# 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 f	ilers) 2 Total pages filed: 29
3 CANDIDATE / OFFICEHOLDER NAME	MS: MRS / MR  MCS.	Janess	a 5.	OFFICE USE ONLY
NAME	NICKNAME	Perez	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		.te 11:d220		
Change of Address	Lared	o TX ?	78045	RECO CITY SEC OFF
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	73-9129	EXTENSION	ு Balle அஞ்சிவின்ஸ்கர் Gate அத்தாறarked
6 CAMPAIGN TREASURER	MS/MRS/MR  MS/MRS/MR	Petr	мı 'a	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	
		Castro		Date Imaged
7 CAMPAIGN TREASURER ADDRESS		Longspur	OY5	STATE, ZIP CODE
(Residence or Business)	Laredo			
8 CAMPAIGN TREASURER PHONE	(956) 74	10-350	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modifi Reporting Limit	ed Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year 2024		6/30/2024
11 ELECTION	ELECTION DATE		ELECTION	TYPE
	Month Day	Year Primary General	Runoff M Other Descrip Special	office holder
12 OFFICE	OFFICE HELD (If any)  City (ounc	a District 7	13 OFFICE SOUGHT (#	Knawn)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF	F POLITICAL CONTRIBUTIONS A	ACCEPTED OR POLITICAL EXPENDITUR MAY HAVE BEEN MADE WITHOUT THE	LES MADE BY POLITICAL COMMITTEES TO SUPPOR' CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES
			iredo Fire	PAC
Additional Pages	GENERAL	OMMITTEE ADDRESS		ro Plaza
	SPECIFIC	OMMITTEE CAMPAIGN TREA	Gerardo	Tovar
	C	ommittee campaign tre		Plaza Laredo, Tx
		GO TO I		

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) anessa 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by day of \_, to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration anessa Perez and my date of birth is acedo (state) (zip code) (country) County, State of Texal, on the

Signature of Candidate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME  Onessa Perez  20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 46,375
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 10,161.36
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	S
5.	SCHEDULE FI: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	5 11,244.0a
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	5
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	S
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	S
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	S
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>		
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	5 Full name of contributor	7 Amount of contribution (\$)
4/22/24	Mario Palos Tr. 6 Contributor address; City; State; Zip Code	3,000
	8417 Amperen Rd Laredo, TX 78045	-
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	
Date	Full name of contributor	Amount of contribution (\$)
6/14/24	Contributor address; City: State; Zip Code	500
	1611 Cortez St. Laredo, Tx 78043	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)
6/17/24	Steve Lamantia  Contributor address; City: State; Zip Code	,
	410 Crossroads Laredo, Tx 7804	
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)
6/21/24	Daniel Hector Garcia Contributor address, City; State; Zip Code	2,000
	109 Coahuila Loop Laredo, Tx 780	45
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

#### 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	5 Full name of contributor	7 Amount of contribution (\$)
6/21/24	Ermilo Enrique Richer III  6 Contributor address. City: State. Zip Code  874 11 . D . G . D . D . G . D . D . D . D . D	500
8 Principal occu	pation / Jub title (See Instructions)  State, Zip Code  Lareta, Tx 7809  pation / Jub title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state_PAC (ID#)	Amount of contribution (\$)
1120124	Adalberto Campero	<b>a</b>
6/20/21	Contributor address; City; State; Zip Code	2,000
	Adalberto Campero  Contributor address; City; State; Zip Code  202 Grovewood Mission Tx	Ť
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
6/24/24	Adolfo Campero Jr.  Contributor address: City: State: Zip Code  311 Latour Laredo, Tx 78041	2,000
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
6/24/24	Ignacio mounetou  Contributor address:  City, State: Zip Code	2,000
	710 Union Pacific Laredo, TX 7	8045
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL CODIES OF THE SOURCE!! 5 AS N	EEDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEUEU

