

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME Alicia Ortiz		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 34,310.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,762.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 23,825.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

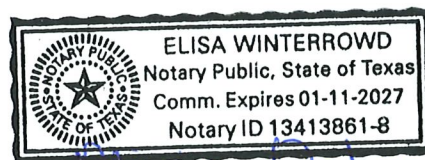
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Alicia Ortiz this the 2nd day of April,

2021 to certify which, witness my hand and seal of office.



Signature of officer administering oath

Elisa Winterrowd

Printed name of officer administering oath

Notary

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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 34,310.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 10,762.23
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 658.00
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: 6
2 FILER NAME Alicia Ortiz		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Alicia Ortiz 6 Contributor address; City; State; Zip Code 3900 Bamberg Lane Fort Worth TX 76244	7 Amount of contribution (\$) 25,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2026	Full name of contributor out-of-state PAC (ID#: _____) Beverly Feirtag Contributor address; City; State; Zip Code 4812 Seneca Dr. Fort Worth TX 76244	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2026	Full name of contributor out-of-state PAC (ID#: _____) Melinda Gant Contributor address; City; State; Zip Code 2784 N. Stagecoach Dr. Fayetteville, AR 72703	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2026	Full name of contributor out-of-state PAC (ID#: _____) Roberto Rojas Contributor address; City; State; Zip Code 10325 NW63rd Parkland FL 33076	Amount of contribution (\$) 1,000.00
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.

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: <u>6</u>
2 FILER NAME <u>Alicia Ortiz</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1.15.2026</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>Lela Nichols</u>	7 Amount of contribution (\$) <u>10.00</u>
6 Contributor address; City; State; Zip Code <u>4101 Willingham Ct. Fort Worth TX 76244</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1.21.2026</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>MARK KIMBALL</u>	Amount of contribution (\$)
Contributor address; City; State; Zip Code <u>8224 Woodvale Rd. Fort Worth TX 76135</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1.21.2026</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Don Kuck</u>	Amount of contribution (\$) <u>250.00</u>
Contributor address; City; State; Zip Code <u>P.O. Box 7592 Fort Worth TX 76111</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1.22.2026</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Edward Liebgott</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>9620 Armour Dr. Fort Worth TX 76244</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Alicia Ortiz		3 Filer ID (Ethics Commission Filers)
4 Date 1.23.2026	5 Full name of contributor out-of-state PAC (ID#: _____) Zenaida Pacheco	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 4325 Bewley Fort Worth TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1.26.2026	Full name of contributor out-of-state PAC (ID#: _____) Gerald Chunn	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 610 Bending Oak Dripping Springs TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1.28.2026	Full name of contributor out-of-state PAC (ID#: _____) Roberto Rojas	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code 10325 NW63rd Parkland FL 33076		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1.31.2026	Full name of contributor out-of-state PAC (ID#: _____) Kyle Carney	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 9800 Hillwood Fort Worth TX 76177		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <u>6</u>
2 FILER NAME <u>Alicia Ortiz</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2.2.2026</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>Maribeth Ashley</u>	7 Amount of contribution (\$) <u>200.00</u>
6 Contributor address; City; State; Zip Code <u>2344 Medford Ct. Fort Worth TX 76109</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2.2.2026</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Janna Herrera</u>	Amount of contribution (\$) <u>150.00</u>
Contributor address; City; State; Zip Code <u>9725 SAM BASS TRAIL</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2.2.2026</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Steve Kosek</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>4124 Bolen, Fort Worth TX 76244</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2.4.2026</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>SolGuard</u>	Amount of contribution (\$) <u>1,000.00</u>
Contributor address; City; State; Zip Code <u>12205 Whittier Blvd, CA 90602</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: <u>4</u>
2 FILER NAME <u>Alicia Ortiz</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2.27.2026</u>	5 Full name of contributor out-of-state PAC (ID#: _____) <u>Cary Moon</u>	7 Amount of contribution (\$) <u>500.00</u>
6 Contributor address; City; State; Zip Code <u>5016 Exposition Way Fort Worth TX 76244</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3.4.2026</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Neftali Ortiz</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>327. Locust St. San Antonio TX 78212</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3.6.2026</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Joseette Babineux</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>508 Lindisfarne Ln. Saginaw 76131</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3.13.2026</u>	Full name of contributor out-of-state PAC (ID#: _____) <u>Beverly Feirtag</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>4812 Seneca Dr. Fort Worth TX 76137</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: <u>6</u>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <u>Jennifer Samuels</u>	7 Amount of contribution (\$)
<u>3.20.2026</u>	6 Contributor address; City; State; Zip Code <u>9904 Eddleman Ct. Fort Worth TX 76244</u>	<u>50.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <u>Charles Picciuti</u>	Amount of contribution (\$)
<u>3.23.2026</u>	Contributor address; City; State; Zip Code <u>9709 SAM BASS TRAIL FORT WORTH TX 76244</u>	<u>200.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

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: 8	2 FILER NAME Alicia Ortiz	3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2026	5 Payee name Good Party	
6 Amount (\$) 10.00	7 Payee address; 916 Silver Spur Rd.	City; State; Zip Code Rolling Hill Estates CA90274
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting	(b) Description app
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/30/2026	Payee name Don Taco	
Amount (\$) 851.38	Payee address; 3529 Heritage Trace Pkwy	City; State; Zip Code Fort Worth TX 76244
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage expense	Description Campaign kickoff
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/02/2026	Payee name City of Fort Worth	
Amount (\$) 100.00	Payee address; 100 Fort Worth Trail	City; State; Zip Code Fort Worth TX 76102
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Candidate Filing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
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

