLERK DEPT.  
2013 MAY 16 PM 1:45

**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.



# 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.

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

CITY CLERK DEPT.  
2013 MAY 16 PM 1:46

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 80,774.88
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 36,251.11
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,162.41
<b>OUTSTANDING LOAN TOTALS</b>	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.

*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 13th day of May, 20 13, to certify which, witness my hand and seal of office.

*Denise Vega*  
Signature of officer administering oath

Denise Vega  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.  
2013 MAY 16 PM 1:46

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **29**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)  
[ ]

4 Date  
**1/8/2013**

5 Full name of contributor  out-of-state PAC (ID# [ ])  
**JO ANN CASEY**

6 Contributor address; City; State; Zip Code  
**1000 MADELINE DR. EL PASO, TX 79902**

7 Amount of contribution (\$) **200.00**

8 In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
[ ]

10 Employer (See Instructions)  
[ ]

Date  
**1/10/2013**

Full name of contributor  out-of-state PAC (ID# [ ])  
**MAUREEN P. SINGLETON**

Contributor address; City; State; Zip Code  
**700 PATIO FELIZ LN. EL PASO, TX 79912**

Amount of contribution (\$) **500.00**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
[ ]

Employer (See Instructions)  
[ ]

Date  
**1/11/2013**

Full name of contributor  out-of-state PAC (ID# [ ])  
**JAMES GRAHAM**

Contributor address; City; State; Zip Code  
**1385 VISTA GRANADA EL PASO, TX 79936**

Amount of contribution (\$) **50.00**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
[ ]

Employer (See Instructions)  
[ ]

Date  
**1/11/2013**

Full name of contributor  out-of-state PAC (ID# [ ])  
**RICHARD PINEDA**

Contributor address; City; State; Zip Code  
**2001 N. FLORENCE EL PASO, TX 79902**

Amount of contribution (\$) **25.00**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
[ ]

Employer (See Instructions)  
[ ]

Date  
**1/11/2013**

Full name of contributor  out-of-state PAC (ID# [ ])  
**JAY KLEBERG**

Contributor address; City; State; Zip Code  
**2151 SAGE CREEK LOOP AUSTIN, TX 78704**

Amount of contribution (\$) **100.00**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2013 MAY 16 PM 1:46

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **24**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**1/12/2013**

5 Full name of contributor  out-of-state PAC (ID#)  
**ANTHONY B./ELLEN DUNCAN**

6 Contributor address; City; State; Zip Code  
**10732 ALTA LOMA EL PASO, TX 79935**

7 Amount of contribution (\$)  
**250.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**1/3/2013**

Full name of contributor  out-of-state PAC (ID#)  
**MARK BENITEZ**

Contributor address; City; State; Zip Code  
**9268 MCFALL DR. EL PASO, TX 79925**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/14/2013**

Full name of contributor  out-of-state PAC (ID#)  
**GC SERVICES**

Contributor address; City; State; Zip Code  
**6330 GULFTON HOUSTON, TX 77081**

Amount of contribution (\$)  
**1000.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/15/2013**

Full name of contributor  out-of-state PAC (ID#)  
**BRIAN KURTZ**

Contributor address; City; State; Zip Code  
**939 FOREST AVE. OAK PARK, IL 60302**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/17/2013**

Full name of contributor  out-of-state PAC (ID#)  
**THOMAS CARDENAS**

Contributor address; City; State; Zip Code  
**5901 POMONA CT. EL PASO, TX 79912**

Amount of contribution (\$)  
**750.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.

2013 MAY 16 PM 1:46

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **21**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**1/17/2013**

5 Full name of contributor  out-of-state PAC (ID#)  
**NICOLAS SALGADO**

6 Contributor address; City; State; Zip Code  
**170 SALGADO ANTHONY, NM 88021**

7 Amount of contribution (\$)  
**1000.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**1/18/2013**

Full name of contributor  out-of-state PAC (ID#) **FEC ID C00010470**  
**UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Contributor address; City; State; Zip Code  
**600 13TH ST. WASHINGTON, DC 20005**

Amount of contribution (\$)  
**1000.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/20/2013**

Full name of contributor  out-of-state PAC (ID#)  
**NOEL R. ROSENBAUM**

Contributor address; City; State; Zip Code  
**405 VALPLANO DR. EL PASO, TX 79912**

Amount of contribution (\$)  
**150.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/21/2013**

Full name of contributor  out-of-state PAC (ID#)  
**ALEJANDRO ROMERO**

Contributor address; City; State; Zip Code  
**4244 CANTERBURY DR. EL PASO, TX 79902**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**1/22/2013**

Full name of contributor  out-of-state PAC (ID#)  
**MARCIA TURNER**

Contributor address; City; State; Zip Code  
**5755 KINGSFIELD EL PASO, TX 79912**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

CITY CLERK DEPT.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2013 MAY 16 PM 1:46 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  
1/24/2013

5 Full name of contributor  out-of-state PAC (ID#)  
RUBEN CHAVEZ

6 Contributor address; City; State; Zip Code  
1912 PASEO REAL CIR. EL PASO, TX 79936

7 Amount of contribution (\$)  
400.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
1/28/2013

Full name of contributor  out-of-state PAC (ID#)  
RICHARD/IRENE GERLACH

Contributor address; City; State; Zip Code  
9644 DAUGHERTY DR. EL PASO 79925

Amount of contribution (\$)  
200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/28/2013

Full name of contributor  out-of-state PAC (ID#)  
HECTOR I/ELVA G. HINOJOSA

Contributor address; City; State; Zip Code  
7832 JERSEY ST. EL PASO, TX 79915

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/28/2013

Full name of contributor  out-of-state PAC (ID# C0011880)  
CEMEX EMPLOYEES PAC

Contributor address; City; State; Zip Code  
929 GESSNER RD. HOUSTON, TX 77024

Amount of contribution (\$)  
1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
1/30/2013

Full name of contributor  out-of-state PAC (ID#)  
BLANCO, ORDONEZ & WALLACE

Contributor address; City; State; Zip Code  
5715 CROMO DR. EL PASO, TX 79912

Amount of contribution (\$)  
1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2013 MAY 16 PM 1:46

## 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

5 Full name of contributor  out-of-state PAC (ID#)  
RANDALL CADENHEAD

6 Contributor address; City; State; Zip Code  
704 WELLESLEY EL PASO, TX 79902

7 Amount of contribution (\$)  
  
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)  
JOE A. JR./SHIRLEY B. ROSALES

Contributor address; City; State; Zip Code  
10205 BUCKWOOD AVE. EL PASO, TX 79925

Amount of contribution (\$)  
  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)  
JORGE L/MARISABEL AZCARATE

Contributor address; City; State; Zip Code  
3241 TIERRA LUCERO LN. EL PASO, TX 79938

Amount of contribution (\$)  
  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)  
JAMES GRAHAM

Contributor address; City; State; Zip Code  
1385 VISTA GRANDE EL PASO, TX 79936

Amount of contribution (\$)  
  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#)  
CLAUDIA VALENZUELA

Contributor address; City; State; Zip Code  
233 PENNSYLVANIA CIR. EL PASO, TX 79903

Amount of contribution (\$)  
  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.  
2013 MAY 16 PM 1:46