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

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  5 Full name of contributor out-of-state PAC (ID#)  5 Sherr: Scachez  6 Contributor address: City: State: Zip Code  1404 Okane Laredo, Tx 28040	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date  Full name of contributor  Arturo Doninguez  Contributor address:  City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Joh title (See Instructions)  Employer (See Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date    Sull came of contributor   out-of-state PAC : ID#	Amount of contribution (S)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date  Full name of contributor out-of-state PAC (ID#	Amount of contribution (S)  2,000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EDED
If contributor is out-of-state PAC, please see Instruction guide for additional re	

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>		
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	5 Full name of contributor out-of-state PAC (ID#)  Juan E. Garza  6 Contributor address. City: State: Zip Code  506 Merlin Rd. Laredo Tx 78041	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruct	ions)
Date 6/25/24	Full name of contributor out-of-state PAC (ID#)  Doncto D. Romos Jr.  Contributor address; City: State: Zip Code  6721 McPherson Ste350 Lared, TX	Amount of contribution (\$)  Q, DOD
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	
6/24/24	Full game of contributor Out-of-state PAC (ID#)  Kaul Ualdez  Contributor address: City: State: Zip Code  120 Devonshire Laredo, Tx 780	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructi	
	Full name of contributor out-of-state PAC (10# Daniel Wyers  Contributor address; City; State; Zip Code  P.O. Box 450050 Laredo, Tx 780  ation / Job title (See Instructions) Employer (See Instructions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

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 5 Full name of contributor   aut-of-state PAC (ID#)  Gerardo Sanchez 6 Contributor address; City: State; Zip Code  8509 Crown wood Laredo, Tx 78	7 Amount of contribution (\$)  2,000	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Parker J. Weel  Contributor address; City: State; Zip Code  313 Lake Louise Laredo, TX 780	/, 000	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)	
Date Full name of contributor out-of-state PAC (ID#)  Mario Andres Pena  Contributor address; City; State; Zip Code  343 W. Hollywood Ave. San Antonio, TX	Amount of contribution (\$) 6 25	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (S)  SY3  JONES	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r		

#### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report</b> .		
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)
	5 Full name of contributor out-of-state PAC (ID#	
6/43/31	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)  2,500  Lions)
	Full name of contributor  Arius Ltd Rusul Kheledi  Contributor address:  City; State; Zip Code  P.O. Box 451130 Laredo, 7x 78  ation / Job title (See Instructions)  Employer (See Instructions)	2,000
Date 6/25/24 Principal occup	Full name of contributor    Cillan Development Ltd.   Contributor address: City: State: Zip Code   P.O. Dox 499 Laredo, Tx 78042    ation / Job title (See Instructions)   Employer (See Instructions)	Amount of contribution (\$)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

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

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	5 Full name of contributor Out-of-state PAC (ID#)  3050 D. Gonzeltz	7 Amount of contribution (\$)
Ψ[«/[-1	5 Full name of contributor Out-of-state PAC (ID#	500
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
6/27/24	Tuan Jose (ruz  Contributor address; City; State; Zip Code	500
	1506 Nelson Ct. Laredo Tx 7	3045
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Eman: Dev. LLC Contributor address: City; State: Zip Code P. O. Box 452505	1,000
	P. O. U. S. Y. A. J. O. S. Employer (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
6/26/24	Guillermo Trevino Contributor address; City; State, Zip Code	500
	2322 Middle coff Lardo, TX7	8042
Principal occupa	ation / Job title (See Instructions) Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional r	

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1
2 FILER NAME	Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date 6/26/24  8 Principal occur	5 Full name of contributor Out-of-state PAC  Shash, Vaswani  6 Contributor address, City;  101 Canterbury L  Apation / Job title (See Instructions)	State, Zip Code	7 Amount of contribution (\$)
	Full name of contributor  Maio Palos  Contributor address;  City;  Syll 7 Amparan Lampatan Job title (See Instructions)	State; Zip Code  A TX 78045  Employer (See Instruction	1,000
() 27 24	Full name of contributor  Selyn Sames  Contributor address: City:  Contributor address: City:	State; Zip Code	1,000
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state_PAC Contributor address; City;		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NE	EDED
	If contributor is out-of-state PAC, please see Instru	uction guide for additional re	porting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this for	orm. 1 Total pages Schedule A2.
2 FILER NAME Danessa Perez	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	**************************************
5 Date  6 Full name of contributor	78041 Check if travel outside of Texas Complete Schedule T
ine ( extrem constant) and the contract contract contract in the contract in t	, , , , , , , , , , , , , , , , , , , ,
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  Full name of contributor  ut-of-state PAC (ID#	Amount of Contribution \$ In-kind contribution description  Zip Code   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)	
ATTACH ADDITIONAL COPIES OF T	

