

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME
Ms Claudia L Ordaz

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20360.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 247.73
	4. TOTAL POLITICAL EXPENDITURES	\$ 2149.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23917.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Claudia Ordaz, this the 9 day of April, 20 15, to certify which, witness my hand and seal of office.

Dolores Jenkins

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

City Clerk Dept.
4/9/2015 3:48:50 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11

2 FILER NAME

Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/15/2015

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

Joe C. Pickett Campaign Fund

6 Contributor address; City; State; Zip Code

3606 Wooster Lane, El Paso, Texas 79936

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

03/16/2015

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

Stanley P. Jobe

Contributor address; City; State; Zip Code

1150 Southview Drive, El Paso, Texas 79928

Amount of contribution (\$)

2000

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/2015

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

J. Kirk Robison

Contributor address; City; State; Zip Code

4445 N. Mesa, El Paso, Texas 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

03/23/2015

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

Harold Hahn

Contributor address; City; State; Zip Code

2244 Trawood, El Paso, Texas 79935

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

03/23/2015

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

Richard Amstater

Contributor address; City; State; Zip Code

5000 Montoya, El Paso, Texas 79922

Amount of contribution (\$)

500

(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.

City Clerk Dept.
4/9/2015 3:48:50 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11

2 FILER NAME
Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date
03/23/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Richard Aguilar

6 Contributor address; City; State; Zip Code
8201 Lockheed, El Paso, Texas 79925

7 Amount of contribution (\$)
1000

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
03/23/2015

Full name of contributor out-of-state PAC (ID#: _____)
Lois Ordaz

Contributor address; City; State; Zip Code
10517 Brian Mooney, El Paso, Texas 79935

Amount of contribution (\$)
20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/24/2015

Full name of contributor out-of-state PAC (ID#: _____)
Woody & Gale Hunt

Contributor address; City; State; Zip Code
PO Box 12220, El Paso, Texas 79913 799

Amount of contribution (\$)
1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/24/2015

Full name of contributor out-of-state PAC (ID#: _____)
Sandra Ordaz

Contributor address; City; State; Zip Code
11437 Lake Nemi, El Paso, Texas 79936

Amount of contribution (\$)
30

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/24/2015

Full name of contributor out-of-state PAC (ID#: _____)
Louie Aguilera

Contributor address; City; State; Zip Code
7809 Santa Maria, El Paso, Texas 79915

Amount of contribution (\$)
20

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.
4/9/2015 3:48:50 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11

2 FILER NAME

Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/24/2015

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

Adrian Montes

6 Contributor address; City; State; Zip Code

11437 Lake Nemi, El Paso, Texas 79936

7 Amount of contribution (\$)

20

(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

03/24/2015

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

Josh & Martha Hunt

Contributor address; City; State; Zip Code

1101 E. Baltimore, El Paso, Texas 79901

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

03/25/2015

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

Richard Teschner

Contributor address; City; State; Zip Code

1800 N. Stanton, El Paso, Texas 79902

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/2015

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

Linda Rangel

Contributor address; City; State; Zip Code

11441 Lake Nemi, El Paso, Texas 79936

Amount of contribution (\$)

25

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/26/2015

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

Eileen Karlsruhe

Contributor address; City; State; Zip Code

35 Sun Point, El Paso, Texas 79912

Amount of contribution (\$)

500

(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.

City Clerk Dept.
4/9/2015 3:48:50 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11

2 FILER NAME

Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/26/2015

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

Bill Burton Jr.

6 Contributor address; City; State; Zip Code

720 Waltham Court, El Paso, Texas 79922

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

03/27/2015

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

HNTB Holdings Ltd. Political Action Committee

Contributor address; City; State; Zip Code

715 Kirk Drive, Kanas City, MO 64105

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/29/2015

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

Richard Castro

Contributor address; City; State; Zip Code

3332 Wedgewood, El Paso, Texas 79925

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

03/29/2015

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

Martha & Ariel Ordaz

Contributor address; City; State; Zip Code

11372 David Carrasco, El Paso, Texas 79936

Amount of contribution (\$)

50

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/29/2015

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

Carlos & Hilda Ortega

Contributor address; City; State; Zip Code

3012 Lake Spier, El Paso, Texas 79936

Amount of contribution (\$)

30

(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.

