

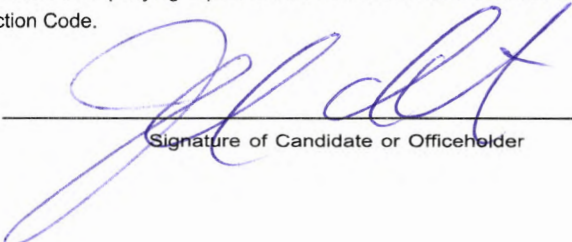
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1		
The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI			OFFICE USE ONLY	
		MR. JEFFREY J				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address		NICKNAME LAST SUFFIX			Date Received	
		JEFF ORTIZ				
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION			Date Hand-delivered or Date Postmarked	
		( 409 ) 719-7429				
6 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI			Receipt # Amount \$	
		MR. JEFFREY J			Date Processed	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)		NICKNAME LAST SUFFIX			Date Imaged	
		JEFF ORTIZ				
8 CAMPAIGN TREASURER PHONE		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
		2811 NASHVILLE AVE NEDERLAND TX 77627				
9 REPORT TYPE		AREA CODE PHONE NUMBER EXTENSION				
		( 409 ) 719-7429				
10 PERIOD COVERED		Month Day Year				
		2 / 5 / 25 THROUGH 4 / 3 / 25				
11 ELECTION		ELECTION DATE				
		Month Day Year				
		5 / 3 / 25				
12 OFFICE		ELECTION TYPE				
		Primary Runoff Other Description				
		General Special				
13 OFFICE SOUGHT (if known)		OFFICE HELD (if any)				
		N/A				
14 NOTICE FROM POLITICAL COMMITTEE(S)		CITY COUNCIL - WARD 4				
		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
		COMMITTEE TYPE COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

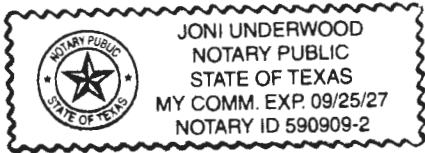
15 C/OH NAME JEFF ORTIZ CAMPAIGN		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,962.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,412.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,465.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,946.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jeff Ortiz this the 3rd day of April,

20 25, to certify which, witness my hand and seal of office.

Joni Underwood Joni Underwood City Clerk  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME JEFF ORTIZ CAMPAIGN		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,412.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,465.14
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME JEFF ORTIZ CAMPAIGN		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2025	5 Full name of contributor out-of-state PAC (ID#: NIKKI McCUAIG 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 03/26/2025	Full name of contributor out-of-state PAC (ID#: HENRY LABRIE Contributor address; City; State; Zip Code 10655 FM 365 BEAUMONT TX 77705	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) LABRIE PROPERTIES
Date 03/26/2025	Full name of contributor out-of-state PAC (ID#: IBEW PAC VOLUNTARY FUND Contributor address; City; State; Zip Code 900 SEVENTH STREET, N.W. WASHINGTON, DC 20001	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: CORY CRENSHAW Contributor address; City; State; Zip Code 8009 Gladys Ave, Beaumont, TX 77706	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) LAWYER		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.		

<b>MONETARY POLITICAL CONTRIBUTIONS</b>		<b>SCHEDULE A1</b>
If the requested information is not applicable, <b>DO NOT</b> include this page in the report.		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JEFF ORTIZ CAMPAIGN		3 Filer ID (Ethics Commission Filers)
4 Date  03/01/2025	5 Full name of contributor out-of-state PAC (ID#: _____) JOAN B HIGGINS 6 Contributor address; City; State; Zip Code 1609 N 27TH STREET NEDERLAND TX 77627	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date  03/01/2025	Full name of contributor out-of-state PAC (ID#: _____) JEFFREY ORTIZ Contributor address; City; State; Zip Code 2811 NASHVILLE AVE NEDERLAND TX 77627	Amount of contribution (\$)  1,150.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)
Date  03/01/2025	Full name of contributor out-of-state PAC (ID#: _____) GAVIN BRUNEY Contributor address; City; State; Zip Code 2507 Gary Ave, Nederland, TX 77627	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) MEDICAL		Employer (See Instructions)
Date  04/01/2025	Full name of contributor out-of-state PAC (ID#: _____) LESLIE MAXWELL Contributor address; City; State; Zip Code 188 STERLING RIDGE NEDERLAND, TX 77627	Amount of contribution (\$)  1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME JEFF ORTIZ CAMPAIGN	3 Filer ID (Ethics Commission Filers)	
4 Date 02/07/2025	5 Payee name SOUTHEAST TEXAS REPUBLICAN WOMEN		
6 Amount (\$) 73.00	7 Payee address; PO Box 1071	City; Nederland	State; TX Zip Code 77627
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 02/13/2025	Payee name UPRINTING		
Amount (\$) 368.20	Payee address; 8000 Haskell Ave	City; Van Nuys	State; CA Zip Code 91406
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description DOOR HANGERS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 02/27/2025	Payee name FACEBOOK		
Amount (\$) 81.75	Payee address; 1 Meta Way	City; Menlo Park	State; CA Zip Code 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description ADS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JEFF ORTIZ CAMPAIGN	3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2025	5 Payee name DESIGNER GRAPHICS	
6 Amount (\$) 474.78	7 Payee address: 12404 HWY 155 SOUTH	City; TYLER
	State; TX	Zip Code 75703
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description PUSH CARDS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	
Date 03/01/2025	Payee name GOOD GUY SIGNS	
Amount (\$) 1,032.50	Payee address: 5002 N Howard Ave	City; Tampa
	State; FL	Zip Code 33603
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description YARD SIGNS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	
Date 02/07/2025	Payee name AVIVA WHOLESale	
Amount (\$) 208.81	Payee address: 10355 Harwin Dr	City; Houston
	State; TX	Zip Code 77036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description T SHIRTS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME JEFF ORTIZ CAMPAIGN	3 Filer ID (Ethics Commission Filers)	
4 Date 03/09/2025	5 Payee name AVIVA WHOLESALE		
6 Amount (\$) 116.60	7 Payee address; City; State; Zip Code 10355 Harwin Dr Houston TX 77036		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description T SHIRTS	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/11/2025	Payee name SOUTHEAST TEXAS REPUBLICAN WOMEN		
Amount (\$) 109.50	Payee address; City; State; Zip Code PO Box 1071 Nederland TX 77627		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			