



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

<b>14 C/OH NAME</b> Mr. Albert Wisenberger	<b>15 ACCOUNT #</b> (Ethics Commission Filers)
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**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)	\$ 19,050
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 21,118.20
<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	\$ 10,000.00

**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 8 day of June, 20 15, to certify which, witness my hand and seal of office.

**Sylvia Martinez**

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

City Clerk Dept.  
6/8/2015 7:26:46 AM

# 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  
**Herbert H Ortega**

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

**4** Date  
05/15/2015

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Pau L. Foster & Alejandra de la Vega**

**6** Contributor address; City; State; Zip Code  
**123 W. Mills Ave. Set. 200, 79901**

**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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Paul L. Foster**

Contributor address; City; State; Zip Code  
**123 W. Mills Ave. Set, 200, 79901**

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Carl. R. Russell**

Contributor address; City; State; Zip Code  
**P.O. Box 2234, 79951**

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**L.R. Hutchinson VMD, MS**

Contributor address; City; State; Zip Code  
**5019 Montoya Dr, 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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Michael & Mary Jane Hackett**

Contributor address; City; State; Zip Code  
**524 Country Oaks Dr., 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)

**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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**2** FILER NAME  
**Herbert H Ortega**

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

**4** Date  
**05/15/2015**

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**J. D. Schwartz Jr.**

**6** Contributor address; City; State; Zip Code  
**6006 Balcones Cr. No. 16, 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  
**05/15/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Charles Mark Berry Jr.**

Contributor address; City; State; Zip Code  
**4171 N. Mesa St. Set B 202, 79902**

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  
**05/15/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Gregory O & Lorry G. Hartley**

Contributor address; City; State; Zip Code  
**708 Dover Ct. 79922**

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  
**05/15/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Claudio Flores Jr. P.C.**

Contributor address; City; State; Zip Code  
**521 Texas Ave. 79901**

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  
**05/15/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**G. Henry Benning**

Contributor address; City; State; Zip Code  
**1205 Myrtle Ave. 79901**

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)

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**Herbert H Ortega**

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

**4** Date  
05/15/2015

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

**6** Contributor address; City; State; Zip Code  
**3260 N. Mesa St. 79902**

**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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**James P. / Marwin G. Maloney**

Contributor address; City; State; Zip Code  
**4815 Olmos Dr. 79912**

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Semko & Minor PC**

Contributor address; City; State; Zip Code  
**2211 E. Missouri Ave Ste. N310**

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jim & Betty Tritton**

Contributor address; City; State; Zip Code  
**6321 Snowheights Ct. 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  
05/15/2015

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

Contributor address; City; State; Zip Code

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)

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**Herbert H Ortega**

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

**4** Date  
05/15/2015

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

**6** Contributor address; City; State; Zip Code  
6080 Surety Dr. Ste. 300, 79905

**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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**V. Trae Apodaca III**

Contributor address; City; State; Zip Code  
211 South Kansas Street, 79901

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Robert A. & Jane S. Snow**

Contributor address; City; State; Zip Code  
4941 Meadowlark, 79922

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  
05/15/2015

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

Contributor address; City; State; Zip Code  
1150 Southview Drive, 79928

Amount of contribution (\$)  
**2000**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Sunny E. & Linda C. Hull**

Contributor address; City; State; Zip Code  
5231 Santa Elena Cir., 79932

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)

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2 FILER NAME  
**Herbert H Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
05/15/2015

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mr. & Mrs. Bruce Gulbas**

6 Contributor address; City; State; Zip Code  
**5006 Montoya, 79922**

7 Amount of contribution (\$) **500**

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bill Burton Jr.**

Contributor address; City; State; Zip Code  
**720 Waltham Court, 79922**

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mr. & Mrs. Clinton H. Dean**

Contributor address; City; State; Zip Code  
**214 Baltimore, 79902**

Amount of contribution (\$) **300**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Clinton H. Dean Jr.**

Contributor address; City; State; Zip Code  
**4212 O'Keefe, 79922**

Amount of contribution (\$) **300**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Mark D. Pierce**

Contributor address; City; State; Zip Code  
**5320 Mabry Ct., Austin TX, 78748**

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)

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**Herbert H Ortega**

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**4** Date  
05/15/2015

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

**6** Contributor address; City; State; Zip Code  
5823 N. Mesa 612, 79912

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

**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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Robert A. & Mary Ann Skipworth**

Contributor address; City; State; Zip Code  
700 Coeur D'Alene, 79922

Amount of contribution (\$)  
**500**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Woody L. & Gayle G. Hunt**

Contributor address; City; State; Zip Code  
P.O. Box 1220, 79913

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Paul L. Foster**

Contributor address; City; State; Zip Code  
123 W. Mills Ave. Suite 200, 79901

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Paul L Foster/Alejandra De La Vega**

Contributor address; City; State; Zip Code  
123 W Mills Ave. Suite 200, 79901

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)

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**Herbert H Ortega**

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

**4** Date  
05/15/2015

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Samuel C. Streep Jr.**

**6** Contributor address; City; State; Zip Code  
1624 Dede Lane, 79902

**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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Linebarger Goggan Blair & Sapson LLP**