City Clerk Dept.
4/9/2015 3:48:50 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11

2 FILER NAME
Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date
03/29/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Erika Ortega

6 Contributor address; City; State; Zip Code
3012 Lake Spier, El Paso, Texas 79936

7 Amount of contribution (\$)
20

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
03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
Sharon Voelz

Contributor address; City; State; Zip Code
737 Camino Norte Ct, El Paso, Texas 79932

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
03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
Lane Gaddy

Contributor address; City; State; Zip Code
908 Cincinnati, El Paso, Texas 79902

Amount of contribution (\$)
150

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
Russell Vandenburg

Contributor address; City; State; Zip Code
221 N. Kansas 16th floor, El Paso, Texas 79901

Amount of contribution (\$)
250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
Carlos Valencia

Contributor address; City; State; Zip Code
2211 Greene St., Adel, IA 50003

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)

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.
4/9/2015 3:48:50 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11

2 FILER NAME

Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/30/2015

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

Jo Casey

6 Contributor address; City; State; Zip Code

1000 Madeline Dr, El Paso, Texas 79902

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

03/30/2015

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

Deborah Kastrin

Contributor address; City; State; Zip Code

PO Box 64, El Paso, Texas 79941

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2015

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

Miguel Fernandez

Contributor address; City; State; Zip Code

411 Rim Rd, El Paso, Texas 79902

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2015

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

Paul & Marina Monsisvais

Contributor address; City; State; Zip Code

2209 Pittsburg, El Paso, Texas 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

03/30/2015

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

Donald R Margo II & Adair W Margo Trustees of th

Contributor address; City; State; Zip Code

201 E. Main Suite 1603, El Paso, Texas 79901

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)

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.
4/9/2015 3:48:50 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11

2 FILER NAME

Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/30/2015

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

El Paso Municipal Police Officers Association PAC

6 Contributor address; City; State; Zip Code

**747 E. San Antonio, Ste. 103, El Paso, Texas
79901**

7 Amount of contribution (\$)

1500

(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

03/30/2015

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

Kathleen Staudt

Contributor address; City; State; Zip Code

7289 Cactus Spine, El Paso, Texas 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

03/30/2015

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

Richard Zamora

Contributor address; City; State; Zip Code

10737 Gateway Blvd, El Paso, Texas 79935

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

03/30/2015

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

Myndi Luevano

Contributor address; City; State; Zip Code

1616 W Dallas Apt 139, Houston, Texas 77019

Amount of contribution (\$)

20

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2015

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

E.C. Houghton, Jr

Contributor address; City; State; Zip Code

**414 Executive Center Blvd, Suite 205 El Paso,
Texas 79902**

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)

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.
4/9/2015 3:48:50 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11

2 FILER NAME

Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/30/2015

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

Jorge E. Perez

6 Contributor address; City; State; Zip Code

7950 San Paulo, El Paso, Texas 79915

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

03/30/2015

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

L. Fredrick Francis

Contributor address; City; State; Zip Code

500 North Mesa Street, El Paso, Texas 79901

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

03/30/2015

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

Robert V. Wingo

Contributor address; City; State; Zip Code

1021 Los Jardines Cir, El Paso, Texas 79912

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2015

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

Alex Gonzales

Contributor address; City; State; Zip Code

1325 Thunderbolt, El Paso, Texas 79936

Amount of contribution (\$)

20

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2015

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

Francisco Gonzalez

Contributor address; City; State; Zip Code

613 Rainwater, El Paso, Texas 79912

Amount of contribution (\$)

25

(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.

City Clerk Dept.
4/9/2015 3:48:50 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11

2 FILER NAME
Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date
03/30/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Julie Gonzalez
6 Contributor address; City; State; Zip Code
1011 Galloway, El Paso, Texas 79902

7 Amount of contribution (\$)
20
(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
03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
Jack T. Chapman
Contributor address; City; State; Zip Code
221 N. Kansas 1700, El Paso, Texas 79901

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
03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
Emma Acosta
Contributor address; City; State; Zip Code
8904 WH Burges, El Paso, Texas 79922

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
03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
Ann Morgan Lilly
Contributor address; City; State; Zip Code
700 Blacker Ave, El Paso, Texas 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
03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
Barbara Candelaria
Contributor address; City; State; Zip Code
11381 Bob Mitchell, El Paso, Texas 79936

Amount of contribution (\$)
50
(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.