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <input style="width: 50px;" type="text" value="29"/>	
2 FILER NAME <b>Steve Ortega</b>		3 ACCOUNT # (Ethics Commission Filers) <input style="width: 100%;" type="text"/>	
4 Date <input style="width: 50px;" type="text" value="2/4/2013"/>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <input style="width: 50px;" type="text"/> ) <b>RACHEL B./GREGORY HARRACKSINGH</b>	7 Amount of contribution (\$) <input style="width: 50px;" type="text" value="500.00"/>	8 In-kind contribution description (if applicable) <input style="width: 100%;" type="text"/>
6 Contributor address; City; State; Zip Code <b>10633 VISTA ALEGRE DR. EL PASO, TX 79935</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <input style="width: 100%;" type="text"/>		10 Employer (See Instructions) <input style="width: 100%;" type="text"/>	
Date <input style="width: 50px;" type="text" value="2/4/2013"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <input style="width: 50px;" type="text"/> ) <b>C.S. "DUSTY" RHODES</b>	Amount of contribution (\$) <input style="width: 50px;" type="text" value="50.00"/>	In-kind contribution description (if applicable) <input style="width: 100%;" type="text"/>
Contributor address; City; State; Zip Code <b>17020 ADAUTO CT. EL PASO, TX 79935</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input style="width: 100%;" type="text"/>		Employer (See Instructions) <input style="width: 100%;" type="text"/>	
Date <input style="width: 50px;" type="text" value="2/5/2013"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <input style="width: 50px;" type="text"/> ) <b>RICARDO FERNANDEZ</b>	Amount of contribution (\$) <input style="width: 50px;" type="text" value="159.88"/>	In-kind contribution description (if applicable) <input style="width: 100%;" type="text" value="DESIGN &amp; PRINTING"/>
Contributor address; City; State; Zip Code <b>500 WEST OVERLAND EL PASO, TX 79901</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input style="width: 100%;" type="text"/>		Employer (See Instructions) <input style="width: 100%;" type="text"/>	
Date <input style="width: 50px;" type="text" value="2/5/2013"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <input style="width: 50px;" type="text"/> ) <b>JORGE SALOM JR.</b>	Amount of contribution (\$) <input style="width: 50px;" type="text" value="500.00"/>	In-kind contribution description (if applicable) <input style="width: 100%;" type="text"/>
Contributor address; City; State; Zip Code <b>807 S. EL PASO ST. EL PASO, TX 79901</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input style="width: 100%;" type="text"/>		Employer (See Instructions) <input style="width: 100%;" type="text"/>	
Date <input style="width: 50px;" type="text" value="2/7/2013"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <input style="width: 50px;" type="text"/> ) <b>MANUEL SATURNO</b>	Amount of contribution (\$) <input style="width: 50px;" type="text" value="200.00"/>	In-kind contribution description (if applicable) <input style="width: 100%;" type="text"/>
Contributor address; City; State; Zip Code <b>7205 LONGSPURT DR. EL PASO, TX 79911</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input style="width: 100%;" type="text"/>		Employer (See Instructions) <input style="width: 100%;" type="text"/>	

**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**

CITY CLERK DEPT.

2013 MAY 16 PM 1:46

**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  
2/7/2013

5 Full name of contributor  out-of-state PAC (ID# )  
DAVID ORTWEIN

6 Contributor address; City; State; Zip Code  
415 S. MESA HILLS DR., 1173 EL PASO, TX 79912

7 Amount of contribution (\$)  
100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
2/7/2013

Full name of contributor  out-of-state PAC (ID# )  
JOHN MOYE

Contributor address; City; State; Zip Code  
800 BLANCHARD AVE. EL PASO, TX 79902

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/7/2013

Full name of contributor  out-of-state PAC (ID# )  
TYLER DANIELS

Contributor address; City; State; Zip Code  
14 CIELO VISTA ANTHONY, NM 88201

Amount of contribution (\$)  
1100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/7/2013

Full name of contributor  out-of-state PAC (ID# )  
ISHA ROGERS BABEL

Contributor address; City; State; Zip Code  
1505 RIM RD. EL PASO, TX 79902

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/7/2013

Full name of contributor  out-of-state PAC (ID# )  
LINEBARGER GROGGAN BLAIR & SAMPSON

Contributor address; City; State; Zip Code  
PO BOX 17428 AUSTIN, TX 78760

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.  
2013 MAY 16 PM 1:46

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <input type="text" value="24"/>	
2 FILER NAME Steve Ortega		3 ACCOUNT # (Ethics Commission Filers) <input type="text"/>	
4 Date 2/8/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <input type="text"/> LANE GADDY	7 Amount of contribution (\$) <input type="text" value="100.00"/>	8 In-kind contribution description (if applicable) <input type="text"/>
6 Contributor address; City; State; Zip Code 320 CRIMSON CLOUD LN. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <input type="text"/>		10 Employer (See Instructions) <input type="text"/>	
Date 2/8/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <input type="text"/> H.L. ENLOE	Amount of contribution (\$) <input type="text" value="500.00"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code PO BOX 2559 103 PALOMA MESA RD. ANTHONY, NO 88021		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="text"/>		Employer (See Instructions) <input type="text"/>	
Date 2/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <input type="text"/> DON R. MARGO III	Amount of contribution (\$) <input type="text" value="100.00"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code 808 BLANCHARD AVE. EL PASO, TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="text"/>		Employer (See Instructions) <input type="text"/>	
Date 2/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <input type="text"/> TOMMY R. LEWIS	Amount of contribution (\$) <input type="text" value="100.00"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code 712 CINNAMON TEAL CIR. EL PASO, TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="text"/>		Employer (See Instructions) <input type="text"/>	
Date 2/13/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <input type="text"/> CHRISTOPHER B./ANDREA HARRELL	Amount of contribution (\$) <input type="text" value="100.00"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code 141 CHERRY HILL LN. SANTA TERESA, NM 88008		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="text"/>		Employer (See Instructions) <input type="text"/>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.  
2013 MAY 16 PM 1:46

## 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  
2/13/2013

5 Full name of contributor  out-of-state PAC (ID# )  
BRADLEY ROE, GEN. CONTRACTOER & LAND DEVELOPMENT

6 Contributor address; City; State; Zip Code  
601 N. COTTON EL PASO, TX 79902

7 Amount of contribution (\$)  
100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
2/14/2013

Full name of contributor  out-of-state PAC (ID# )  
WILLIAM (PABLO) SANDERS

Contributor address; City; State; Zip Code  
201 E. MAIN, ST., 350 EL PASO, TX 79901

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/14/2013

Full name of contributor  out-of-state PAC (ID# )  
PETER SPIER

Contributor address; City; State; Zip Code  
1621 CAMINO BELLO EL PASO, TX 79902

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/5/2013

Full name of contributor  out-of-state PAC (ID# )  
CHRIS KLEBERG

Contributor address; City; State; Zip Code  
4729 ROSINANTE EL PASO, TX 79922

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/16/2013

Full name of contributor  out-of-state PAC (ID# )  
EDITH S./BOBBY R. BRANNON

Contributor address; City; State; Zip Code  
713 BLACKER AVE. EL PASO, TX 79902

Amount of contribution (\$)  
200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.  
2013 MAY 16 PM 1:46

## 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  
2/19/2013

5 Full name of contributor  out-of-state PAC (ID# )  
RUDY/BRIDGETTE VALDES

6 Contributor address; City; State; Zip Code  
5354 SANTA TERESA DR. EL PASO, TX 79932

7 Amount of contribution (\$)  
1000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
2/20/2013

Full name of contributor  out-of-state PAC (ID# C00111880)  
CEMEX EMPLOYEES PAC

Contributor address; City; State; Zip Code  
929 GESSNER RD. HOUSTON, TX 77024

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/20/2013

Full name of contributor  out-of-state PAC (ID# )  
RICARDO FERNANDEZ

Contributor address; City; State; Zip Code  
4800 N. STANTON UNIT 186 EL PASO, TX 79902

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/20/2013

Full name of contributor  out-of-state PAC (ID# )  
CHRISTIAN PEREZ GIESE

Contributor address; City; State; Zip Code  
3721 WAYMORE EL PASO, TX 79902

Amount of contribution (\$)  
100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
2/21/2013

Full name of contributor  out-of-state PAC (ID# )  
HARL DIXON

Contributor address; City; State; Zip Code  
205 CANYON TERRACE DR. EL PASO, TX 79902

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

CITY CLERK DEPT.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2013 MAY 16 PM 1:46

## 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):

<b>4</b> Date: 2/22/2013	<b>5</b> Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID#): <input type="text"/> KERRAN FOWLKES	<b>7</b> Amount of contribution (\$): 100.00	<b>8</b> In-kind contribution description (if applicable): <input type="text"/>
<b>6</b> Contributor address; City; State; Zip Code: 213 ESPERANZA LN. EL PASO, TX 79912		(If travel outside of Texas, complete Schedule T)	

