

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |   |   |                            |
|---|---|---|----------------------------|
| The C/OH Instruction Guide explains how to complete this form.                                  |   | <b>1 ACCOUNT #</b><br>(Ethics Commission Files)   | <b>2 Total pages filed</b> |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR: _____ FIRST: <u>Juan</u> MI: <u>L</u><br>NICKNAME: _____ LAST: <u>Ortega</u> SUFFIX: _____   | <div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b><br/>                     Date Received: <u>APR 8 2015</u><br/>                     a.u. 4:58 p.m.<br/>                     Date Hand Delivered or Postmarked: _____<br/>                     Receipt # _____ Amount _____<br/>                     Date Processed _____<br/>                     Date Imaged _____                 </div> |                            |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> change of address | ADDRESS / PO BOX: <u>2401 Ailani Circle</u> APT / SUITE #: _____ CITY: <u>Harlingen, TX</u> STATE: _____ ZIP CODE: <u>78550</u>   |   |                            |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE: <u>(956)</u> PHONE NUMBER: <u>244-2644</u> EXTENSION: _____  |   |                            |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR: _____ FIRST: <u>Juan</u> MI: <u>L</u><br>NICKNAME: _____ LAST: <u>Ortega</u> SUFFIX: _____   |   |                            |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(residence or business)                                  | STREET ADDRESS (NO PO BOX PLEASE): <u>2401 Ailani Circle</u> APT / SUITE #: _____ CITY: <u>Harlingen TX</u> STATE: _____ ZIP CODE: <u>78552</u>   |   |                            |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE: <u>(956)</u> PHONE NUMBER: <u>244-2644</u> EXTENSION: _____  |   |                            |
| <b>9 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |   |                            |
| <b>10 PERIOD COVERED</b>  | Month: <u>02</u> Day: <u>27</u> Year: <u>2015</u> THROUGH Month: <u>04</u> Day: <u>09</u> Year: <u>2015</u>   |   |                            |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month: <u>05</u> Day: <u>09</u> Year: <u>2015</u>  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special   |                            |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)  | <b>13 OFFICE SOUGHT (if known)</b><br><u>Harlingen City Commissioner District 5</u>   |                            |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

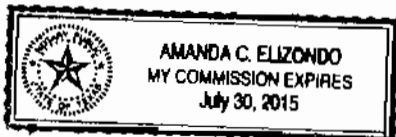
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION  
TOTALS

|                         |   |                                 |
|-------------------------|---|---------------------------------|
| CONTRIBUTION TOTALS     | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 40.00 + \$ 240.00<br>#280.00 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 1,233.26                     |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 177.21                       |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,387.44 + 1210.23 + 177.21  |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 125.82                       |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$                              |

18 AFFIDAVIT



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

*Juan Jose Ortega*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE.

Sworn to and subscribed before me, by the said Juan Jose Ortega, this the 8th day of April, 20 15, to certify which, witness my hand and seal of office.

*Amanda C. Elizondo*      Amanda C. Elizondo      City Secretary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |   |   |  |
|--|---|---|--|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A<br><b>1 of 1</b>         |  |
| 2 FILER NAME<br><b>Juan J. Ortega</b>  |   | 3 ACCOUNT # (Ethics Commission Filers)            |  |
| 4 Date<br><b>2-25-2015</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Rick Morales</b>   | 7 Amount of contribution (\$)<br><b>\$373.46</b>  | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City, State; Zip Code<br><b>3101 Banyan Circle Harlingen, Texas 78550</b>               |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)<br><b>Self Employed Real Estate Investor + Developer</b> |   | 10 Employer (See Instructions)                    |  |
| Date<br><b>03-12-2015</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Rick Morales</b>     | Amount of contribution (\$)<br><b>\$259.80</b>    | In-kind contribution description (if applicable)   |
| Contributor address; City, State; Zip Code<br><b>3101 Banyan Circle Harlingen, Texas 78550</b>                 |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)<br><b>Self Employed Real Estate Investor + Developer</b>   |   | Employer (See Instructions)                       |  |
| Date<br><b>3-13-15</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Juan Angel Osuna</b> | Amount of contribution (\$)<br><b>\$300.00</b>    | In-kind contribution description (if applicable)   |
| Contributor address; City, State; Zip Code<br><b>10211 Fair Park Harlingen, Texas 78550</b>                    |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)<br><b>ATTORNEY Self Employed</b>                           |   | Employer (See Instructions)                       |  |
| Date<br><b>3-13-15</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)<br><b>Carlos R. Masso</b>  | Amount of contribution (\$)<br><b>\$300.00</b>    | In-kind contribution description (if applicable)   |
| Contributor address; City, State; Zip Code<br><b>1000 East Madison Brownsville, Texas 78520</b>                |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)<br><b>ATTORNEY Self Employed</b>                           |   | Employer (See Instructions)                       |  |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)                            | Amount of contribution (\$)                       | In-kind contribution description (if applicable)   |
| Contributor 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.