City Clerk Dept.
4/9/2015 3:48:50 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11

2 FILER NAME
Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03/30/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Edward & Margarita Escudero
6 Contributor address; City; State; Zip Code
34 Goodwin Dr, El Paso, Texas 79902

7 Amount of contribution (\$)

500

(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

03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
Judith Ackerman
Contributor address; City; State; Zip Code
3344 Eileen Drive, El Paso, Texas 79904

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

03/30/2015

Full name of contributor out-of-state PAC (ID#: _____)
Richard & Julie Pearson
Contributor address; City; State; Zip Code
3919 Okeefe Drive, El Paso, Texas 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

03/31/2015

Full name of contributor out-of-state PAC (ID#: _____)
Fulbright & Jaworski LLP Texas Committee
Contributor address; City; State; Zip Code
2200 Ross Avenue, Suite 3600, Dallas, Texas 75201

Amount of contribution (\$)

500

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2015

Full name of contributor out-of-state PAC (ID#: _____)
Jessika East
Contributor address; City; State; Zip Code
10429 Seawood Drive, El Paso 79925, Texas

Amount of contribution (\$)

20

(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.

City Clerk Dept.
4/9/2015 3:48:50 PM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
11

2 FILER NAME
Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 Date
03/31/2015

5 Full name of contributor out-of-state PAC (ID#: _____)
Martha Hernandez

6 Contributor address; City; State; Zip Code
901 St. Catherine, El Paso, Texas 79936

7 Amount of contribution (\$)
20

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
03/31/2015

Full name of contributor out-of-state PAC (ID#: _____)
Yaeko Hernandez

Contributor address; City; State; Zip Code
11708 Ronald McNair, El Paso, Texas 79936

Amount of contribution (\$)
20

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/31/2015

Full name of contributor out-of-state PAC (ID#: _____)
Miguel Valencia

Contributor address; City; State; Zip Code
13676 Bridlewood Dr., Gainesville, VA 20155

Amount of contribution (\$)
50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/31/2015

Full name of contributor out-of-state PAC (ID#: _____)
Georgina Panahi

Contributor address; City; State; Zip Code
5918 Mira Hermosa, El Paso, Texas 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

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

City Clerk Dept.
4/9/2015 3:48:50 PM

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

0

2 FILER NAME

Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(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#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(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#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(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#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(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.
4/9/2015 3:48:50 PM

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

0

2 FILER NAME

Claudia Ordaz

3 ACCOUNT # (Ethics Commission Filers)

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

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial Institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

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

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

City Clerk Dept.
4/9/2015 3:48:50 PM

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: 1	2 FILER NAME Claudia Ordaz	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/27/2015	5 Payee name City of El Paso	
6 Amount (\$) 254.95	7 Payee address; City; State; Zip Code 300 N. Campbell, El Paso, Texas 79901	
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) Filing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 03/13/2015	Payee name Texas Voter Activation Network	
Amount (\$) 575	Payee address; City; State; Zip Code 4818 East Ben White Blvd., Suite 104, Austin, Texas 78741	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Campaign data expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 03/20/2015	Payee name Tovar Printing	
Amount (\$) 534.76	Payee address; City; State; Zip Code 1230 Texas Ave, 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) Campaign literature
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought Office held
Date 03/30/2015	Payee name Pot Au Feu Restaurant	
Amount (\$) 784.54	Payee address; City; State; Zip Code 307 E Franklin Ave, El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) Fundraiser expenses
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		

City Clerk Dept.
4/9/2015 3:48:50 PM

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.

1 Total pages Schedule G: 0	2 FILER NAME Claudia Ordaz	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date	5 Payee name
---------------	---------------------

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

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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

City Clerk Dept.
4/9/2015 3:48:50 PM

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.

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

City Clerk Dept.
4/9/2015 3:48:50 PM

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: 0	2 FILER NAME Claudia Ordaz	3 ACCOUNT # (Ethics Commission Filers)
--	---	---

4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
----------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(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.
4/9/2015 3:48:50 PM

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

Claudia Ordaz

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.
4/9/2015 3:48:50 PM

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
Claudia Ordaz

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.
4/9/2015 3:48:50 PM

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" ••

1 C/OH NAME

Ms Claudia L Ordaz

2 ACCOUNT # (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.
4/9/2015 3:48:50 PM