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

Date: 2/25/2013	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID#): <input type="text"/> JORGE VALENZUELA	Amount of contribution (\$): 500.00	In-kind contribution description (if applicable): <input type="text"/>
Contributor address; City; State; Zip Code: 233 PENNSYLVANIA EL PASO, TX 79903		(If travel outside of Texas, complete Schedule T)	

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

Date: 2/25/2013	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID#): <input type="text"/> TERRY L./ELAINE M. JOHNSON	Amount of contribution (\$): 100.00	In-kind contribution description (if applicable): <input type="text"/>
Contributor address; City; State; Zip Code: 1614 BILLY CASPER DR. EL PASO, TX 79936		(If travel outside of Texas, complete Schedule T)	

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

Date: 2/25/2013	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID#): <input type="text"/> CLINTON E./SHERRI E. WOLF	Amount of contribution (\$): 200.00	In-kind contribution description (if applicable): <input type="text"/>
Contributor address; City; State; Zip Code: 5168 CIELO DEL RIO PL. EL PASO, TX 79932		(If travel outside of Texas, complete Schedule T)	

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

Date: 2/25/2013	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID#): <input type="text"/> MICHAEL D. MCQUEEN	Amount of contribution (\$): 250.00	In-kind contribution description (if applicable): <input type="text"/>
Contributor address; City; State; Zip Code: 221 N. KANSAS ST. EL PASO, TX 79901		(If travel outside of Texas, complete Schedule T)	

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

CITY CLERK DEPT.  
2013 MAY 16 PM 1:46

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **29**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**2/25/2013**

5 Full name of contributor  out-of-state PAC (ID#)  
**KEN SLAVIN**

6 Contributor address; City; State; Zip Code  
**730 WELLESLEY RD. EL PASO, TX 79902**

7 Amount of contribution (\$)  
**100.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**2/26/2013**

Full name of contributor  out-of-state PAC (ID#)  
**RODOLFO FERNANDEZ-HEPO**

Contributor address; City; State; Zip Code  
**1033 CALLE PARQUE DR. EL PASO, TX 79912**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/26/2013**

Full name of contributor  out-of-state PAC (ID#)  
**RUGGERO PROVENGHI**

Contributor address; City; State; Zip Code  
**7400 VISCOUNT EL PASO, TX 79925**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/26/2013**

Full name of contributor  out-of-state PAC (ID#)  
**GRACIELA VASQUEZ**

Contributor address; City; State; Zip Code  
**2712 EADS EL PASO, TX 79935**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/26/2013**

Full name of contributor  out-of-state PAC (ID#)  
**GINO GAONA**

Contributor address; City; State; Zip Code  
**7092 LUZ DE ESPEJO DR. EL PASO, TX 79912**

Amount of contribution (\$)  
**1000.00**

In-kind contribution description (if applicable)

(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

2013 MAY 16 PM 1:46

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **27**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**2/26/2013**

5 Full name of contributor  out-of-state PAC (ID#)  
**RICARDO GUITERRIEZ**

6 Contributor address; City; State; Zip Code  
**11543 JACQUILINE ANN CT. EL PASO, TX 79936**

7 Amount of contribution (\$)  
**1000.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**2/26/2013**

Full name of contributor  out-of-state PAC (ID#)  
**TITO/SANDRA A. PORRAS**

Contributor address; City; State; Zip Code  
**16 SILENT CREST EL PASO, TX 79902**

Amount of contribution (\$)  
**1000.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/26/2013**

Full name of contributor  out-of-state PAC (ID#)  
**CARLOS AGUILAR**

Contributor address; City; State; Zip Code  
**3414 MONTANA AVE. EL PSO, TX 79903**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/26/2013**

Full name of contributor  out-of-state PAC (ID#)  
**DAVID F. MCGLOHON**

Contributor address; City; State; Zip Code  
**1649 BESSEMER DR. EL PASO, TX 79936**

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**2/28/2013**

Full name of contributor  out-of-state PAC (ID#)  
**CHRISTOPHER C. VILLA, SOLE PROP DBA HELIX SOLUTIONS**

Contributor address; City; State; Zip Code  
**1107 E. ROBINSON AVE. EL PASO, TX 79902**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

(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

2013 MAY 16 PM 1:46

## 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  
2/28/2013

5 Full name of contributor  out-of-state PAC (ID#)  
JACK T. CHAPMAN

6 Contributor address; City; State; Zip Code  
221 N. KANSAS ST. EL PASO, TX 79901

7 Amount of contribution (\$)  
500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
3/2/2013

Full name of contributor  out-of-state PAC (ID#)  
LAURENCE D. SEARS

Contributor address; City; State; Zip Code  
1528 RAYNOLDS EL PASO, TX 79903

Amount of contribution (\$)  
25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/2/2013

Full name of contributor  out-of-state PAC (ID#)  
RICHARD L. THOMAS

Contributor address; City; State; Zip Code  
5915 SILVER SPRINGS EL PASO, TX 79912

Amount of contribution (\$)  
150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/4/2013

Full name of contributor  out-of-state PAC (ID#)  
PAUL D./ JENNIFER P. GILCREASE

Contributor address; City; State; Zip Code  
6040 LOS SIGLOS D.R EL PASO, TX 79912

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/4/2013

Full name of contributor  out-of-state PAC (ID#)  
TJ./CINDY KARAM

Contributor address; City; State; Zip Code  
4308 PARK HILL DR. EL PASO, TX 79902

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2013 MAY 16 PM 1:46

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **29**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3/7/2013**

5 Full name of contributor  out-of-state PAC (ID#)  
**JAMES L./LUCILLE L. GRAHAM**

6 Contributor address; City; State; Zip Code  
**1385 VISTA GRANADA DR. EL PASO, TX 79932**

7 Amount of contribution (\$)  
**50.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**3/7/2013**

Full name of contributor  out-of-state PAC (ID#)  
**DENNIS NEESSEN**

Contributor address; City; State; Zip Code  
**5625 S. DESERT BLVD. EL PASO, TX 79932**

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/7/2013**

Full name of contributor  out-of-state PAC (ID#)  
**GENEVIEVE VAN CLEVE**

Contributor address; City; State; Zip Code  
**4170 WILDWOOD RD. AUSTIN, TX 78722**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/7/2013**

Full name of contributor  out-of-state PAC (ID#)  
**KRISTI B. ZACOUR**

Contributor address; City; State; Zip Code  
**5409 LA ESTANCIA CIR. EL PASO, TX 79932**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/7/2013**

Full name of contributor  out-of-state PAC (ID#)  
**ANTHONY GIULIANI**

Contributor address; City; State; Zip Code  
**939 RIM RD. EL PASO, TX 79902**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

(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

2013 MAY 16 PM 1:46

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: **29**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3/7/2013**

5 Full name of contributor  out-of-state PAC (ID#)  
**SYLVIA ORTEGA**

6 Contributor address; City; State; Zip Code  
**1305 LONEWOOD EL PASO, TX 79925**

7 Amount of contribution (\$)  
**300.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**3/9/2013**

Full name of contributor  out-of-state PAC (ID#)  
**EVELINA ORTEGA**

Contributor address; City; State; Zip Code  
**1201 CINCINNATI AVE. EL PASO, TX 79902**

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/11/2013**

Full name of contributor  out-of-state PAC (ID#)  
**MICHELLE ORTEGA**

Contributor address; City; State; Zip Code  
**3150 N. YARBOROUGH A4 EL PASO, TX 79925**

Amount of contribution (\$)  
**150.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/11/2013**

Full name of contributor  out-of-state PAC (ID#)  
**WINIFRED B. DOWLING**

Contributor address; City; State; Zip Code  
**2917 ROCKY RIDGE EL PASO, TX 79904**

Amount of contribution (\$)  
**20.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/13/2013**

Full name of contributor  out-of-state PAC (ID#)  
**IRMA THOMAS**

Contributor address; City; State; Zip Code  
**6143 VIA DE LOS ARBOLES EL PASO, TX 79932**

