

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: **13**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS **MR** FIRST MI
Francisco
NICKNAME LAST SUFFIX
Frank **Ortega**

OFFICE USE ONLY

Date Received

7/13/2026

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED]
Round Rock, TX 78664

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED]

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Kim
NICKNAME LAST SUFFIX
Gilby

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED]
Cedar Park, TX 78613

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED]

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☒ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
1 / 15 / 2026 THROUGH **7 / 15 / 2026**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)
Round Rock City Council

13 OFFICE SOUGHT (if known)
Round Rock City Council Place 4

14 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

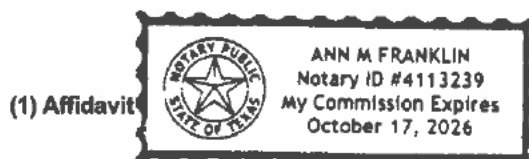
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,905.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,905.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 1,107.39
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,107.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,194.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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.

Frank Ortega

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Frank Ortega this the 13th day of July, 2026, to certify which, witness my hand and seal of office.

Ann Franklin

Signature of officer administering oath

Ann Franklin

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.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,905.00
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	\$ 4107.39
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,107.39
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: <u>7</u>
2 FILER NAME <u>Frank Ortega</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/18/26</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: <u>Paul Thomasson</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>1255 Arrington Rd. Ste. 6000</u> <u>College Station TX 77845</u>		
8 Principal occupation / Job title (See Instructions) <u>Ministry</u>		9 Employer (See Instructions) <u>United Methodist Church</u>
Date <u>2/1/26</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Ginger Weber</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>9302 Knoll Crest Loop, Austin, TX 78759</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>2/2/26</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Elena Diaz-Delacruz</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>2928 Wickensham Ln, Austin, TX 78741</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>2/2/26</u>	Full name of contributor ☐ out-of-state PAC (ID#: <u>Marie A. Richter</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>2203 Lillie Ln, Taylor, TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>Director of Administration</u>		Employer (See Instructions) <u>Work Quest</u>