### SCHEDULE F1

	ormation to not applicable, De No. 1 molecule time page in the report.	
	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donattons Made B Candidate/Officeholder/Polilica Credit Card Paymeni		
4 Tatal seesa Cabadula Ed.		
1 Total pages Schedule F1:	2 FILER NAME Vanessa Perez 3 Filer ID (Ethics Commission Filers)	
4 Date /2/24	5 Payee name Target	
6 Amount (\$)	7 Payee address; City, State; Zip Code	
51,94	7501 San Dario Laredo, Tx 780	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Office overhead Supplies	
	(C) Check if Iravelouiside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
1/2/24	Target	
Amount (\$)	Payee address; City; State, Zip Code	
231.41	7501 San Dario Laredo, Tx 78041	
	Category (See Categories listed at the top of this schedule)  Description	
PURPOSE OF EXPENDITURE	office overhed supplies	
	Check if travel outside of Texas. Complete Schedule T  Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held	
expenditure to benefit C/OF		
Date	Payee name	
1/3/24	Storage Star	
Amount (\$)	Payee address; City; State; Zip Code	
129	2110 Quail Creek Rd. Laredo TX 78045	
	Category (See Categories listed at the top of this schedule)  Description	
PURPOSE OF EXPENDITURE	Rental expense Storage	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