Amount of contribution (\$)  
**100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2013 MAY 16 PM 1:46

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **7**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3/13/2013**

5 Full name of contributor  out-of-state PAC (ID#)  
**MARIA G./MARIO A. MARQUEZ**

6 Contributor address; City; State; Zip Code  
**3449 DUNDEE ST. EL PASO, TX 79925**

7 Amount of contribution (\$)  
**1000.00**  
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**3/13/2013**

Full name of contributor  out-of-state PAC (ID#)  
**STELLA E. ORTEGA**

Contributor address; City; State; Zip Code  
**2912 BRIDGEHAMPTON CT. FALLS CHURCH, VA 22042**

Amount of contribution (\$)  
**500.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/13/2013**

Full name of contributor  out-of-state PAC (ID#)  
**STEVEN M./ANNETTE CORDOVA HOY**

Contributor address; City; State; Zip Code  
**700 CINCINNATI AVE. EL PASO, TX 79902**

Amount of contribution (\$)  
**1000.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/20/2013**

Full name of contributor  out-of-state PAC (ID#)  
**SUSAN M. URBIETA**

Contributor address; City; State; Zip Code  
**521 TEXAS AVE. EL PASO, TX 79901**

Amount of contribution (\$)  
**175.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/20/2013**

Full name of contributor  out-of-state PAC (ID#)  
**WILLIAM LOVELADY**

Contributor address; City; State; Zip Code  
**PO BOX 51 TORNILLO, TX 79853**

Amount of contribution (\$)  
**750.00**  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.  
2013 MAY 16 PM 1:47

## 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  
3/20/2013

5 Full name of contributor  out-of-state PAC (ID# )  
BUFORD-THOMPSON

6 Contributor address; City; State; Zip Code  
PO BOX 151829 FORT WORTH, TX 76108

7 Amount of contribution (\$)  
500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
3/20/2013

Full name of contributor  out-of-state PAC (ID# )  
MARIA F. TERAN

Contributor address; City; State; Zip Code  
4804 VILLA ENCANTO EL PASO, TX 79922

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/21/2013

Full name of contributor  out-of-state PAC (ID# )  
RAYMOND C. CABALLERO

Contributor address; City; State; Zip Code  
521 TEXAS AVE. EL PASO, TX 79901

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/22/2013

Full name of contributor  out-of-state PAC (ID# )  
MARY R. HAYNES

Contributor address; City; State; Zip Code  
704 LAKESHORE DR. EL PASO, TX 79932

Amount of contribution (\$)  
200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/22/2013

Full name of contributor  out-of-state PAC (ID# )  
MARIE F. CARAWAN

Contributor address; City; State; Zip Code  
11653 ANDRIENNE DR. EL PASO, TX 79936

Amount of contribution (\$)  
25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

2013 MAY 16 PM 1:47

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **29**

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

4 Date 3/28/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JOEL G. GUZMAN</b>	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1210 LOS ANGELES DR. EL PASO, TX 79902	(If travel outside of Texas, complete Schedule T)	

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

Date 3/28/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>MARTIN MORGADES</b>	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 5100 HUNTERS GLEN CT. UNIT B EL PASO, TX 79932	(If travel outside of Texas, complete Schedule T)	

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

Date 3/28/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JULIO C. ACEVEDO</b>	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 7260 SHIRE WAY EL PASO, TX 79912	(If travel outside of Texas, complete Schedule T)	

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

Date 3/29/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>JORGE HERNANDEZ</b>	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 8276 WHITUS DR. EL PASO, TX 79925	(If travel outside of Texas, complete Schedule T)	

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

Date 3/29/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>ANTHONY GIULIANI</b>	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3800 N. MESA A-2 #366 EL PASO, TX 79902	(If travel outside of Texas, complete Schedule T)	

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.  
2013 MAY 16 PM 1:47

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **27**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3/29/2013**

6 Full name of contributor  out-of-state PAC (ID#)  
**ROBERT V. WINGO**

6 Contributor address; City; State; Zip Code  
**1021 LOS JARDINES CIR. EL PASO, TX 79912**

7 Amount of contribution (\$)  
**1000.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**3/31/2013**

Full name of contributor  out-of-state PAC (ID#)  
**PAUL HAUPT**

Contributor address; City; State; Zip Code  
**10813 VISTA LOMAS DR. EL PASO, TX 79935**

Amount of contribution (\$)  
**10.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/1/2013**

Full name of contributor  out-of-state PAC (ID#)  
**JORGE HERNANDEZ**

Contributor address; City; State; Zip Code  
**8276 WHITUS DR. EL PASO, TX 79925**

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/1/2013**

Full name of contributor  out-of-state PAC (ID#)  
**THOMAS MAYR**

Contributor address; City; State; Zip Code  
**4101 WASHINGTON AVE. HOUSTON, TX 77007**

Amount of contribution (\$)  
**500.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**4/1/2013**

Full name of contributor  out-of-state PAC (ID#)  
**OMAR CAMPOS**

Contributor address; City; State; Zip Code  
**3707 CUMBERLAND AVE. EL PASO, TX 79903**

Amount of contribution (\$)  
**200.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.  
2013 MAY 16 PM 1:47

**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

5 Full name of contributor  out-of-state PAC (ID# )  
The Station Urban Offices

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
500 West Overland El Paso, TX 79901  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# )  
The Station Urban Offices

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
500 West Overland El Paso, TX 79901  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# )  
Richard Bonart

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6254 Loma De Cristo El Paso, TX 79912  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# )  
Liza Y./ Ulises Estrada

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
12242 Coral Gate El Paso, TX 79936  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# )  
William D. Sanders

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
201 E. Main, Ste 350, El Paso, TX 79901  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2013 MAY 16 PM 1:47 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  
3/10/2013

5 Full name of contributor  out-of-state PAC (ID#)  
CHARLES LAUSER

6 Contributor address; City; State; Zip Code  
225 MOONGLOW DR. EL PASO, TX 79912

7 Amount of contribution (\$)  
10.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
3/20/2013

Full name of contributor  out-of-state PAC (ID#)  
E.N. CARRASCO

Contributor address; City; State; Zip Code  
2301 BERT YANCY DR. EL PASO, TX 79936

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/20/2013

Full name of contributor  out-of-state PAC (ID#)  
SCOTT/LYNN KOBREN

Contributor address; City; State; Zip Code  
1212 CERRITO BELLO EL PASO, TX 79912

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/20/2013

Full name of contributor  out-of-state PAC (ID#)  
YVONNE S. MARTELL

Contributor address; City; State; Zip Code  
2829 FILLMORE AVE. EL PASO, TX 79930

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/21/2013

Full name of contributor  out-of-state PAC (ID#)  
M. TROY MARCUS

Contributor address; City; State; Zip Code  
6500 MONTANA AVE. EL PASO, TX 79925

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.  
2013 MAY 16 PM 1:47

## 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  
3/21/2013

5 Full name of contributor  out-of-state PAC (ID#)  
MEYER/MELINDA MARCUS

6 Contributor address; City; State; Zip Code  
6500 MONTANA AVE. EL PASO, TX 79925

7 Amount of contribution (\$)  
250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
3/22/2013

Full name of contributor  out-of-state PAC (ID#)  
ROBERT S./CELESTE C. AYOUB

Contributor address; City; State; Zip Code  
624 COUER D'ALENE CIR. EL PASO, TX 79922

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/23/2013

Full name of contributor  out-of-state PAC (ID#)  
GARY R./LEANNE B. HEDRICK

Contributor address; City; State; Zip Code  
328 CRIMSON CLOUD LN. EL PASO, TX 79912

Amount of contribution (\$)  
1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/25/2013

Full name of contributor  out-of-state PAC (ID#)  
STEVE/MARTHA DEGROAT

Contributor address; City; State; Zip Code  
712 CERVANTES CT. EL PASO, TX 79922

Amount of contribution (\$)  
350.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
3/25/2013

Full name of contributor  out-of-state PAC (ID#)  
ANDRES/MICHELLE MORENO

Contributor address; City; State; Zip Code  
6273 RUDY VIDOVIC EL PASO, TX 79932

Amount of contribution (\$)  
250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT.  
2013 MAY 16 PM 1:47

