

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: **29**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX			
Mrs. Vanessa Perez			J.	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE					
414 Crossbill st. Laredo, TX 78045						
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Rec'd - by (marked)		
(956) 473-9129				Date Rec'd - by (marked)		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #		
	NICKNAME	LAST	SUFFIX	Amount \$		
Mrs. Petra Castro				Date Processed		
Date Imaged						
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE					
(Residence or Business) 602 Longspur Laredo, TX 78045						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(956) 740-3510						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
1 / 1 / 2024 THROUGH 6 / 30 / 2024						
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> Other Description
			<input type="checkbox"/> General	<input type="checkbox"/> Special	officeholder	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
City Council District 7						
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input checked="" type="checkbox"/> GENERAL	Laredo Fire PAC				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
	5219 Tesoro Plaza					
		COMMITTEE CAMPAIGN TREASURER NAME				
		Gerardo Touar				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		5219 Tesoro Plaza Laredo, TX 78041				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Vanessa Perez</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>56,536.36</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>6,193.60</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>17,437.62</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>124,835.11</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Vanessa Perez
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Vanessa Perez, and my date of birth is 2/10/1982
 My address is 414 Crossbill, Laredo, TX, 78045, USA
(street) (city) (state) (zip code) (country)
 Executed in Webb County, State of Texas, on the 15 day of July, 2024
(month) (year)
Vanessa Perez
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Vanessa Perez

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 46,375
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10,161.36
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,244.02
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	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: 8
2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mario Pelos Jr.	7 Amount of contribution (\$) 3,000
6 Contributor address; City; State; Zip Code 8417 Amparan Rd Laredo, TX 78045		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabriel Goldaracena	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 1611 Cortez St. Laredo, TX 78043		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve Lamantia	Amount of contribution (\$) 1,500
Contributor address; City; State; Zip Code 410 Crossroads Laredo, TX 78045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Hector Garcia	Amount of contribution (\$) 2,000
Contributor address; City; State; Zip Code 109 Coahuila Loop Laredo, TX 78045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date 6/21/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ermilo Enrique Richer III	7 Amount of contribution (\$) 500
6 Contributor address, City, State, Zip Code 834 Union Pacific Blvd. Laredo, TX 78045		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 6/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adalberto Campero	Amount of contribution (\$) 2,000
Contributor address; City; State; Zip Code 202 Grovewood Mission, TX 78045 78572		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adolfo Campero Jr.	Amount of contribution (\$) 2,000
Contributor address; City; State; Zip Code 311 Latour Laredo, TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ignacio Mounetou	Amount of contribution (\$) 2,000
Contributor address; City; State; Zip Code 710 Union Pacific Laredo, TX 78045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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
2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date 6/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sherrí Sanchez	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code 1404 Okane Laredo, TX 78040		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 6/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arturo Dominguez	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code 102 Granada Laredo, TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Victor Vasquez Jr.	Amount of contribution (\$) 2,000
Contributor address; City; State; Zip Code 301 Lake Kariba Laredo, TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raul Garza	Amount of contribution (\$) 2,000
Contributor address; City; State; Zip Code 126 Redwing Laredo, TX 78045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:
2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date 6/24/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan E. Garza	7 Amount of contribution (\$) 2,000
6 Contributor address; City; State; Zip Code 506 Merlin Rd. Laredo, Tx 78041		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 6/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donato D. Ramos Jr.	Amount of contribution (\$) 2,000
Contributor address; City; State; Zip Code 6721 McPherson Ste 350 Laredo, TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Raul Valdez	Amount of contribution (\$) 2,500
Contributor address; City; State; Zip Code 120 Devonshire Laredo, Tx 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 6/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daniel Wyers	Amount of contribution (\$) 2,000
Contributor address; City; State; Zip Code P.O. Box 450050 Laredo, Tx 78045		
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
2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date 6/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerardo Sanchez	7 Amount of contribution (\$) 2,000
6 Contributor address; City; State; Zip Code 8509 Crownwood Laredo, TX 78045		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Parker J. Neel	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code 313 Lake Louise Laredo, TX 78045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mario Andres Pena	Amount of contribution (\$) 625
Contributor address; City; State; Zip Code 343 W. Hollywood Ave. San Antonio, TX 78212		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Manuel G. Sanchez	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 1708 Guatemozin Laredo, TX 78043		
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.
2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date 6/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roberto L Trevino	7 Amount of contribution (\$) 2,500
6 Contributor address; City; State; Zip Code 1422 Wingfoot Lp. Laredo, TX 78045		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnacle mines Investments LLC	Amount of contribution (\$) 2,500
Contributor address; City; State; Zip Code 182 Stable Laredo, TX 78045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ariva Ltd Resoul Kheledi	Amount of contribution (\$) 2,000
Contributor address; City; State; Zip Code P.O. Box 451130 Laredo, TX 78045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Killcom Development Ltd.	Amount of contribution (\$) 2,500
Contributor address; City; State; Zip Code P.O. Box 499 Laredo, TX 78042		
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.
2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date 6/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jose D. Gonzalez	7 Amount of contribution (\$) 500
6 Contributor address; City; State; Zip Code 4506 modern Laredo, TX 78041		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Juan Jose Cruz	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 1506 Nelson Ct. Laredo, TX 78045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emani Dev. LLC	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code P.O. Box 452505		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guillermo Trevino	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 2322 Middlecoff Laredo, TX 78045		
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
2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date 6/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Shashi Vaswani	7 Amount of contribution (\$) 1,500
6 Contributor address, City, State, Zip Code 101 Canterbury Laredo, TX 78041		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Maio Palos	Amount of contribution (\$) 1,000
Contributor address; City, State, Zip Code 8417 Amparan Laredo, TX 78045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Evelyn Sames	Amount of contribution (\$) 1,000
Contributor address; City, State, Zip Code 307 Windsor Laredo, TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____	Amount of contribution (\$)
Contributor address; City, State, Zip Code		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME: <u>Vanessa Perez</u>		3 Filer ID (Ethics Commission Filers):	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>10,161.36</u>	
5 Date: <u>11-6/12/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____): <u>Laredo Fire PAC</u>	8 Amount of Contribution \$: <u>10,161.36</u>	9 In-kind contribution description: <u>Signs, labor, food, supplies</u>
7 Contributor address; City, State, Zip Code: <u>5219 Tesoro Plaza Laredo, TX 78041</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date: <u>11/6/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____): <u>Laredo Fire PAC</u>	Amount of Contribution \$:	In-kind contribution description:
Contributor address; City, State, Zip Code: <u>5219 Tesoro Plaza Laredo, TX 78041</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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: 17	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 1/2/24	5 Payee name Target	
6 Amount (\$) 51.94	7 Payee address; City, State, Zip Code 7501 San Dario Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office overhead	(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 1/2/24	Payee name Target	
Amount (\$) 231.41	Payee address; City, State, Zip Code 7501 San Dario Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) office overhead	Description supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 1/3/24	Payee name Storage Star	
Amount (\$) 129	Payee address; City, State, Zip Code 2110 Quail Creek Rd. Laredo TX 78045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental expense	Description Storage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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: **17** 2 FILER NAME **Vanessa Perez** 3 Filer ID (Ethics Commission Filers)