### SCHEDULE F1

Advantage Expanses Accounting Expanses Accounting Expanses Consideration Processing Committee Consideration Consideration Processing Committee Consideration		EXPENDITURE CATEGORIES FOR	BOX 8(a)	ľ
The Instruction Guide explains how to complete this form.  1 Total pages Schedule F1: 2 FILER NAME   Qanessa Perez   3 Filer ID (Ethics Commission Filers)   7 Payee name	Accounting/Banking Consulting Expanse Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Overhead Polling Expense Printing Expense Printing Expense	/Rental Expense Transportation Equipment & Relete Travel In District Travel Out Of District	
Total   Tota	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.	
1/23/24   Sm./ts From Meaven   City: State, Zip Code   1/23/24   T Payee address: City: State, Zip Code   1/23 Flore   Blvd Laredo TX 78043   State, Zip Code   City: State,	1 Total pages Schedule F1:	2 FILER NAME Vanessa Pere	3 Filer ID (Ethics Commission	Filers)
Candidate / Office holder name   Candidate / Office holder name   Candidate   Office holder name   Office sought   Candidate   Office holder name   Office holder name   Office holder name   Candidate   Candidate   Candidate   Office holder name   Office sought   Office holder name   Candidate   Office holder name   Office sought   Office holder name   Office holder name   Office sought   Office holder name   Office ho	1/23/24	Smiles From	Heaven	
(a) Category (See Categories fisted at the top of this schedule)   (b) Description	6 Amount (\$)	7 Payee address;	City; State, Zip Cod	е
PURPOSE EXPENDITURE    Sponsorshim   Galk table	1,005.00	423 Florel Blud	Laredo Tx 78	043
Sponsorshime   Sponsorshime   Galk table	8	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
9 Complete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held	OF	Sponsorshire	Sala toble	
Date    Payee name		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Amount (\$)  Payee address:  Goldman Scchs Bank Zockbox 6112, P.O. Box 7247 Philadelphic, PA 19170  Category (See Categories listed at that top of this schedule)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Payee name  Complete ONLY if direct expenditure to benefit C/OH  Payee address:  Category (See Categories listed at the Lop of this schedule)  Payee name  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the Lop of this schedule)  Payee address:  City: State: Zip Code  Category (See Categories listed at the Lop of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the Lop of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the Lop of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Office holder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Office sought  Office held			Office sought Office held	
Amount (\$) Payee address:  Gold man Scchs Bank  Zock box 6  2 P.O. Box 2347 Ph:ladclphic, PA 19120  Category (See Calegories listed at the top of this schedule)  PURPOSE  OF  EXPENDITURE  Candidate / Officeholder name  Candidate / Officeholder name  Category (See Calegories isladed at the top of this schedule)  Candidate / Officeholder name  Candidate / Officeholder name  City:  State: Zip Code  Office held  Office sought  Office held  Category (See Calegories isladed at the top of this schedule)  Payee address:  City:  State: Zip Code  City:  State: Zip Code  City:  Category (See Calegories isladed at the top of this schedule)  Purpose  OF  EXPENDITURE  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule	Date	Payee name		
Amount (\$) Payee address:  Gold man Scchs Bank  Zock box 6  2 P.O. Box 2347 Ph:ladclphic, PA 19120  Category (See Calegories listed at the top of this schedule)  PURPOSE  OF  EXPENDITURE  Candidate / Officeholder name  Candidate / Officeholder name  Category (See Calegories isladed at the top of this schedule)  Candidate / Officeholder name  Candidate / Officeholder name  City:  State: Zip Code  Office held  Office sought  Office held  Category (See Calegories isladed at the top of this schedule)  Payee address:  City:  State: Zip Code  City:  State: Zip Code  City:  Category (See Calegories isladed at the top of this schedule)  Purpose  OF  EXPENDITURE  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule)  Category (See Calegories isladed at the top of this schedule	1/25/24	Apple Card		
Category (See Categories listed at the top of this schedule)  PURPOSE  EXPENDITURE  Complete QNLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Complete QNLY if direct expenditures to benefit C/OH  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories l	Amount (\$)	Payee address:	City; State, Zip Cod	θ
PURPOSE OF EXPENDITURE    Category (See Categories listed at the floor of this schedule)   Description	240.40	Lockbox 6112, P.O. Box	7247 Philadelphia, PA	19170
Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Storage Star  Amount (\$)  Payee address;  Category (See Calegories listed at the top of this schedule)  Purpose EXPENDITURE  Candidate / Officeholder name  Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name  Confice sought  Candidate / Officeholder name  Confice sought  Confice sought  Confice held  Candidate / Officeholder name  Confice sought  Confice sought  Confice held			Description	
Complete ONLY if direct expenditure to benefit C/OH  Date  Payse name  Storase Star  Amount (\$) Payse address; City, State: Zip Code    29	OF	Credit Card payment	Office overhed /compute	-/phoe expe
Date  Payee name  Storage Star  Amount (\$) Payee address:  City, State: Zip Code    29		Checkil travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense	
Amount (5) Payee address: City: State: Zip Code    29			Office sought Office held	
Amount (5)  Payee address:  City: State: Zip Code    29	Date	Payee name	1000	
29   210 Quail Creek Rd Laredo, TX 780/15    PURPOSE OF EXPENDITURE   Categories listed at the top of this schedule)   Description		Storage Star		
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Description  Storage  Check if Austin, TX, officeholder living expense  Office sought  Office held	Amount (\$)	Payee address;	City; State; Zip Code	е
PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Complete ONLY if direct expenditure to benefit C/OH  Category (See Categories listed at the top of this schedule)  Description  Storage  Check if Austin, TX, officeholder living expense  Office sought  Office held	129	2110 Quail Cree	k Rd Laredo, TX	78045
Complete ONLY if direct expenditure to benefit C/OH  Check if I Favet outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	OF	Rental Expense	Storage	
expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought Office held	
		ATTACH ADDITIONAL COPIES OF THIS SCI	EDULE AS NEEDED	