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **29**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**3/25/2013**

5 Full name of contributor  out-of-state PAC (ID#)  
**RICHARD/MARILYN ROTWEIN**

6 Contributor address; City; State; Zip Code  
**712 LA MANCHA CT. EL PASO, TX 79922**

7 Amount of contribution (\$)  
**250.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**3/26/2013**

Full name of contributor  out-of-state PAC (ID#)  
**SHIRLEEN/ROBERT ASKENAZI**

Contributor address; City; State; Zip Code  
**6352 CALLE PLACIDO DR. EL PASO, TX 79912**

Amount of contribution (\$)  
**250.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/26/2013**

Full name of contributor  out-of-state PAC (ID#)  
**MORRIS BENJAMIN MARCUS**

Contributor address; City; State; Zip Code  
**530 WOODLAND AVE. EL PASO, TX 79922**

Amount of contribution (\$)  
**150.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/26/2013**

Full name of contributor  out-of-state PAC (ID#)  
**SCOTT A. WALKER**

Contributor address; City; State; Zip Code  
**1011 KELLY WAY EL PASO, TX 79932**

Amount of contribution (\$)  
**250.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/27/2013**

Full name of contributor  out-of-state PAC (ID#)  
**CYNTHIA A. FLORES**

Contributor address; City; State; Zip Code  
**5401 CORSICANA AVE. EL PASO, TX 79924**

Amount of contribution (\$)  
**250.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2013 MAY 16 PM 1:47

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 <input type="text" value="3/28/2013"/>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <input type="text" value="STEVE LAUTERBACH"/>	7 Amount of contribution (\$) <input type="text" value="100.00"/>	8 In-kind contribution description (if applicable) <input type="text"/>
6 Contributor address; City; State; Zip Code <input type="text" value="712 YORKSHIRE CT. EL PASO, TX 79922"/>		(If travel outside of Texas, complete Schedule T)	

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

Date <input type="text" value="3/28/2013"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <input type="text" value="CYNTHIA LYONS"/>	Amount of contribution (\$) <input type="text" value="100.00"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code <input type="text" value="6381 LA POSTA EL PASO, TX 79912"/>		(If travel outside of Texas, complete Schedule T)	

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

Date <input type="text" value="3/29/2013"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <input type="text" value="MARK PAUL/SUSAN RAAB GROOVER"/>	Amount of contribution (\$) <input type="text" value="100.00"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code <input type="text" value="6540 LOMA DE CRISTO DR. EL PASO, TX 79912"/>		(If travel outside of Texas, complete Schedule T)	

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

Date <input type="text" value="3/29/2013"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <input type="text" value="WILLIAM A./MARY S. JOHNS"/>	Amount of contribution (\$) <input type="text" value="100.00"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code <input type="text" value="10809 PICO NORTE EL PASO, TX 79935"/>		(If travel outside of Texas, complete Schedule T)	

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

Date <input type="text" value="3/29/2013"/>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <input type="text" value="SCOTT/LYNN KOBREN"/>	Amount of contribution (\$) <input type="text" value="100.00"/>	In-kind contribution description (if applicable) <input type="text"/>
Contributor address; City; State; Zip Code <input type="text" value="1212 CERRITO BELLO EL PASO, TX 79912"/>		(If travel outside of Texas, complete Schedule T)	

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

2013 MAY 16 PM 1:47

## SCHEDULE A

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A: **27**

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

<b>4</b> Date 3/29/2013	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEVE/BECKY RASH	<b>7</b> Amount of contribution (\$) 100.00	<b>8</b> In-kind contribution description (if applicable)
	<b>6</b> Contributor address; City; State; Zip Code 5304 CORY LN. EL PASO, TX 79932	(If travel outside of Texas, complete Schedule T)	

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

Date 4/1/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) M. NICOLE/RAFAEL A. JR. ADAME	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 764 DAHLIA ST. EL PASO, TX 79922	(If travel outside of Texas, complete Schedule T)	

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

Date 4/1/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEFANIE BLOCK	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 804 COREY CREEK EL PASO, TX 79912	(If travel outside of Texas, complete Schedule T)	

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

Date 4/1/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) RICHARD L./TERESA MILLER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4100 BOY SCOUT LN. EL PASO, TX 79922	(If travel outside of Texas, complete Schedule T)	

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

Date 4/1/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) PHILLIP ROTHSTEIN	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4110 RIO BRAVO, STE 102 EL PASO, TX 79902	(If travel outside of Texas, complete Schedule T)	

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.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS CITY CLERK DEPT.

## SCHEDULE A

2013 MAY 16 PM 1:17

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **29**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)  
[ ]

4 Date  
**2/27/2013**

5 Full name of contributor  out-of-state PAC (ID# [ ])  
**David Ortwein**

6 Contributor address; City; State; Zip Code  
**415 S. Mesa Hills Dr #1173 El Paso, TX 79912**

7 Amount of contribution (\$)  
**100**

8 In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
[ ]

10 Employer (See Instructions)  
[ ]

Date  
**3/5/2013**

Full name of contributor  out-of-state PAC (ID# [ ])  
**Ruben John Vogt**

Contributor address; City; State; Zip Code  
**200 N. Mesa Hills #1304 El Paso, TX 79912**

Amount of contribution (\$)  
**100**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
[ ]

Employer (See Instructions)  
[ ]

Date  
**3/29/2012**

Full name of contributor  out-of-state PAC (ID# [ ])  
**Matthew T./Robin Niland**

Contributor address; City; State; Zip Code  
**4408 Lazy Willow El Paso, TX 79922**

Amount of contribution (\$)  
**100**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
[ ]

Employer (See Instructions)  
[ ]

Date  
**3/29/2013**

Full name of contributor  out-of-state PAC (ID# [ ])  
**Troy F. Watson**

Contributor address; City; State; Zip Code  
**PO Box 3000 Merrifield, VA 22119**

Amount of contribution (\$)  
**200**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
[ ]

Employer (See Instructions)  
[ ]

Date  
**3/12/2013**

Full name of contributor  out-of-state PAC (ID# [ ])  
**Frederick Francis**

Contributor address; City; State; Zip Code  
**500 N. Mesa El Paso, TX 79901**

Amount of contribution (\$)  
**2500**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.  
2013 MAY 16 PM 1:47

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **29**

2 FILER NAME  
**Steve Ortega**

3 ACCOUNT # (Ethics Commission Filers)  
[ ]

4 Date  
**3/12/2013**

5 Full name of contributor  out-of-state PAC (ID# [ ])  
**Robert H/ Rose Ann Hoy**

6 Contributor address; City; State; Zip Code  
**201 Villa Serena Ct El Paso, TX 79922**

7 Amount of contribution (\$)  
**2500**

8 In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
[ ]

10 Employer (See Instructions)  
[ ]

Date  
**3/12/2013**

Full name of contributor  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 (\$)  
**5000**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
[ ]

Employer (See Instructions)  
[ ]

Date  
**3/14/2013**

Full name of contributor  out-of-state PAC (ID# [ ])  
**Brown Ranch**

Contributor address; City; State; Zip Code  
**123 W. Mills Ave Ste 610 El Paso, TX 79901**

Amount of contribution (\$)  
**5000**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
[ ]

Employer (See Instructions)  
[ ]

Date  
**3/12/2013**

Full name of contributor  out-of-state PAC (ID# [ ])  
**Ginger Francis**

Contributor address; City; State; Zip Code  
**PO Box 3739 El Paso, TX 79923**

Amount of contribution (\$)  
**2500**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
[ ]

Employer (See Instructions)  
[ ]

Date  
**3-19-2013**

Full name of contributor  out-of-state PAC (ID# [ ])  
**JA Cardwell**

Contributor address; City; State; Zip Code  
**6080 Surety Dr El Paso, TX 79905**

Amount of contribution (\$)  
**4000**

In-kind contribution description (if applicable)  
[ ]

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
[ ]

Employer (See Instructions)  
[ ]