# 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 Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           | OTHER (enter a category not listed above)                                  |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   |  |

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F<br>1 of 2                  | <b>2</b> FILER NAME<br>Juan J. Ortega  | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |
| <b>4</b> Date<br>03-12-2015                                | <b>5</b> Payee name<br>M5 Designs  |   |
| <b>6</b> Amount (\$)<br>\$259.80                           | <b>7</b> Payee address, City, State, Zip Code<br>1405 S Palm Court Dr Harlingen, TX 78552                    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>10 Campaign Political Signs 4'x4' | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | Candidate / Officeholder name<br><input type="checkbox"/> Office sought <input type="checkbox"/> Office held |   |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH |  |   |
| Date<br>02-25-2015   | Payee name<br>M5 Designs   |   |
| Amount (\$)<br>\$373.46                                    | Payee address, City, State, Zip Code<br>1405 S Palm Court Dr Harlingen, TX, 78552                            |   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br>4'x6" Push Cards Full Color                  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|  | Candidate / Officeholder name<br><input type="checkbox"/> Office sought <input type="checkbox"/> Office held |   |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH |  |   |
| Date<br>03-16-2015   | Payee name<br>M5 Designs   |   |
| Amount (\$)<br>\$243.56                                    | Payee address, City, State, Zip Code<br>1405 S Palm Court Dr. Harlingen, TX, 78552                           |   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)<br>50 Yard Signs 24"x18" 1 color 1 side         | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|  | Candidate / Officeholder name<br><input type="checkbox"/> Office sought <input type="checkbox"/> Office held |   |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH |  |   |
| Date<br>03-26-2015   | Payee name<br>M5 Designs   |   |
| Amount (\$)<br>\$90.93                                     | Payee address, City, State, Zip Code<br>1405 S Palm Court Dr. Harlingen, TX, 78552                           |   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See categories listed at the top of this schedule)   | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|  | Candidate / Officeholder name<br><input type="checkbox"/> Office sought <input type="checkbox"/> Office held |   |
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH |  |   |

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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 no. listed above)  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F<br>2 of 2                           | <b>2</b> FILER NAME<br>Mr. Juan L. Citegi   | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |
| <b>4</b> Date<br>04-06-2015   | <b>5</b> Payee name<br>M5 Designs   |   |
| <b>6</b> Amount (\$)<br>333.41                                      | <b>7</b> Payee address; City, State; Zip Code<br>1405<br>5. Palm Court Dr Harlingen, Texas 78552                                    |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See categories listed at the top of this schedule)<br>1000 4"X6" Political<br>Push Cards + 3 signs 4'X4' Signs | <b>(b)</b> Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | Candidate / Officeholder name   | Office sought                      Office held  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>03-20-2015  | Payee name<br>Allegri Printing  |   |
| Amount (\$)<br>\$32.62  | Payee address; City, State; Zip Code<br>1801<br>5.77 Sunshine Strip Harlingen, Texas 78550  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)<br>300 Political Fund Raising Tickets                                  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | Candidate / Officeholder name   | Office sought                      Office held  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date  | Payee name  |   |
| Amount (\$)   | Payee address; City, State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | Candidate / Officeholder name   | Office sought                      Office held  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date  | Payee name  |   |
| Amount (\$)   | Payee address; City, State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See categories listed at the top of this schedule)  | Description (If travel outside of Texas, complete Schedule T)<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | Candidate / Officeholder name   | Office sought                      Office held  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |

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