4 Date **1/23/24** 5 Payee name **Smiles From Heaven**

6 Amount (\$) **1,005.00** 7 Payee address; City; State; Zip Code
423 Floral Blvd Laredo TX 78043

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Sponsorship	(b) Description Gala table
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date **1/25/24** Payee name **Apple Card**

Amount (\$) **240.40** Payee address; City; State; Zip Code
Goldman Sachs Bank Lockbox 6112, P.O. Box 7247 Philadelphia, PA 19170

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Credit Card payment	Description Office overhead / computer / phone expense
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date **2/5/24** Payee name **Storage Star**

Amount (\$) **129** Payee address; City; State; Zip Code
2110 Quail Creek Rd Laredo, TX 78045

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Rental Expense	Description Storage
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
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4 Date 2/7/24	5 Payee name Target
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6 Amount (\$) 253.91	7 Payee address: 7501 San Dario Laredo, TX 78041	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office overhead	(b) Description Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 2/9/24	Payee name LMT
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Amount (\$) 325	Payee address: 111 Esperanza Dr. Laredo, TX 78041	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 2/20/24	Payee name Stripes
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Amount (\$) 81.97	Payee address: 9219 Fm 1472 Laredo, TX 78045	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Gcs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME Vanessa Perez 3 Filer ID (Ethics Commission Filers)

4 Date 2/27/24 5 Payee name KAS Ventures Fuel America

6 Amount (\$) 150.04 7 Payee address; City, State; Zip Code
12602 FM 1472 Laredo TX 78045

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
Transportation/Event Gas and Snacks for event
 (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense

