

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

8314

2014 FEB 24 AM 11:27

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

13

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ms DOLORES
NICKNAME LAST SUFFIX
ORTEGA CARTER

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
11900 METRIC BLVD Suite J-136
AUSTIN TX 78758

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 801-3555

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MARY JANE
NICKNAME LAST SUFFIX
RODRIGUEZ

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3300 Peddle Path Austin TX 78759

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 835-4603

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 \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 24 / 2014 THROUGH 2 / 22 / 2014

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
3 / 4 / 2014 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
TRAVIS COUNTY
TREASURER

13 OFFICE SOUGHT (if known)

TRAVIS COUNTY
TREASURER

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Dolores ORTEGA CARTER

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

6,925.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

6222.08

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

2332.57

OUTSTANDING
LOAN TOTALS

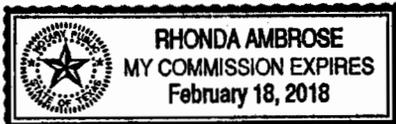
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

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.



Dolores Ortega Carter
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dolores Ortega Carter, this the 24th day of February, 20 14, to certify which, witness my hand and seal of office.

Rhonda Ambrose

Rhonda Ambrose

Notary Public

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: 6

2 FILER NAME

Dolores Ortega Carter

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/6/2014

5 Full name of contributor out-of-state PAC (ID#:

John D. Pringle

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

13420 Annarosa Loop
Austin TX 78727

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/6/2014

Full name of contributor out-of-state PAC (ID#:

Mike Martinez & Lara Wendler

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

2314 E. 11th St
Austin TX 78702

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/2014

Full name of contributor out-of-state PAC (ID#:

Rhonda G. & John C. Ambrose

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

4640 Jack C Nays Trail
Buda TX 78610

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/2014

Full name of contributor out-of-state PAC (ID#:

Mary J. Rodriguez & John P. Zimmerman

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

3300 Peddle Path
Austin TX 78759

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/2014

Full name of contributor out-of-state PAC (ID#:

Kevin Souza

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

1736 Bayland Dr.
Austin TX 78728

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6**

2 FILER NAME

Dolores Ortega Carter

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/11/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Rachel Johnston

6 Contributor address; City; State; Zip Code

**2828 Bond Dr
Austin TX 78741**

7 Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/22/2014

Full name of contributor out-of-state PAC (ID#: _____)

Steve Scurlock

Contributor address; City; State; Zip Code

**1700 Rio Grande, Ste 100
Austin TX 78701**

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/2014

Full name of contributor out-of-state PAC (ID#: _____)

Ron Yander

Contributor address; City; State; Zip Code

**4920 Transit Circle
Austin TX 78727**

Amount of contribution (\$)

100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/31/2014

Full name of contributor out-of-state PAC (ID#: _____)

BRADY C. Adams

Contributor address; City; State; Zip Code

**17 Tall Oaks Trl
Austin TX 78737**

Amount of contribution (\$)

500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/2014

Full name of contributor out-of-state PAC (ID#: _____)

Patricia White Wilson

Contributor address; City; State; Zip Code

**110 Justin Leonard Dr.
Round Rock, TX 78664**

Amount of contribution (\$)

50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>6</u>	
2 FILER NAME <u>Dobres Ortega Carter</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>2/6/2014</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mitchell & Colmenero LLP</u>	7 Amount of contribution (\$) <u>250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>700 Lavaca, Suite 607 Austin TX 78701</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>2/6/2014</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eliza May</u>	Amount of contribution (\$) <u>25.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4813 Eagle Feather Dr Austin TX 78735</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/5/2014</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John E & Nancy Bosch</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4828 Twin Valley Austin TX 78731</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2/6/2014</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gerald L. Jones</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>201 Lavaca Apt. 221 Austin TX 78701</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>2-4-14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Alicia Perry</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1715 Palma Plaza Austin TX 78703</u>		(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6

2 FILER NAME

Dolores Ortega Carter

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/6/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Ken Oden

6 Contributor address; City; State; Zip Code

1506 Gaston Ave
Austin TX 78703

7 Amount of contribution (\$)

900.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/6/14

Full name of contributor out-of-state PAC (ID#: _____)

Yusela D. Juana

Contributor address; City; State; Zip Code

5504 Fort Benton Dr.
Austin TX 78735

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/2014

Full name of contributor out-of-state PAC (ID#: _____)

Eve Schatelowitz Alcantara, PLLC

Contributor address; City; State; Zip Code

1704 San Antonio St
Austin TX 78701

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/2014

Full name of contributor out-of-state PAC (ID#: _____)

Around the Clock Bail Bonds

Contributor address; City; State; Zip Code

P.O. Box 82075
Austin TX 78708

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/2014

Full name of contributor out-of-state PAC (ID#: _____)

Marcela Rodriguez Barr

Contributor address; City; State; Zip Code

2301 Breenlee Dr
Austin TX 78703

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A 6

2 FILER NAME

Dolores Ortega Carter

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/29/2014

5 Full name of contributor out-of-state PAC (ID#: _____)

William Aleshire

6 Contributor address; City; State; Zip Code

*3605 Shady Valley Dr
Austin TX 78739*

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/4/2014

Full name of contributor out-of-state PAC (ID#: _____)

Randy A. Seaman

Contributor address; City; State; Zip Code

*6518 Tasciello Trail
Austin TX 78739*

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/2014

Full name of contributor out-of-state PAC (ID#: _____)