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memonals Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not fisted above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1; 2 FILER NAME Perez 5 Payee name Zip Code 6 Amount (\$) 7 Payee address; Occio (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** supplies overhead EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State; Zip Code Esperanz Or. (See Categories listed at the top of this schedule) 8041 **PURPOSE** Advertising OF EXPENDITURE Check if Auslin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Zip Code Laredo, TX Description **PURPOSE** Transportation OF EXPENDITURE Check if fravel outside of Trixas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overheat Food/Beverage Expense Polling Expense Printing Expense Printing Expense	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 1		3 Filer ID (Ethics Commission Filers)
	Vanessa Pere	2	
4 Date 2/27/24	5 Payee name KAS Venturs	Fuel	America
6 Amount (\$)	7 Payee address;	City,	State; Zip Code
150.04	12602 FM 1472	Laredo	Tx 78045
8	(a) Category (See Categories listed at the top of this schedule) (b	) Description	
PURPOSE OF EXPENDITURE	Transportation/Event	645 0	and Snadas fores
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Auslin	, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate/ Officeholder name	Office sought	Office held
Date	Payee name		
2/26/24	Apple Cord		
Amount (\$)	Payee address;	City;	State, Zip Code
240.40	Goldman Sechs Bak Lockbox 6112, P.O.Box	7247 1	Philadelphia, PA 1917
	Category (See Categories listed at the top of this schedule)	Description	,
PURPOSE OF EXPENDITURE	Cred: + card Payment	office ove	shed / computer/ Pho e
	Check if traval outside of Taxas. Complete Schedule T.	Check & Auslin	. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/26/24	Colombia		
Amount (\$)	Payee address;	City;	State; Zip Code
216,44	1600 Water St. 2	Laredo	TX 78040
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	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

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Printing Expense Pr	pense ages/ContractLabor	Solicitation/Fundraising Exprinse Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Vanessa P	ere z	3 Filer ID (Ethics Commission Filers)	
4 Date 3 / 4/24	5 Payee name Murphy Ex	press		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
72.40	13501 FM 147		redo, TX 78045	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•	
PURPOSE OF EXPENDITURE	Transportation	Gas		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
_Date	Payee name	111111111111111111111111111111111111111		
3/4/24	Storage Stor			
Amount (\$)	Payee address;	City;	State; Zip Code	
169	2110 Quail Creek	< Pd. La	aredo, TX 78045	
	Category (See Categories listed at the top of this schedule)	Description	,	
PURPOSE OF EXPENDITURE	Rental Expense	Stora	<u>s</u> e	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n. TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/8/24	Grazie Nonn			
Amount (\$)	Payee address;	City;	State; Zip Code	
370.26	1100 15th St. NW	Washing	ton DC 2005	
PURPOSE	Calegory (See Calegories listed at the top of this schedule)	Description		
OF EXPENDITURE	Food Bev. Expense	office	holder Expense	
	Check if travel outside of Texas. Complete Schedule T	Chuck if Austi	n, 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				

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advartising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) Perez anessc 4 Date 5 Payee name anessa Perez 6 Amount (\$) City: 7 Payee address; Zip Code Larelo TX 78045 Crossbill (b) Description 8 Zero out loan belance PURPOSE Repayment OF EXPENDITURE Check if travel outside of Tiexas. Complete Schedule T Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) State: Zip Code avee address: City: Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address: City; State: Zip Code Category (See Categories listed at the top of this schodule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete **QNLY** if direct expenditure to benefit C/OH

### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credi Card Payment	Il Committee 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 Danessa Perez 3 Filer ID (Ethics Commission Filers)
3/11/24	5 Payee name May flower
6 Amount (\$)	7 Payee address; Clty; State; Zip Code
439.10	1127 Connecticut Washington DC 20036
8	(a) Category (See Calegories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Food Beverage Expense Officeholder expense  (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder tiving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Or	Candidate / Officeholder name Office sought Office held
Date	Payee name
3/18/24	Santa Berra
Amount (\$)	Payee address; City; State, Zip Code
42.86	3910 E. Del mar Blud. # 205 Lards, Tx 78045
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE	
OF EXPENDITURE	Food Beverage Expense Team Building
CAPENULLURE	1 000   Bevering Kyperic   1 ( and building
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
Date	Payee name
3/18/24	Santa Barra
Amount (\$)	Payee address; City, State; Zip Code
285.70	3910 E. Del Mar Plud #205 Laredo, TX 7801
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE	
OF EXPENDITURE	Food/Deverage Expense Team Building
	Check if Austin, TX. officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) anessa Perez 5 Payee name 7 Payee address; Zip Code 6 Amount (\$) City. State: Larelo 18043 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name ( 'osmos City; State. Zıp Code McPherson Unit 510 **PURPOSE** OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name ople Card dress; man Sachs Bank oox 6/12, P.O. Box 7247 (See Calegories listed at the top of this schedule) Description **PURPOSE** Card Payment Office overhad Credit EXPENDITURE Check if Austin, TX, officeholder living expense Check if traveloutside of Texas, Complete Schedule T Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense P y Gift/Awards/Memorials Expense P	oan Rapayment/Reimbursement office Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/ContractLabor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1;	2 FILER NAME Uanlsc P	erez	3 Filer ID (Ethics Commission Filers)
4 Date 4 2 2 4	Storage Sta	~	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
169	2110 Quail Creek	Rd. Laredo	, Tx 78045
8	(a) Category (See Calegories listed at the top of this scho	edule) (b) Description	
PURPOSE OF EXPENDITURE	Rental Expense	Store	age
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		1100 W
4/2/24	Target		
Amount (\$)	Payee address;	City;	State, Zip Code
154.53	7501 San Da	6.7.0	
	Category (See Categories listed at the top of this school	dule) Description	<del>-</del>
PURPOSE OF EXPENDITURE	office overhad	Suppli	در
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	n. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
415124	Tokyo Garda	:n	
Amount (\$)	Payee address;	City;	State; Zip Code
219,44	2515 E. Del	mar Las	-edo TX 78041
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	Food Beverage Exper	nse Office	molde expense
	Check if Iravel outside of Fexas. Complete School	ule T. Check if Austra	n, TX, officeholder living axpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	EDED

#### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Tolal pages Schedule F1:	2 FILER NAME Vanessa Perez 3 Filer ID (Ethics Commission Filers)
4 Date 4  5/24	5 Payee name Murphy Express 8
6 Amount (\$)	7 Payee address; City; State, Zip Code
98.11	13501 FM 1472 Laredo TX 78045
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Transportation Gas
	(c) Check if traveloutside of Texas, Complete Schodule T. Check if Austin, TX, officeholder Iwing expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
418124	Posh Express
Amount (\$)	Payee address; City; State; Zip Code
121.99	7019 W. Village Blud #101 Laredo, Tx 780
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Food Beverage Expense Officeholder expense
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held
Date	Payee name
4/15/24	Posh Express
Amount (\$)	Payee address; City; State; Zip Code
83.89	7019 W. Village Dlud. #101 Laredo, TX 28041
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF	Food Beverage Expense Officeholder expense
EXPENDITURE	To be could be a second control of
	Check if travel outside of Texas. Complete Schedule T  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Here de la	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Polling Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense GilVAwards/Memorials Expense Travel In Oistrict 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 3 Filer ID (Ethics Commission Filers) terans of Foreign Wars Post 91 4 Date 5 Payee name 7 Payee address; (a) Category (See Calegories listed at the top of this schedule) (b) Description 8 Jennifer Lozano Olympic expenses Bowling **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedufe T Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) City: State, Zip Code Payee address; Category (See Categories listed at the lop of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Tiexas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Fexas. Complete Schedule T Check if Auslin, TX, officeholder fiving expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