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

2013 MAY 16 PM 1:47

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <span style="border: 1px solid black; padding: 2px;">29</span>	
2 FILER NAME <b>Steve Ortega</b>		3 ACCOUNT # (Ethics Commission Filers) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
4 Date <span style="border: 1px solid black; padding: 2px;">3/25/2013</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <div style="border: 1px solid black; width: 100px; height: 15px;"></div> ) <b>EC Houghton Jr</b>	7 Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">5000</span>	8 In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
6 Contributor address; City; State; Zip Code <b>414 Executive Center Blvd, Ste 205, El Paso, TX 79902</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		10 Employer (See Instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">3/25/2013</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <div style="border: 1px solid black; width: 100px; height: 15px;"></div> ) <b>J.O. and Marlene Stewart</b>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">2000</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Contributor address; City; State; Zip Code <b>124 W. Castellano Ste 213, El Paso, TX 79912</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">3/29/2013</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <div style="border: 1px solid black; width: 100px; height: 15px;"></div> ) <b>Ronald Wallace</b>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">750</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Contributor address; City; State; Zip Code <b>PO Box 221797 El Paso, TX 79913</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date <span style="border: 1px solid black; padding: 2px;">4/1/2013</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <div style="border: 1px solid black; width: 100px; height: 15px;"></div> ) <b>JW Rogers Jr</b>	Amount of contribution (\$) <span style="border: 1px solid black; padding: 2px;">2500</span>	In-kind contribution description (if applicable) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Contributor address; City; State; Zip Code <b>1600 Dede Lane El Paso, TX 79902</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date <div style="border: 1px solid black; width: 80px; height: 30px;"></div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <div style="border: 1px solid black; width: 100px; height: 15px;"></div> ) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Amount of contribution (\$) <div style="border: 1px solid black; width: 80px; height: 30px;"></div>	In-kind contribution description (if applicable) <div style="border: 1px solid black; width: 100px; height: 30px;"></div>
Contributor address; City; State; Zip Code <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Employer (See Instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

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

**POLITICAL EXPENDITURES**

2013 MAY 16 PM 1:47

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 1/2/13	<b>5</b> Payee name Barracuda Consulting	
<b>6</b> Amount (\$) \$43.30	<b>7</b> Payee address; City; State; Zip Code 2209 Pittsburg, El Paso, TX 79930	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Consulting expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1/2/13	Payee name Stanton Street Technology	
Amount (\$) \$3,247.50	Payee address; City; State; Zip Code 500 W. Overland, Ste. 200, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Tech Services	Description (If travel outside of Texas, complete Schedule T) Web-related services
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1/4/13	Payee name Barracuda Consulting	
Amount (\$) \$579.81	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1/7/13	Payee name AT&T	
Amount (\$) \$135.65	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**POLITICAL EXPENDITURES**CITY CLERK DEPT.  
2013 MAY 16 PM 1:47**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 1/7/13	<b>5</b> Payee name Constant Contact		
<b>6</b> Amount (\$) \$31.98	<b>7</b> Payee address; City; State; Zip Code 122 Hudson, 3rd Fl, New York, NY 10013		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Technology services	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/9/13	Payee name Forma Group		
Amount (\$) \$1,000	Payee address; City; State; Zip Code 301 E. San Antonio, Ste. B201, El Paso, TX 79901		
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/9/13	Payee name Adam Peña		
Amount (\$) \$500	Payee address; City; State; Zip Code 500 W. Overland, Ste. 250K, El Paso, Texas 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/15/13	Payee name PayPal Monthly Service Fee		
Amount (\$) \$30	Payee address; City; State; Zip Code 1-800-852-1973		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**POLITICAL EXPENDITURES**

2013 MAY 16 PM 1:47

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 1/16/13	<b>5</b> Payee name The Station Urban Offices	
<b>6</b> Amount (\$) \$1,400	<b>7</b> Payee address; City; State; Zip Code 500 W. Overland, El Paso, TX 79901	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Rental expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Office rental
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1/16/13	Payee name Forma Group	
Amount (\$) \$1,000	Payee address; City; State; Zip Code 301 E. San Antonio, Ste. B201, El Paso, TX 79901	
<b>PURPOSE OF EXPENDITURE</b>	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 1/18/13	Payee name US Postal Service	
Amount (\$) \$45	Payee address; City; State; Zip Code Downtown Station, El Paso, TX 79901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Office overhead	Description (If travel outside of Texas, complete Schedule T) Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 1/28/13	Payee name Everyday Gyro	
Amount (\$) \$24.90	Payee address; City; State; Zip Code 205 Cincinnati Ave El Paso, TX 79902	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food/beverage 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**POLITICAL EXPENDITURES**

2013 MAY 16 PM 1:47

**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.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Steve Ortega		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 1/28/13		<b>5</b> Payee name The Garden			
<b>6</b> Amount (\$) \$33.15		<b>7</b> Payee address; City; State; Zip Code 511 Western St, El Paso, TX 79902			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Food/beverage expense		<b>(b)</b> 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 1/29/13		Payee name Peter Piper Pizza			
Amount (\$) \$26.37		Payee address; City; State; Zip Code 119 Balboa Rd, El Paso, TX 79912			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/beverage expense		Description (If travel outside of Texas, complete Schedule T) Campaign meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/31/13		Payee name Tabla			
Amount (\$) \$24.62		Payee address; City; State; Zip Code 115 Durango, El Paso, TX 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/beverage 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 2/6/13		Payee name Proper Printing			
Amount (\$) \$300		Payee address; City; State; Zip Code 500 W. Paisano, Ste. C, El Paso, TX 79901			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing 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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

CITY CLERK 512-463-5800

2013 MAY 16 PM 1:47

**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.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Steve Ortega		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 2/6/13		<b>5</b> Payee name Constant Contact			
<b>6</b> Amount (\$) \$31.98		<b>7</b> Payee address; City; State; Zip Code 122 Hudson, 3rd Fl, New York, NY 10013			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Technology services		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Email outreach	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH					
Date 2/7/13		Payee name Costco			
Amount (\$) \$44.75		Payee address; City; State; Zip Code 6101 Gateway West, El Paso, 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) Postage	
Complete ONLY if direct expenditure to benefit C/OH					
Date 2/10/13		Payee name AT&T			
Amount (\$) \$134.94		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 ONLY if direct expenditure to benefit C/OH					
Date 2/13/13		Payee name PayPal Monthly Service Fee			
Amount (\$) \$30.00		Payee address; City; State; Zip Code 1-800-852-1973			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.</b>					

**POLITICAL EXPENDITURES**

2013 MAY 16 PM 1:47

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 2/15/13	<b>5</b> Payee name Adam Peña	
<b>6</b> Amount (\$) \$1,000	<b>7</b> Payee address; City; State; Zip Code 500 W. Overland, Ste. 250K, El Paso, TX 79901	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Saleries/wages	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Campaign services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/15/13	Payee name Barracuda Consulting	
Amount (\$) \$500	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 2/15/13	Payee name Perky Press	
Amount (\$) \$450	Payee address; City; State; Zip Code 11385 James Watt B-16, El Paso, TX 79936	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) Campaign Materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/18/13	Payee name Proper Printing	
Amount (\$) \$295.38	Payee address; City; State; Zip Code 500 W. Paisano, Ste. C, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**POLITICAL EXPENDITURES**

2013 MAY 16 PM 1:47

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 2/18/13	<b>5</b> Payee name City of El Paso
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<b>6</b> Amount (\$) \$500	<b>7</b> Payee address; City; State; Zip Code 300 N. Campbell El Paso, Texas 79901
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/19/13	Payee name Barracuda Consulting
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Amount (\$) \$100	Payee address; City; State; Zip Code 2209 Pittsburg, El Paso, TX 79930
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel in district	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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Date 2/19/13	Payee name Barracuda Consulting
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Amount (\$) \$100	Payee address; City; State; Zip Code 2209 Pittsburg, El Paso, TX 79930
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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) Campaign materials
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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 2/19/13	Payee name Stanton Street Technology
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Amount (\$) \$113.66	Payee address; City; State; Zip Code 500 W. Overland, Ste. 200, El Paso, TX 79901
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Tech services	Description (If travel outside of Texas, complete Schedule T) Web-related services
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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