Michael Lambert

Contributor address; City; State; Zip Code

*1717 Merrick St.
Ft. Worth, TX 76107*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/5/2014

Full name of contributor out-of-state PAC (ID#: _____)

Andy Rainosek

Contributor address; City; State; Zip Code

*1512 Barnoas Dr
Austin, TX 78758*

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/2014

Full name of contributor out-of-state PAC (ID#: _____)

Brian Rodgers

Contributor address; City; State; Zip Code

*4500 Steiner Ranch Blvd # 1007
Austin TX 78732*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Dores ORTEGA CARTER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/6/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheree Voigt	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1100 State Hwy 95 Bastrop TX 78602		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keely Wright	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6403 Neron Dr Austin TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Moreno-Williams	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4612 Chesney Ridge Dr. Austin TX 78749		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmina Eaton	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14510 Sandy Side Dr Austin TX 78728		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/6/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin TX Bail Bonds	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1704 San Antonio St Austin TX 78704		(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
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F: 3	2 FILER NAME Dolores Ortega Carter	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/31/2014	5 Payee name Flagship Merchant Services
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6 Amount (\$) \$ 7.95	7 Payee address; City; State; Zip Code P.O. Box 3429 Thousand Oaks, CA 91359
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fee	(b) Description (If travel outside of Texas, complete Schedule T) Credit Card Acceptance Service
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/17/2014	Payee name Melissa Ray
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Amount (\$) \$ 306.00	Payee address; City; State; Zip Code 8405 Bent Tree Rd #2121 Austin TX 78759
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad for Re-election Layout
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/24/2014	Payee name ACT Blue
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Amount (\$) 2.50	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Processing transaction
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/24/2014	Payee name Texas Democrats Convention
--------------------------	---

Amount (\$) 25.00	Payee address; City; State; Zip Code c/o Gloria Aleman 2544 Stratford Circle, Austin TX 78745
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Convention Registration Fee
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Dobres Ortega Carter	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/11/2014	5 Payee name The Austin Chronicle
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6 Amount (\$) \$1345.00	7 Payee address; City; State; Zip Code 4000 N. I 35 Austin TX 78751
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Political Re-Election Ad
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/18/2014	Payee name The Austin Chronicle
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Amount (\$) \$1345.00	Payee address; City; State; Zip Code 4000 N. I 35 Austin TX 78751
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Political Re-election Ad
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/2014	Payee name North Loop Signs Graphics Shop
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Amount (\$) \$1537.15	Payee address; City; State; Zip Code 102 E. North Loop Blvd. Austin TX 78751
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Political Re-Election Yard Signs
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/4/2014	Payee name La Voz Newspapers
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Amount (\$) \$3775.00	Payee address; City; State; Zip Code P.O. Box 19457 Austin TX 78760
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Political Re-election ad
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3	2 FILER NAME Dolores Ortega Carter	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/4/2014	5 Payee name VistaPrint USA, Inc
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6 Amount (\$) \$128.99	7 Payee address; City; State; Zip Code 95 Hayden Avenue, Lexington, MA 02421
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing & Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) 1000 Postcards political
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/4/2014	Payee name VistaPrint, USA, Inc.
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Amount (\$) \$19.50	Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing & Advertising Expense	Description (If travel outside of Texas, complete Schedule T) 500 postcards political
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/4/2014	Payee name VistaPrint USA, Inc.
-------------------------	---

Amount (\$) \$345.99	Payee address; City; State; Zip Code 95 Hayden Ave, Lexington, MA 02421
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing & Advertising Expense	Description (If travel outside of Texas, complete Schedule T) 5000 postcards-political
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/22/2014	Payee name Blk Austin Democrats PAC
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Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 212 Austin TX 78767
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Registration Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Dobres Ortega CARTER	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/17/2014	5 Payee name North x Northwest Democratic Club
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6 Amount (\$) \$20.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 29446 Austin, TX 78755
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fee	(b) Description (If travel outside of Texas, complete Schedule T) Membership Fee
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Date 2/11/2014	Payee name Capitol Area Asian American Democrats
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Amount (\$) 50.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 300595 Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Sponsorship	Description (If travel outside of Texas, complete Schedule T) Fee to Sponsor Event
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Date 2/6/2014	Payee name Don Springwood
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Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4103 Sojourner St Austin TX 78725
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Sponsorship	Description (If travel outside of Texas, complete Schedule T) Fee to Sponsor Event
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Date 2/12/2014	Payee name Fidel Acaredo - LULAC
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Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3807 Prairie Lane Austin, TX 78728
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Membership
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Dolores Ortega Carter	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-17-2014	5 Payee name League of Women Voters
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6 Amount (\$) \$70.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1011 W. 31st St Austin, TX 78705
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift Expense	(b) Description (If travel outside of Texas, complete Schedule T) Silent Auction
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Date 2-19-2014	Payee name Ijano Democrats
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Amount (\$) \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code c/o Gloria Aleman 2544 Stratwood Circle Austin TX 78745
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad purchase political
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Date 2-21-2014	Payee name La Voz
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Amount (\$) \$250.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 19457 Austin TX 78760
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad - Political
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Date 2/14/2014	Payee name Democratic Forum
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Amount (\$) 20.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Austin Bar Association 866 Congress Avenue Ste 708 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee	Description (If travel outside of Texas, complete Schedule T) Registration
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