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: 8	2 FILER NAME Alicia Ortiz	3 Filer ID (Ethics Commission Filers)
4 Date 1-29-2026	5 Payee name Home Depot	
6 Amount (\$) 139.18	7 Payee address; 700 N. Fwy	City; State; Zip Code FORT WORTH TX 76137
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description SIGN SUPPLIES
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name Costco	
Amount (\$) \$76.92	Payee address; 8900 TEHAMA Ridge Pkwy	City; State; Zip Code FORT WORTH TX 76177
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEV. EXPENSE	Description EVENT (CAMPAIGN KICKOFF)
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-29-2026	Payee name Metro Mailer	
Amount (\$) 3,761.69	Payee address; 576 N. BEACH ST.	City; State; Zip Code FORT WORTH TX 76111
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description CAMPAIGN SIGNS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 2.2.2026	5 Payee name Neel! Partners	
6 Amount (\$) 650.00	7 Payee address; City; State; Zip Code 8601 Ice House Dr. Unit 708 N. Richland Hills TX 76180	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING	(b) Description Fee! pushcards
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1.28.2026	Payee name Keller Trophy	
Amount (\$) 270.63	Payee address; City; State; Zip Code 425 N. Main St. Keller TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description T-Shirts for Block Walkers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2.2.2026	Payee name WALMART	
Amount (\$) 82.69	Payee address; City; State; Zip Code 5336 Golden Triangle Blvd. For Walmart TX 76244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEV	Description CAMPAIGN EVENT
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

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: 8	2 FILER NAME: ALICIA ORTEZ	3 Filer ID (Ethics Commission Filers)
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4 Date: 2-9-2026	5 Payee name: GOOD PACTRY
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6 Amount (\$): 10.00	7 Payee address; City; State; Zip Code: 916 Silver Spur Rd. Rolling Hill Estates CA 90274
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description app
	(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
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Date: 2-10-2024	Payee name: Need Partners
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Amount (\$): 707.00	Payee address; City; State; Zip Code: 8601 Ice House Dr. Unit 7109 N.R. Hills TX 76180
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description fee + materials
	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
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Date: 2-23-2026	Payee name: R!M studios
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Amount (\$): 800.00	Payee address; City; State; Zip Code: 6710 Virginia Pkwy Ste 215 Mckinney TX 75071
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Media
	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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 2-27-2026	5 Payee name Metro Mailer
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6 Amount (\$) 346.40	7 Payee address; City; State; Zip Code 576 N. BEACH ST. FORT WORTH TX 76111
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Printing	(b) Description Signs
	(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
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Date 3-3-2026	Payee name Neel Partners
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Amount (\$) 500.00	Payee address; City; State; Zip Code 8601 Ice House Dr. Unit 7108 N.R. Hills TX 76180
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description fee
	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
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Date 3-6-2026	Payee name Lowe's
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Amount (\$) 30.27	Payee address; City; State; Zip Code 12980. US-287 HASLET TX 76052
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description Sign Supplies
	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
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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: 8	2 FILER NAME ALICIA ORTIZ	3 Filer ID (Ethics Commission Filers)
4 Date 3-9-2026	5 Payee name Good Party	
6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code 916 Silver Spur Rd. Rolling Hill Estates CA 90274	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description App
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-12-2026	Payee name Need Partners	
Amount (\$) 500.00	Payee address; City; State; Zip Code 8601 Lee House Dr. Unit 7108 NW Mills TX 76180	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-16-2026	Payee name HERB	
Amount (\$) 55.06	Payee address; City; State; Zip Code 3451 HERITAGE TRACE FORT WORTH TX 76177	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT Expense	Description Meet! Greet
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

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: 8	2 FILER NAME ALICIA ORTIZ	3 Filer ID (Ethics Commission Filers)
4 Date 3.17.2026	5 Payee name Central Donuts	
6 Amount (\$) 158.12	7 Payee address; City; State; Zip Code 9500 RAY WHITE RD #167 FORT WORTH TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT	(b) Description Meet / Guest SAT DONUTS
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3.18.2026	Payee name Metro Mailer	
Amount (\$) 568.31	Payee address; City; State; Zip Code 576 N. BEACH ST. FORT WORTH TX 76111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printings	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3.19.2026	Payee name Home Depot	
Amount (\$) 118.00	Payee address; City; State; Zip Code 7100 N. FWY FORT WORTH TX 76137	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description SIGN SUPPLIES
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: 8	2 FILER NAME ALICIA ORTIZ	3 Filer ID (Ethics Commission Filers)
4 Date 3-23-2026	5 Payee name Home Depot	
6 Amount (\$) 103.53	7 Payee address; City; State; Zip Code 7100 N. FWY FORT WORTH TX 76137	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description SIGN SUPPLIES
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-23-2026	Payee name Nathanbuilder	
Amount (\$) 255.05	Payee address; City; State; Zip Code 750 W. 7th Street Los Angeles CA 90017	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Donation
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Alicia Ortiz	3 Filer ID (Ethics Commission Filers)
4 Date 01/01/2026	5 Payee name Nationbuilder	
6 Amount (\$) 658.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 750 W. 7th Street Los Angeles CA 90017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description website
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) 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
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) 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
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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