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

Date 2/26/24 Payee name Apple Card

Amount (\$) 240.40 Payee address; City, State, Zip Code
Goldman Sachs Bank Lockbox 6112, P.O. Box 7247 Philadelphia, PA 19120

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Credit Card Payment office overhead / computer / phone Expense
 Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense

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

Date 2/26/24 Payee name Colombia

Amount (\$) 216.44 Payee address; City, State, Zip Code
1600 Water St. Laredo, TX 78040

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Advertising / mkt. Shirts for embroidery
 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

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:	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 3/4/24	5 Payee name Murphy Express	
6 Amount (\$) 72.40	7 Payee address; City, State, Zip Code 13501 Fm 1472 Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation	(b) Description Gas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/4/24	Payee name Storage Star		
Amount (\$) 169	Payee address; City, State, Zip Code 2110 Quail Creek Rd. Laredo, TX 78045		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental Expense	Description Storage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/8/24	Payee name Grazie Nonn		
Amount (\$) 370.26	Payee address; City, State, Zip Code 1100 15 th St. NW Washington DC 20005		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Expense	Description Officeholder Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 3/13/24	5 Payee name Vanessa Perez	
6 Amount (\$) 1750	7 Payee address; 414 Crossbill	City: Laredo TX State: Zip Code: 78045
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment	(b) Description zero out loan balance
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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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:	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/24	5 Payee name Mayflower	
6 Amount (\$) 439.70	7 Payee address; City; State; Zip Code 1127 Connecticut Washington DC 20036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Officeholder expense
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/18/24	Payee name Santa Barra	
Amount (\$) 42.86	Payee address; City; State; Zip Code 3910 E. Del Mar Blvd. #205 Laredo, TX 78045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Team Building
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3/18/24	Payee name Santa Barra	
Amount (\$) 285.70	Payee address; City; State; Zip Code 3910 E. Del Mar Blvd #205 Laredo, TX 78045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Deverage Expense	Description Team Building
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 3/21/24	5 Payee name Dannys 14	
6 Amount (\$) 221.19	7 Payee address; 5120 TX-359 Laredo, TX	City, State, Zip Code 78043
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage Expense	(b) Description Team building
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/1/24	Payee name Cosmos	
Amount (\$) 247.99	Payee address; 7518 McPherson Unit 510 Laredo, TX	City, State, Zip Code 78041
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description Team building
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/1/24	Payee name Apple Card	
Amount (\$) 240.40	Payee address; Goldman Sachs Bank	City, State, Zip Code Lockbox 6112, P.O. Box 2247 Philadelphia, PA 19120
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description office overhead / computer / phone expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
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4 Date 4/2/24	5 Payee name Storage Star
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6 Amount (\$) 169	7 Payee address; 2110 Quail Creek Rd. Laredo, Tx 78045	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental Expense	(b) Description Storage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date 4/2/24	Payee name Target
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Amount (\$) 154.53	Payee address; 7501 San Dario	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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Date 4/5/24	Payee name Tokyo Garden
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Amount (\$) 219.44	Payee address; 2515 E. Del mar Laredo, Tx 78041	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage Expense	Description Officeholder expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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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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 | Solicitor/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:	2 FILER NAME <i>Vanessa Perez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/5/24</i>	5 Payee name <i>Murphy Express 8</i>
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6 Amount (\$) <i>98.11</i>	7 Payee address; City, State, Zip Code <i>13501 FM 1472 Laredo, TX 78045</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Transportation</i>	(b) Description <i>Gas</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 <i>4/8/24</i>	Payee name <i>Posh Express</i>
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Amount (\$) <i>121.99</i>	Payee address; City, State, Zip Code <i>7019 W. Village Blvd #101 Laredo, TX 78041</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>officeholder expense</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 <i>4/15/24</i>	Payee name <i>Posh Express</i>
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Amount (\$) <i>83.89</i>	Payee address; City, State, Zip Code <i>7019 W. Village Blvd. #101 Laredo, TX 78041</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description <i>officeholder expense</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME Vanessa Perez 3 Filer ID (Ethics Commission Filers)

4 Date 4/12/24 5 Payee name Veterans of Foreign Wars Post 9194

6 Amount (\$) 175 7 Payee address; City: State: Zip Code

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Bowling Tournament (b) Description Jennifer Lozano Olympic expenses