Contributor address; City; State; Zip Code  
P.O. Box 17428, Austin TX, 78760

Amount of contribution (\$)  
**500**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**J. Robert & Sherry W. Brown**

Contributor address; City; State; Zip Code  
123 W. Mills Ave. Suite 610, 79901

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jim M. McVay**

Contributor address; City; State; Zip Code  
752 Rhaelyne Dr., 79932

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Robert D. Tollen FCG El Paso**

Contributor address; City; State; Zip Code  
5728 Burning Tree Dr, 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)

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**Herbert H Ortega**

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

**4** Date: 05/15/2015  
**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Ellen Speights Col. B.J. Speights, USMC**  
**6** Contributor address; City; State; Zip Code  
**6221 La Posta, 79912**

**7** Amount of contribution (\$): **500**  
**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: 05/15/2015  
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, 79902**

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: 05/15/2015  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Elia Del Carmen Mares**  
Contributor address; City; State; Zip Code  
**413 Splendid Sun Ln., 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: 05/15/2015  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jane & Richard Thomas**  
Contributor address; City; State; Zip Code  
**5865 Burning Tree, 79912**

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: 05/15/2015  
Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Stan & Bonnie Okies, R.E. ACC'T**  
Contributor address; City; State; Zip Code  
**6733 Southwind Dr., 79912**

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)

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**Herbert H Ortega**

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

**4** Date  
**05/15/2015**

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Carl R. Russell**  
**6** Contributor address; City; State; Zip Code  
**P.O. Box 2234, 79951**

**7** Amount of contribution (\$)  
**300**

**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  
**05/15/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Christopher A. Antcliff**  
Contributor address; City; State; Zip Code  
**221 North Kansas Suite 1201, 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  
**05/15/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Herbert H. Ortega**  
Contributor address; City; State; Zip Code  
**6215 Los Altos, 79912**

Amount of contribution (\$)  
**500**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**05/15/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Dr. Richard G. Lyon**  
Contributor address; City; State; Zip Code  
**7598 N. Mesa St. Set. A, 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  
**05/15/2015**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Joshua E. & Martha S. Hunt**  
Contributor address; City; State; Zip Code  
**1101 E. Baltimore Dr., 79902**

Amount of contribution (\$)  
**500**

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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## SCHEDULE A

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A:  
**11**

**2** FILER NAME  
**Herbert H Ortega**

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

**4** Date  
05/15/2015

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

**6** Contributor address; City; State; Zip Code  
6006 Balcones 29, 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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**John G. & Carroll S. Maxon**

Contributor address; City; State; Zip Code  
6927 N. Mesa Street, Suite C, 79912

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  
05/15/2015

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

Contributor address; City; State; Zip Code  
5105 Thornton Street, 79932

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lynn J. Gore**

Contributor address; City; State; Zip Code  
5590 Westside Drive, 79932

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  
05/15/2015

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Michael R. Gibson**

Contributor address; City; State; Zip Code  
521 Texas Ave., 79901

Amount of contribution (\$)  
400

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.

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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:  
**11**

2 FILER NAME  
**Herbert H Ortega**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**05/15/2015**

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

6 Contributor address; City; State; Zip Code  
**6830 Gato Rd, 79932**

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

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

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)

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)

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)

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.**

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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

05/28/2015

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

Albert Weisenberger

7 Pledgor address; City; State; Zip Code

5624 Cortina Dr., El Paso TX 79912

8 Amount of pledge (\$)

646.66

(If travel outside of Texas, complete Schedule T)

9 In-kind description (if applicable)

Fundraiser at Anson 11 Restaurant

10 Principal occupation / Job title (See Instructions)

11 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)

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)

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)

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)

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

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# 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

04/08/2015

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

05/08/2015

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 Weisenberger

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

10000

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>2</b>	<b>2</b> FILER NAME <b>Herbert H Ortega</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>04/21/2015</b>	<b>5</b> Payee name <b>U.S. Services Inc.</b>	
<b>6</b> Amount (\$) <b>92.01</b>	<b>7</b> Payee address; City; State; Zip Code <b>2020 Mills Ave., 79901</b>	
<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>Mailing Services</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date <b>05/06/2015</b>	Payee name <b>Forma Group LLC</b>	
Amount (\$) <b>8538.54</b>	Payee address; City; State; Zip Code <b>310 North Mesa Ste. 401, 79901</b>	
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 <b>05/08/2015</b>	Payee name <b>Forma Group LLC</b>	
Amount (\$) <b>700</b>	Payee address; City; State; Zip Code <b>310 N. Mesa Ste. 401, 79901</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <b>Poll Workers (7 Poll Workers)</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date <b>05/09/2015</b>	Payee name <b>Greenery Restaurant</b>	
Amount (\$) <b>641.25</b>	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) <b>Victory Party</b>
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>		

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# 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)
------------------------	--	---

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# 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

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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
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<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.)
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Date	Payee name
------	------------

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

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# 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

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# 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)

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# 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 Wisenberger	<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

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