**POLITICAL EXPENDITURES**2013 MAY 16 PM 1:47 **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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 2/19/13	<b>5</b> Payee name Forma Group	
<b>6</b> Amount (\$) \$2,000	<b>7</b> Payee address; City; State; Zip Code 301 E. San Antonio, Ste. B201, El Paso, TX 79901	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Consulting expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/20/13	Payee name Stanton Street Technology	
Amount (\$) \$541.25	Payee address; City; State; Zip Code 500 W. Overland, Ste. 200, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Tech 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 2/21/13	Payee name Do the Right Thing, Inc.	
Amount (\$) \$500	Payee address; City; State; Zip Code 6090 Surety Drive, Suite 100, El Paso, TX 79905	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation made by candidate	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 2/21/13	Payee name United Bank of El Paso del Norte	
Amount (\$) \$5.00	Payee address; City; State; Zip Code PO Box 246, El Paso, TX 79943	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 2/25/13	<b>5</b> Payee name Target
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<b>6</b> Amount (\$) \$53.64	<b>7</b> Payee address; City; State; Zip Code 6001 W Gateway Blvd, El Paso, TX 79925
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<b>8</b> 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) Supplies
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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 2/26/13	Payee name US Postal Service
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Amount (\$) \$66	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) Postage	Description (If travel outside of Texas, complete Schedule T)
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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 2/26/13	Payee name Target
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Amount (\$) \$3.34	Payee address; City; State; Zip Code 801 Sunland Park Dr, El Paso, TX 79912
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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) Supplies
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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 2/26/13	Payee name County of El Paso
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Amount (\$) \$20	Payee address; City; State; Zip Code 500 E. San Antonio, Lower Level, Suite L115, 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) Supplies
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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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2013 MAY 15 PM 1:47

# 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.

2013 MAY 16 PM 1:4  
 CITY CLERK DEPT.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 2/27/13	<b>5</b> Payee name Forma Group
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<b>6</b> Amount (\$) \$4,798.32	<b>7</b> Payee address; City; State; Zip Code 301 E. San Antonio Ste. B201 (79901)
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Printing & distribution expense	<b>(b)</b> Description (if travel outside of Texas, complete Schedule T)
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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 3/1/13	Payee name Ave Magazine
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Amount (\$) \$200	Payee address; City; State; Zip Code 500 W. Overland, Ste. 250, El Paso, TX 79901
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising expense	Description (if travel outside of Texas, complete Schedule T)
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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 3/1/13	Payee name David's Pennants & Banners
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Amount (\$) \$2,248	Payee address; City; State; Zip Code 9911 Carnegie, El Paso, TX 79925
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising expense	Description (if travel outside of Texas, complete Schedule T) Campaign signs
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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 3/4/13	Payee name Fast Signs
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Amount (\$) \$67.34	Payee address; City; State; Zip Code 1201 Airway, Ste. D-3, El Paso, TX 79925
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising expense	Description (if travel outside of Texas, complete Schedule T)
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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**

CITY CLERK DEPT.

2013 MAY 16 PM 1:47

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/7/13	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$37.13	<b>7</b> Payee address; City; State; Zip Code 122 Hudson, 3rd Fl, New York, NY 10013	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Technology services	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Email outreach
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/8/13	Payee name US Postal Service	
Amount (\$) \$92	Payee address; City; State; Zip Code 500 W. Overland, Ste. 250, El Paso, TX 79901	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/8/13	Payee name David's Pennants & Banners	
Amount (\$) \$1,870.91	Payee address; City; State; Zip Code 9911 Carnegie, El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Campaign signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3/8/13	Payee name David's Pennants & Banners	
Amount (\$) \$6,282.17	Payee address; City; State; Zip Code 9911 Carnegie, El Paso, TX 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Campaign signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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**POLITICAL EXPENDITURES**

2013 MAY 16 PM 1:47

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3/9/13	<b>5</b> Payee name AT&T	
<b>6</b> Amount (\$) \$137.76	<b>7</b> Payee address; City; State; Zip Code 2701 N. Mesa, El Paso, TX 79902	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Phone services	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Campaign phone
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/9/13	Payee name Charlie Garcia	
Amount (\$) \$1,700	Payee address; City; State; Zip Code P.O. Box 26274, El Paso, TX 79926	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) Campaign signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/12/13	Payee name US Postal Service	
Amount (\$) \$330	Payee address; City; State; Zip Code Downtown Station, El Paso, TX 79901	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/12/13	Payee name Forma Group	
Amount (\$) \$3,000	Payee address; City; State; Zip Code 301 E. San Antonio Ste. B201, El Paso, TX 79901	
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 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filer)	
<b>4</b> Date 3/13/13	<b>5</b> Payee name Costco		
<b>6</b> Amount (\$) \$74.80	<b>7</b> Payee address; City; State; Zip Code 6101 Gateway West Blvd, El Paso, TX 79925		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 3/13/13	Payee name Target		
Amount (\$) \$5.86	Payee address; City; State; Zip Code 6101 Gateway West Blvd, 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) Supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 3/13/13	Payee name PayPal Monthly Service Fee		
Amount (\$) \$30	Payee address; City; State; Zip Code 1-800-852-1973		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 1/10/13	Payee name PayPal		
Amount (\$) \$3.20	Payee address; City; State; Zip Code 1-800-852-1973		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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MAY 16 PM 1:49

**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.

CITY CLERK DEPT.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 1/10/13	<b>5</b> Payee name PayPal
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<b>6</b> Amount (\$) \$1.03	<b>7</b> Payee address; City; State; Zip Code 1-800-852-1973
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/10/13	Payee name PayPal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 1/10/13	Payee name PayPal
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Amount (\$) \$7.55	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 1/16/13	Payee name PayPal
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Amount (\$) \$6.10	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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.

CITY CLERK DEPT.

2013 MAY 15 PM 1:48

1 Total pages Schedule F:	2 FILER NAME Steve Ortega	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/16/13	5 Payee name PayPal
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6 Amount (\$) \$14.80	7 Payee address; City; State; Zip Code 1-800-852-1973
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 1/16/13	Payee name PayPal
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Amount (\$) \$14.80	Payee address; City; State; Zip Code 1-800-852-1973
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 1/19/13	Payee name PayPal
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Amount (\$) \$4.65	Payee address; City; State; Zip Code 1-800-852-1973
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 1/20/13	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 1-800-852-1973
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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.

CITY CLERK DEPT.

2013 MAR 16 PM 1:48

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers):
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<b>4</b> Date 1/21/13	<b>5</b> Payee name PayPal
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<b>6</b> Amount (\$) \$3.20	<b>7</b> Payee address; City; State; Zip Code 1-800-852-1973
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/30/13	Payee name PayPal
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Amount (\$) \$1.03	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 2/3/13	Payee name PayPal
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Amount (\$) \$1.75	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 2/6/13	Payee name PayPal
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Amount (\$) \$6.10	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 2/6/13	<b>5</b> Payee name PayPal
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<b>6</b> Amount (\$) \$3.20	<b>7</b> Payee address; City; State; Zip Code 1-800-852-1973
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought	Office held
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Date 2/6/13	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 1-800-852-1973
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 2/6/13	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 1-800-852-1973
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 2/6/13	Payee name PayPal
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Amount (\$) \$32.20	Payee address; City; State; Zip Code 1-800-852-1973
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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FEB 16 PM 1:48

**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.

CITY CLERK DEPT

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Steve Ortega		<b>3</b> ACCOUNT # (Ethics Commission Files)	
<b>4</b> Date 2/7/13		<b>5</b> Payee name PayPal			
<b>6</b> Amount (\$) \$3.20		<b>7</b> Payee address; City; State; Zip Code 1-800-852-1973			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Fees		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/13/13		Payee name PayPal			
Amount (\$) \$3.20		Payee address; City; State; Zip Code 1-800-852-1973			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/13/13		Payee name PayPal			
Amount (\$) \$3.20		Payee address; City; State; Zip Code 1-800-852-1973			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/19/13		Payee name PayPal			
Amount (\$) \$3.20		Payee address; City; State; Zip Code 1-800-852-1973			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal	
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.

