



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME**  
Mr. Albert Weisenberger

**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

<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)	\$ 4,100
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 6,666.70
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000

**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.

\*\*\* Electronically Certified \*\*\*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Herbert Ortega, this the 22 day of June, 20 15, to certify which, witness my hand and seal of office.

**John Glendon**

\_\_\_\_\_  
Signature of officer administering oath

Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

City Clerk Dept.  
6/22/2015 8:25:57 AM

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**4**

2 FILER NAME

**Herbert H. Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/03/2015

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Joseph P. Hammond**

6 Contributor address; City; State; Zip Code

**252 Shadow Mountain Unit E4, 79912**

7 Amount of contribution (\$)

**100**

(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

06/03/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Robert L. Bowling**

Contributor address; City; State; Zip Code

**4655 Cohen Ave., 79924**

Amount of contribution (\$)

**1000**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Maria F. Urbina**

Contributor address; City; State; Zip Code

**4800 N. Stanton Unit 202, 79902**

Amount of contribution (\$)

**250**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Christina S. & H.L. Mijares Jr.**

Contributor address; City; State; Zip Code

**5632 Cortina Dr., 79912**

Amount of contribution (\$)

**250**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Nita Phillips**

Contributor address; City; State; Zip Code

**900 Thunderbird, 79912**

Amount of contribution (\$)

**100**

(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.**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A:  
**4**

**2** FILER NAME

Herbert H. Ortega

**3** ACCOUNT # (Ethics Commission Filers)

**4** Date

06/04/2015

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Richard L. Bischoff

**6** Contributor address; City; State; Zip Code

117 Hwy 28, 88021

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

200

(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

06/04/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Charles Mark Berry Jr.

Contributor address; City; State; Zip Code

4171 N. Mesa St. Suite B 202, 79902

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Geoffrey C. Wright

Contributor address; City; State; Zip Code

1303 N. Cotton, 79902

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Frederic P. Dalbin

Contributor address; City; State; Zip Code

2409 Savannah, 79930

Amount of contribution (\$)

100

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bill D. Hicks

Contributor address; City; State; Zip Code

P.O. Box 126, 79941

Amount of contribution (\$)

250

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**4**

2 FILER NAME

**Herbert H. Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/04/2015

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Barbara Berliner Utterback, DBA Barbara Berliner**

6 Contributor address; City; State; Zip Code

**213 Northwind Dr., 79912**

7 Amount of contribution (\$)

**150**

(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

06/04/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Ceci Miles Milvihill**

Contributor address; City; State; Zip Code

**312 Crimson Cloud Ln., 79912**

Amount of contribution (\$)

**200**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Carl H. Green**

Contributor address; City; State; Zip Code

**1205 Rim Rd., 79902**

Amount of contribution (\$)

**200**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Timothy & Julie Gray**

Contributor address; City; State; Zip Code

**6011 Pinehurst Dr., 79912**

Amount of contribution (\$)

**300**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Andy & Leslie Cook**

Contributor address; City; State; Zip Code

**1470 Sierra Bonita, 79936**

Amount of contribution (\$)

**100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:  
**4**

2 FILER NAME

**Herbert H. Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

06/08/2015

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**J.O. Stewart Jr.**

6 Contributor address; City; State; Zip Code

**124 W. Castellano Dr., Ste. 213, 79912**

7 Amount of contribution (\$)

**250**

(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

06/08/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Ruben E. Guerra**

Contributor address; City; State; Zip Code

**5848 Diamond Point Cr., 79912**

Amount of contribution (\$)

**250**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/08/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**H. Harris Hatfield**

Contributor address; City; State; Zip Code

**1039 Los Jardines Cir, 79912**

Amount of contribution (\$)

**100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/11/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**Douglas L & Terri R. Rutter**

Contributor address; City; State; Zip Code

**5053 Yucca Place, 79932**

Amount of contribution (\$)

**91.8**

(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#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
1

2 FILER NAME  
Herbert H. Ortega

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨      ⇨      ⇨      ⇨      ⇨      ⇨      ⇨

\$

5 Date  
04/20/2015

6 Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)  
**Al Weisenberger**  
7 Pledgor address;      City;      State;      Zip Code  
**5624 Cortina Dr., 79912**