(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description

Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
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4 Date 4/15/24	5 Payee name Widdy up Fundraiser Alexander Band
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6 Amount (\$) 206.28	7 Payee address: 3600 E. Del Mar	City: Laredo	State: TX	Zip Code 78045
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sponsorship	(b) Description Band Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/15/24	Payee name Wonderland Coffee
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Amount (\$) 500	Payee address: 7511 McPherson	City: Laredo	State: TX	Zip Code 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Father McWhoboe Earth Day event - Drinks
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/17/24	Payee name Murphy Express
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Amount (\$) 100	Payee address: 13501 FM 1472	City: Laredo	State: TX	Zip Code 78045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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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 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:	2 FILER NAME <i>Vanessa Perez</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/24/24</i>	5 Payee name <i>Target</i>
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6 Amount (\$) <i>141.41</i>	7 Payee address: <i>7501 San Dario</i>	City: <i>Laredo, TX</i>	State: <i>TX</i>	Zip Code <i>78041</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office overhead</i>	(b) Description <i>Supplies</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <i>4/24/24</i>	Payee name <i>Wonderland Coffee</i>
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Amount (\$) <i>14.29</i>	Payee address: <i>7511 McPherson</i>	City: <i>Laredo, TX</i>	State: <i>TX</i>	Zip Code <i>78041</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	Description <i>Meeting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date <i>4/26/24</i>	Payee name <i>Tokyo Garden</i>
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Amount (\$) <i>195.39</i>	Payee address: <i>2515 E. Del Mar</i>	City: <i>Laredo, TX</i>	State: <i>TX</i>	Zip Code <i>78041</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food / Beverage Expense</i>	Description <i>Meeting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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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 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:	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 4/30/24	5 Payee name Give Butter Smiles From Heaven	
6 Amount (\$) 378.26	7 Payee address; City, State; Zip Code 423 Florcl Blvd Laredo, TX 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sponsorship	(b) Description fundraiser donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5/1/24	Payee name Apple Card	
Amount (\$) 240.40	Payee address; City, State; Zip Code Goldman Sachs Bank Lockbox 6112, P.O. Box 7247 Philadelphia, PA 19170	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description office overhead/computer/phone expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 5/3/24	Payee name Storage Star	
Amount (\$) 169	Payee address; City, State; Zip Code 2110 Quail Creek Rd. Laredo, TX 78045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rental Expense	Description Storage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Janessc Perez	3 Filer ID (Ethics Commission Filers)
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4 Date 5/19/24	5 Payee name Tecos Shop
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6 Amount (\$) 232.79	7 Payee address; 6320 Sinetra Pkwy Laredo, TX 78041	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Tecos merchandise for gifts
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> 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 5/30/24	Payee name Murphy Express
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Amount (\$) 81.58	Payee address; 13501 FM 1472 Laredo, Tx 78045	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Gas
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> 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 6/3/24	Payee name Apple Card
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Amount (\$) 240.40	Payee address; Goldman Sachs Bank Lockbox 6112, P.O. Box 7247 Philadelphia, PA 19170	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description office overhead / computer / phone
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> 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 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	2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date 6/4/24	5 Payee name Capitol Gift Shop		
6 Amount (\$) 367.94	7 Payee address: 1400 W. Congress	City: Austin, TX	State: Zip Code 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Gift expense	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> 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 6/7/24	Payee name Monica Rangel		
Amount (\$) 250	Payee address: 2703 Pecan St.	City: Laredo, TX	State: Zip Code 78046
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Sponsorship	Description Bowling fundraiser	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> 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 6/13/24	Payee name SE40920 Valero		
Amount (\$) 85	Payee address: 9304 FM 1472	City: Laredo, TX	State: Zip Code 78045
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Gas	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> 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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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:	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 6/26/24	5 Payee name Storage Star	
6 Amount (\$) 169	7 Payee address: City: State: Zip Code 2110 Quail Creek Rd. Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental Expense	(b) Description Storage
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> 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 6/27/24	Payee name Tokyo Garden	
Amount (\$) 44.92	Payee address: City: State: Zip Code 2512 E. Del Mar Laredo, TX 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / beverage expense	Description meetings
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> 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 6/28/24	Payee name Murphy Express 8	
Amount (\$) 86.24	Payee address: City: State: Zip Code 13501 Fm 1472 Laredo, TX 78045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description Gas
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> 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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