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:
2 FILER NAME <i>Frank Ortega</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/31/26</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Anastacio Lopez</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>1511 Faro Dr Apt 151, Austin, TX 78741</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>1/31/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Carlos Balderas</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>607 Elder Way, Round Rock, TX 78664</i>		
Principal occupation / Job title (See Instructions) <i>Manager Small Business Programs + Compliance</i>		Employer (See Instructions) <i>Capo Metro</i>
Date <i>1/31/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Jesse Soliz</i>	Amount of contribution (\$) <i>55.00</i>
Contributor address; City; State; Zip Code <i>2908 Toku Rd. Cedar Park, TX 78613</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>2/1/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Angel Romero</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>217 Creek Ridge Ln, Round Rock, TX 78664</i>		
Principal occupation / Job title (See Instructions) <i>Project Manager</i>		Employer (See Instructions) <i>H.E.B. L.P.</i>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Frank Ortega</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/2/26</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>John Bacy</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 536 Austin TX 78767</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>2/2/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Loc Dang</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>11442 N IH 35, Austin, TX 78753</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Dang Law Group</i>
Date <i>2/2/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Sharon Cummings</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>4110 N Summercrest Lp., Round Rock, TX 78681</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>2/2/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Ted Glover</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>3417 Campanella Dr, Round Rock, TX 78665</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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:
2 FILER NAME <i>Frank Ortega</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/8/26</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Mario L. Carlin</i>	7 Amount of contribution (\$)/00.00
6 Contributor address; City; State; Zip Code <i>205 E. Milam Ave. Round Rock, TX 78664</i>		
8 Principal occupation / Job title (See Instructions) <i>Owner- General Contractor</i>		9 Employer (See Instructions) <i>Mario L. Carlin Management, LLC</i>
Date <i>2/2/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Suzette Cole</i>	Amount of contribution (\$)/00.00
Contributor address; City; State; Zip Code <i>1101 Throne Ln. Ste 105-211 San Marcos, TX 78666</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>S2 Rentals and Sales LLC</i>
Date <i>2/2/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Nelson L. Nagle</i>	Amount of contribution (\$)/200.00
Contributor address; City; State; Zip Code <i>400 West Main St. Round Rock, TX 78664</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Round Rock Leasing</i>
Date <i>2/4/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <i>Francisca Fuentes Jr</i>	Amount of contribution (\$)/000.00
Contributor address; City; State; Zip Code <i>9417 Great Mills, Trl. Austin, TX 78759</i>		
Principal occupation / Job title (See Instructions) <i>Chairman</i>		Employer (See Instructions) <i>U.S. Hispanic Contractors</i>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Frank Ortega</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/5/26</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Terry G. Cook</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>3116 GoldenOak Cir. Round Rock, TX 78681</i>		
8 Principal occupation / Job title (See Instructions) <i>County Commissioner</i>		9 Employer (See Instructions) <i>County</i>
Date <i>2/4/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>James Meserve</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>3945 Tavaraz St. Round Rock, TX 78681</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/2/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Paloma Alaniz</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>5529 Porano Cir. Round Rock, TX 78665</i>		
Principal occupation / Job title (See Instructions) <i>Project Manager</i>		Employer (See Instructions) <i>IFM</i>
Date <i>2/2/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Kristine Brunnick</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>6000 Caldwell St. Waco, TX 76710</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		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:
2 FILER NAME <i>Frank Ortega</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/2/26</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Tanya Sanchez</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>1415 Normeas Lows Cir, Round Rock, TX 78681</i>		
8 Principal occupation / Job title (See Instructions) <i>INVOICING</i>		9 Employer (See Instructions) <i>Incora</i>
Date <i>2/24/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Hilda Montgomery</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1201 Lacey Oak Lp. Round Rock, TX 78681</i>		
Principal occupation / Job title (See Instructions) <i>Retiared</i>		Employer (See Instructions)
Date <i>2/26/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Alan Simms</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>2052 St Andrews Round Rock, TX 78664</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Rio Grande Tex-Mex Restaurant</i>
Date <i>3/4/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>Tariq Sheikh</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>3333 Guadalupe St. Round Rock, TX 78665</i>		
Principal occupation / Job title (See Instructions) <i>Fin. Director</i>		Employer (See Instructions) <i>Oracle Corp.</i>
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:
2 FILER NAME <i>Frank Ortega</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/16/26</i>	5 Full name of contributor ☐ out-of-state PAC (ID#: <i>Bernice Horton</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>P.O. Box 45, Big Spring, TX 79721</i>		
8 Principal occupation / Job title (See Instructions) <i>Account Payable</i>		9 Employer (See Instructions) <i>Abussab and Companies</i>
Date <i>4/29/26</i>	Full name of contributor ☐ out-of-state PAC (ID#: <i>TREPAL - Texas Realtors PAC</i>	Amount of contribution (\$) <i>2000.00</i>
Contributor address; City; State; Zip Code <i>P.O. Box 2246 Austin, TX 78768</i>		
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions) <i>TREPAL - Texas Realtors</i>
Date	Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 (\$)
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 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 <i>Frank Ortega</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/2/26</i>		5 Payee name <i>The Alcoux Pantina</i>			
6 Amount (\$) <i>715.27</i>		7 Payee address; <i>119 E. Main St. Round Rock</i>		City; <i>TX</i>	State; Zip Code <i>78664</i>
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense Food Beverage Expense</i>		(b) Description <i>Campaign kick-off</i>		
	(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 <i>3/31/26</i>		Payee name <i>Super Cheep Signs</i>			
Amount (\$) <i>392.12</i>		Payee address; <i>12800 Anderson Mill Rd. Bldg D-1</i>		City; <i>Cedar Park,</i>	State; Zip Code <i>TX 78613</i>
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Yard Signs</i>		
	☐ 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 (\$)		Payee address;		City;	State; Zip Code
		☐ Check if individual's residence address.			
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>Frank Ortega</i>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<i>\$1,107.39</i>
5 CREDIT CARD ISSUER	Name of financial institution <i>Frost Bank</i>	
6 PAYMENT	(a) Amount Charged <i>\$ 715.27</i>	(b) Date Expenditure Charged <i>2/2/26</i>
	(c) Date(s) Credit Card Issuer Paid <i>2/2/26</i>	
7 PAYEE	(a) Payee name <i>The Alcove Cantina</i>	(b) Payee address; City, State, Zip Code <i>119 E. Main St. Round Rock TX 78664</i> ☐ Check if individual's residence address.
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Event, Food/Beverage Expense</i>	(b) Description <i>Campaign Kick-off</i>
	(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
PAYMENT	(a) Amount Charged <i>\$ 392.12</i>	(b) Date Expenditure Charged <i>3/31/26</i>
	(c) Date(s) Credit Card Issuer Paid <i>3/31/26</i>	
PAYEE	(a) Payee name <i>Super Cheep Signs</i>	(b) Payee address; City, State, Zip Code <i>12800 Anderson Mill Rd. Cedar Park, TX 78613</i> ☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Yard Signs</i>
	(c) ☐ 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
PAYMENT	(a) Amount Charged <i>\$</i>	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code ☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) ☐ 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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Frank Ortega

2 Filer ID (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.

Frank Ortega

Signature of Officeholder