CITY CLERK DEPT.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission File #)
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<b>4</b> Date 2/20/13	<b>5</b> Payee name PayPal
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<b>6</b> Amount (\$) \$7.55	<b>7</b> Payee address; City; State; Zip Code 1-800-852-1973
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/21/13	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 3/6/13	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 3/6/13	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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.

2013 MAY 16 PM 1:40  
 CITY CLERK DEPT.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission File #)
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<b>4</b> Date 3/6/13	<b>5</b> Payee name PayPal
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<b>6</b> Amount (\$) \$6.10	<b>7</b> Payee address; City; State; Zip Code 1-800-852-1973
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/6/13	Payee name PayPal
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Amount (\$) \$9	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 3/9/13	Payee name PayPal
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Amount (\$) \$.59	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 3/10/13	Payee name PayPal
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Amount (\$) \$4.65	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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.

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2013 MAY 16 PM 1:48

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filer)
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<b>4</b> Date 3/27/13	<b>5</b> Payee name PayPal
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<b>6</b> Amount (\$) \$2.70	<b>7</b> Payee address; City; State; Zip Code 1-800-852-1973
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fees	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 3/27/13	Payee name PayPal
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Amount (\$) \$2.70	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 3/28/13	Payee name PayPal
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Amount (\$) \$3.20	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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 3/30/13	Payee name PayPal
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Amount (\$) \$0.59	Payee address; City; State; Zip Code 1-800-852-1973
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
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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.

CITY CLERK DEPT

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Steve Ortega		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 3/31/13		<b>5</b> Payee name PayPal			
<b>6</b> Amount (\$) \$14.80		<b>7</b> Payee address; City; State; Zip Code 1-800-852-1973			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Fees		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/31/13		Payee name PayPal			
Amount (\$) \$5.40		Payee address; City; State; Zip Code 1-800-852-1973			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/31/13		Payee name PayPal			
Amount (\$) \$14.80		Payee address; City; State; Zip Code 1-800-852-1973			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/31/13		Payee name PayPal			
Amount (\$) \$4.65		Payee address; City; State; Zip Code 1-800-852-1973			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal	
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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 4/1/13	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$6.10	<b>7</b> Payee address; City; State; Zip Code 1-800-852-1973	

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APR 15 PM 1:48

<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Fee for contribution via PayPal
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date 1/7/13	Payee name YTA Event
Amount (\$) \$150	Payee address; City; State; Zip Code 10940 Ben Crenshaw, Ste. A, El Paso, TX 79935

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Donation made by candidate	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date 3/14/13	Payee name Las Americas Immigrant Advocacy Center
Amount (\$) \$300	Payee address; City; State; Zip Code 1500 E. Yandell Dr, El Paso, TX 79902

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Donation made by candidate	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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 <b>Steve Ortega</b>		3 ACCOUNT # (Ethics Commission Files)	
4 Date <b>1/7/2013</b>		5 Payee name <b>Elizabeth Ortega</b>			
6 Amount (\$) <b>\$150.00</b>		7 Payee address; City; State; Zip Code <b>10301 Gateway West Blvd El Paso, TX 79925</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Reimbursement</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Food and Beverage Expense</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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 2013 MAY 16 PM 1:40

Date <b>2/4/2013</b>		Payee name <b>Mills Plaza Parking</b>			
Amount (\$) <b>\$4.00</b>		Payee address; City; State; Zip Code <b>Oregon St and Mills St, El Paso, TX 79901</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Travel In District</b>		Description (If travel outside of Texas, complete Schedule T) <b>Parking Fee</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <b>2/18/2013</b>		Payee name <b>Pike Street Market</b>			
Amount (\$) <b>10.60</b>		Payee address; City; State; Zip Code <b>207 E Mills Ave, El Paso, TX 79901</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Food and Beverage Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Campaign meeting</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### 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.

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 MAY 16 PM 1:48

1 Total pages Schedule I:	2 FILER NAME Steve Ortega	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/25/2013	5 Payee name Eloise
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6 Amount (\$) 22.00	7 Payee address; City; State; Zip Code 255 Shadow Mountain, El Paso, TX 79912
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<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See categories listed at the top of this schedule) Food and Beverage Expense	(b) Description (See instructions regarding type of information required.) Expense inadvertently made on campaign debit card- to be reimbursed
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Date 03/25/2013	Payee name Bikini Joe's
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Amount (\$) 59.67	Payee address; City; State; Zip Code 1610 Sioux Dr El Paso, TX 79925
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food and Beverage Expense	Description (See instructions regarding type of information required.) Expense Inadvertently made on campaign debit card- to be reimbursed
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Date 3/25/2013	Payee name Steinmart
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Amount (\$) 167.72	Payee address; City; State; Zip Code 7410 Remcon El Paso, TX 79912
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) other	Description (See instructions regarding type of information required.) Expense inadvertently made on campaign debit card- to be reimbursed
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Date 3/26/2013	Payee name Menchie's
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Amount (\$) 2.92	Payee address; City; State; Zip Code 1355 George Dieter Dr. El Paso, TX 79936
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Food and Beverage Expense	Description (See instructions regarding type of information required.) Expense inadvertently made on campaign debit card- to be reimbursed
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### 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.

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MAY 16 PM 1:48

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME Steve Ortega	<b>3</b> ACCOUNT # (Ethics Commission Filer)
<b>4</b> Date 3/26/2013	<b>5</b> Payee name Village Inn	
<b>6</b> Amount (\$) 9.87	<b>7</b> Payee address; City; State; Zip Code 1500 Airway, El Paso, TX 79925	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Food and Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Expense inadvertently made on campaign debit card- to be reimbursed
Date 03/28/2013	Payee name Eloise	
Amount (\$) 11.00	Payee address; City; State; Zip Code 255 Shadow Mountain, El Paso, TX 79912	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food and Beverage Expense	Description (See instructions regarding type of information required.) Expense Inadvertently made on campaign debit card- to be reimbursed
Date 3/28/2013	Payee name D'Lox	
Amount (\$) 11.74	Payee address; City; State; Zip Code 630 Sunland Park Drive, El Paso, TX 79912	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food and Beverage Expense	Description (See instructions regarding type of information required.) Expense inadvertently made on campaign debit card- to be reimbursed
Date 3/28/2013	Payee name El Taco Tote	
Amount (\$) 26.92	Payee address; City; State; Zip Code 2921 N Mesa St, El Paso, TX 79902	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food and Beverage Expense	Description (See instructions regarding type of information required.) Expense inadvertently made on campaign debit card- to be reimbursed

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### 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 I:	2 FILER NAME Steve Ortega	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/25/2013	5 Payee name ProCuts by Maria	
6 Amount (\$) 8.50	7 Payee address; City; State; Zip Code 6111 Greenville Ave Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (See instructions regarding type of information required.) Expense inadvertently made on campaign debit card- to be reimbursed
Date 1/28/2013	Payee name Bodacious BBQ	
Amount (\$) 20.89	Payee address; City; State; Zip Code 1879 Troup Hwy Tyler, TX 75701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food and Beverage Expense	Description (See instructions regarding type of information required.) Expense inadvertently made on campaign debit card- to be reimbursed
Date 1/28/2013	Payee name Campisi Pizza	
Amount (\$) 2.87	Payee address; City; State; Zip Code 1520 Elm St, #111, Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food and Beverage Expense	Description (See instructions regarding type of information required.) Expense inadvertently made on campaign debit card- to be reimbursed
Date 3/29/2013	Payee name Mills Plaza Parking	
Amount (\$) 4.00	Payee address; City; State; Zip Code Oregon and Mills St, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel In District	Description (See instructions regarding type of information required.) Expense inadvertently made on campaign debit card- to be reimbursed
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

2013 MAY 16 PM 1:49  
 CITY CLERK DEPT.