8 Amount of pledge (\$)  
**6.67**

9 In-kind description (if applicable)  
**FedEx Office - copies**

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date  
05/05/2015

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)  
**Albert Weisenberger**  
Pledgor address;      City;      State;      Zip Code  
**5624 Cortina Dr, 79912**

Amount of pledge (\$)  
**235**

In-kind description (if applicable)  
**Carrying signs at polls**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/01/2015

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)  
**Giles Weisenberger**  
Pledgor address;      City;      State;      Zip Code  
**5624 Cortina Dr, 79912**

Amount of pledge (\$)  
**510**

In-kind description (if applicable)  
**3 bus bench ads for 3 moths**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/01/2015

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)  
**Ellen Speights**  
Pledgor address;      City;      State;      Zip Code  
**6221 La Posta Dr, 79912**

Amount of pledge (\$)  
**90**

In-kind description (if applicable)  
**1 bus bench ad for 1 month**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor       out-of-state PAC (ID#: \_\_\_\_\_)  
Pledgor address;      City;      State;      Zip Code

Amount of pledge (\$)

In-kind 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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City Clerk Dept.  
6/22/2015 8:25:57 AM

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Herbert H. Ortega

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

06/17/2015

7 Name of lender

Albert Weisenberger

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

10000

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

5624 Cortina Dr. El Paso TX 79912

10 Interest rate

0

11 Maturity date

06/13/2015

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

Albert Weisenberge

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

10,000.00

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

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

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# 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>1</b>	<b>2</b> FILER NAME <b>Herbert H. Ortega</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>06/09/2015</b>	<b>5</b> Payee name <b>Laura A. Espinoza</b>	
<b>6</b> Amount (\$) <b>345</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Poll Sitting</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>06/12/2015</b>	Candidate / Officeholder name <b>Forma Group LLC</b>	
Amount (\$) <b>5019.01</b>	Payee name <b>Forma Group LLC</b>	
	Payee address; City; State; Zip Code <b>310 North Mesa Set, 401, 79901</b>	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <b>Final Consulting and Promotion</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>06/12/2015</b>	Candidate / Officeholder name <b>Katie Scott</b>	
Amount (\$) <b>400</b>	Payee name <b>Katie Scott</b>	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <b>Campaign Services</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>06/15/2015</b>	Candidate / Officeholder name <b>Craig Weisenberger</b>	
Amount (\$) <b>902.69</b>	Payee name <b>Craig Weisenberger</b>	
	Payee address; City; State; Zip Code	Office sought Office held
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <b>Victory Party expense at GeoGheske</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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6/22/2015 8:25:57 AM

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>0</b>	<b>2</b> FILER NAME <b>Herbert H. Ortega</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code
--	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
---------------------------------	---	--

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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6/22/2015 8:25:57 AM

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### 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 H: <b>0</b>	<b>2</b> FILER NAME <b>Herbert H. Ortega</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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

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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.

<b>1</b> Total pages Schedule I: <b>0</b>	<b>2</b> FILER NAME <b>Herbert H. Ortega</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
--	---	---

<b>4</b> Date	<b>5</b> Payee name
---------------	---------------------

<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
----------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> Description (See instructions regarding type of information required.)
---------------------------------	---	---

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

Date	Payee name
------	------------

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

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
------------------------	--	--

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

City Clerk Dept.  
6/22/2015 8:25:57 AM

# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 0

2 FILER NAME

Herbert H. Ortega

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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

City Clerk Dept.  
6/22/2015 8:25:57 AM

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 0

2 FILER NAME  
Herbert H. Ortega

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A     Schedule B     Schedule C     Schedule D     Schedule F     Schedule G
- Schedule H     Schedule N     COH-UC     COH-T     PAC-C     PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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

City Clerk Dept.  
6/22/2015 8:25:57 AM

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

<b>1 C/OH NAME</b> Mr. Albert Weisenberger	<b>2 ACCOUNT #</b> (Ethics Commission Filers)
---	---

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**  
 •• Complete A & B below *only* if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**  
 •• Complete this section *only* if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder

City Clerk Dept.  
6/22/2015 8:25:57 AM