ii iile requested iiili	Jimation is no	applicable, be 110	i iliciaac t	ins page in the	report.		
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fee For GIR I Committee Leg	nt Expense s s d/Beverage Expense Awards/Memorials Expense al Services he Instruction Guide exp	Office Over Polling Exp Printing Ex Salaries/W	pense ages/ContractLabor	Transpo Travel I Travel 0	In District Out Of District	g Expense ent & Related Expense y not listed above)
1 Total pages Schedule F1;	2 FILER NAME	Vaness	c Pe	112	3 Files	ID (Ethics (	Commission Filers)
4 Date 4/15/24	5 Payee name	iddy up	Fun	draiser	Ale	xand	or Band
6 Amount (\$)	7 Payee address		mar	city. Lare	d o	State;	21p Code 28045
8	(a) Category (Sa	e Categories listed at the lop of	lhis schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Spo	nsorship	•	Band J	Dona	tion	
	(c) Chec	k iffravel outside of Texas. Comple	ete Schodule T.	Check if A	wstin, TX, offic	caholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		C	Office held
Date	Payee name						
4/15/24	Wo	nderla.	rel	(offee	_ = =		
Amount (\$)	Payee addres	ss;		City;		State;	Zip Code
500	7511	McPhe.	~Jon	Lare	do	TX	78041
PURPOSE OF EXPENDITURE	Category (See	Calagories listed at the lop of It		Description Fother Dcy	mch even	Joboe +-Dr	Earth inks
	Chec	kil travel outside of Texas. Comple	te Schedule T	Check if A	ustin, TX, affic	eholder living e	xpense
Complete ONLY if direct expenditure to benefil C/OH		Officeholder name		Office sought		0	ffice held
Date	Payee name						
4/17/24	M	urphy	EXA	lln			
Amount (\$)	Payee addres	ss;		City;		State;	Zip Code
100	1350	1 FM	1472	Lar	cdo	TX	78045
PURPOSE OF EXPENDITURE		categories listed at the top of the sports to constant to t		Description	S	•	
		k if travel outside of Texas. Comple	te Schedule T			eholder living e	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought			Office held
	ATTAC	H ADDITIONAL COPI	ES OF THIS	SCHEDULE AS N	IEEDED		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Benking Consulting Expense Contributions/Conations Made Bi Candidate/Officaholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Table 54			2 Elles ID (Chies Commission Elless)	
1 Total pages Schedule F1:	2 FILER NAME Uanessa	Perez	3 Flier ID (Ethics Commission Filers)	
4 Date 4/24/24	5 Payee name Tary ct			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
141.41	7501 San Da	rio Lareda	, TX 78041	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF		T		
EXPENDITURE	office overhead	Supplie.	<u> </u>	
	(c) Check if travel outside of Texas, Complete Sc	thodule T. Check if Austir	n, TX, officeholder living expense	
9 Complete QNLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payeename			
4/24/24	Wondeland	Coffee		
Amount (\$)	Payee address;	City:	State; Zip Code	
14.29	7511 Mc Pherso	on Laredo	, TX 78041	
	Category (See Categories listed at the top of this so	chedule) Description		
PURPOSE OF EXPENDITURE	Food/Bererage	Expense Meet	ing	
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin	n, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4126124	Tokyo Gu	den		
Amount (\$)	Payee address;	City;	State; Zip Code	
195.39	2515 E. Del	mar Lare	do, Tx 78041	
	Category (See Categories listed at the top of this so	thedule) Description	,	
PURPOSE OF EXPENDITURE	Food Beverage Ex	opene Mee	ting	
	Check iftravel outside of Texas. Complete Sc	hedule T Check if Austin	n, TX, afficeholder 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				

### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 6(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Logal 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 (\$)	7 Payee address; City, State; Zip Code	
378.26	423 Floral Blud Laredo, TX 78043	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	sponsorship fundraiser donation	
	(c) Check if laveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
5/1/24	Apple Card	
Amount (\$)	Payee address; City; State; Zip Code	
240.40	Payee address; Goldman Scahs Bank  Lockbox 6112, P.O. Box 7247 Philadephia, PA 19170	
	Category (See Calegories listed at the top of this schedule)  Description	
PURPOSE OF EXPENDITURE	Credit Card Payment office overheid/computer/phone	
	Check if Lastin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held	
Date	Payee name	
5/3/24	Storage Star	
Amount (\$)	Payee address; City; State; Zip Code	
169	2110 Quail Creek Pd. Laredo, Tx 2804.	ſ-
	Category (See Categories listed at the top of this schedule)  Description	
PURPOSE OF EXPENDITURE	Rental Expense Storage	
	Check if travel outside of Texas. Completo 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	

### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME () anesse Perez 3 Filer ID (Ethics Commission Filers)
4 Date 5/1/24	5 Payee name Tecos Shop
6 Amount (\$)	7 Payee address; City; State; Zip Code
232.75	6320 Sinetra Pkwy Laredo, TX 7804
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Gifts Tecos merchandise for gifts
	(C) Check if travel outside of Texas Complete Schedule T Check it Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name
5/30/24	Murphy Express
Amount (\$)	Payee address; J City; State; Zip Code
81.58	13501 FM 1472 Lando, Tx 78045
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Transportation Gas
	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
6/3/24	Apple Card  Payee address; City; State; Zip Code  Coldman Sachs Bank
Amount (\$)	Payee address; City; State; Zip Code
240.40	Lockbox 6112, P.O. Box 7247 Philadelphia, PA 1917
10-10	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Credit Card Payment office overhand / computer/Phone
	Check if traveloutside 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

## SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Office 0 Food/Beverage Expense Polling y Gift/Awards/Memonals Expense Printing	Overhead/Rental Expense Transportation Expense Travel In Distr Travel Out Of	
Credit Card Payment	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule F1.	2 FILER NAME Danessa F	erez 3 Filer ID (	Ethics Commission Filers)
4 Date 6/4/24	5 Payee name Capitol Gi	ft Shap	
6 Amount (\$)	7 Payee address:	City: State	e; Zip Code
367.94	1400 N. Congress	· Austin T	x 78701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Gifts	Gift expens	16
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX. officeholde	r living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	Suprama A	
6/7/24	Monica Range		
Amount (\$)	Payee address:	City; State	e; Zip Code
250	2703 Pecan St.	Laredo, TX 7	8046
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		7 11.	
EXPENDITURE	Spensorship	Dowling tune	lraise-
	Check if travel outside of Texas Complete Schedule T	Check if Austin TX officeholde	r living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	W	
6/13/24	SE40920 U	alero	
Amount (\$)	Payee address:	City; State	e; Zip Code
85	9304 FM 1473	Laredo, 1	TY 78045
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Transportation	Gas	
	Check if travel outside of Texas Complete Schedule T	Check if Austin, TX, officeholder	r living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED	

### SCHEDULE F1

Advertising Expense	EXPENDITURE CATEGORIE	S POR BOX 6(a)	
Accounting/Banking Consulting Expense Contributions/Donaftons Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y Gift/Awards/Memonals Expense Pnnting	lepayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (entera category not listed above)
Credit Card Payment	The Instruction Guide explains how t	o 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 St	-در	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
169	2110 Quail Cr	eek Rd. L	ardo, TX 78045
8	(a) Category (See Categories listed at the top of this schedule		
PURPOSE OF EXPENDITURE	Rental Expense	Stor	ase
	(C) Check if travel outside of Texas. Complete Schedule T	Check if Austii	n. TX. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payeename		
6/27/24	Tokyo Gurden		
Ambunt (\$)	Payee address;	City;	State; Zip Code
44.92	2512 E. Del W	lar Lare	do, Tx 7804/
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	+ 1	machia	(
EXPENDITURE	tood beverage expense	· Meetin	5
	Check if travel outside of Texas Complete Schedule T	Check if Austin	n, TX, officeholder living expense
	Candidate / Officeholder name		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
		Office sought	Office held
expenditure to benefit C/OH	Payee name	Office sought	Office held
expenditure to benefit C/OH	Payee name		Office held  State: Zip Code
expenditure to benefit C/OH	Payee name  Mwphy Exp  Payee address:	City.	
Date  Amount (\$)	Payee name  Mwphy Exp  Payee address:	City.	State: Zip Code
Date  Amount (\$)	Payee name  Mwphy Exp  Payee address:  13501 Fm 14"	ores 8 city.	State: Zip Code
Date  O 2 3 2 4  Amount (\$) 1  PURPOSE OF	Payee name  Mwphy Exp  Payee address:    350  Fm   4"  Category (See Categories listed at the top of this schedule)	City.  Description  Gas	State: Zip Code
Date  O 2 3 2 4  Amount (\$) 1  PURPOSE OF	Payee name  Mwphy Exp Payee address:    350  Fm 4"   Category (See Categories listed at the top of this schedule)    Transportation   Check if traveloutside of Texas Complete Schedule T   Candidate / Officeholder name	City.  Description  Gas	State: Zip Code