

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: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MI Alejandro	<div style="border: 2px solid black; padding: 5px;"> <p>OFFICE USE ONLY</p> <p>Date Received</p> <div style="border: 1px solid black; padding: 5px; text-align: center; color: blue;"> RECEIVED 2018 JAN 17 PM 3:31 CITY SECRETARY'S OFFICE </div> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p> </div>
	NICKNAME	LAST SUFFIX Pérez Jr.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	2401 Garfield Laredo, Texas 78043	
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	(956) 236-9498	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST MI Alejandro	
	NICKNAME	LAST SUFFIX Pérez	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	1707 Garfield Laredo, Texas 78043	
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	(956) 722-8613	
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07 / 01 / 2017		12 / 31 / 2017
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Councilmant District 3		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

14 C/OH NAME

Alejandro Pérez Jr.

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

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

\$ 0.00

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

\$ 13,700.00

EXPENDITURE
TOTALS

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

\$ 1,044.36

4. TOTAL POLITICAL EXPENDITURES

\$ 6,778.36

CONTRIBUTION
BALANCE

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

\$ —

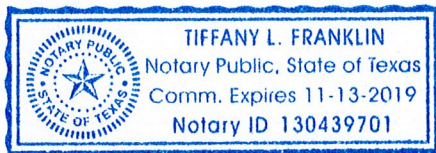
OUTSTANDING
LOAN TOTALS

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

\$ 1,360.00

18 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

Alejandro Pérez Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Alejandro "Alex" Perez, Jr., this the 17 day of January, 20 18, to certify which, witness my hand and seal of office.

Tiffany L. Franklin
Signature of officer administering oath

Tiffany L. Franklin
Printed name of officer administering oath

Deputy City Secretary IV / Notary
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Alejandro Pérez Jr.

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,900.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,800.00
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	\$ 5,734.00
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Alejandro Perez Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

1-3-17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Laredo Police Officer's Association

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

*6426 Polaris Dr.
Laredo, Texas 78041*

8 Principal occupation / Job title (See Instructions)

Police Officer's Association

9 Employer (See Instructions)

-

Date

7-5-17

Full name of contributor

out-of-state PAC (ID#: _____)

Evangelina V. Ceja

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

*4110 Toluca St.
Laredo, TX 78046*

Principal occupation / Job title (See Instructions)

Real estate owner

Employer (See Instructions)

Self-employed

Date

10-25-17

Full name of contributor

out-of-state PAC (ID#: _____)

J. Edmundo Ramirez

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

*304 Bordeaux
Laredo, TX 78041*

Principal occupation / Job title (See Instructions)

Real estate developer

Employer (See Instructions)

Self-employed

Date

10-26-17

Full name of contributor

out-of-state PAC (ID#: _____)

Nelso A. & Veronica Molina

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

*203 Valladolid
Laredo, TX 78046*

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

-

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Alejandro Pérez Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date
11-6-17

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

7 Amount of contribution (\$)
1,000.00

6 Contributor address; City; State; Zip Code
**2925 Briarpark Dr., 4th floor
Houston, Texas 77042**

8 Principal occupation / Job title (See Instructions)
Political Action Committee

9 Employer (See Instructions)
-

Date
10-23-17

Full name of contributor out-of-state PAC (ID#: _____)
Kazen, Meurer, & Perez, LLP

Amount of contribution (\$)
1,000.00

Contributor address; City; State; Zip Code
**P.O. Box 6237
Laredo, TX 78042**

Principal occupation / Job title (See Instructions)
Attorneys

Employer (See Instructions)
Law firm

Date
10-26-17

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

Amount of contribution (\$)
1,500.00

Contributor address; City; State; Zip Code
**5219 Tesoro Plaza
Laredo, TX 78041**

Principal occupation / Job title (See Instructions)
Political Action Committee

Employer (See Instructions)

Date
11-1-17

Full name of contributor out-of-state PAC (ID#: _____)
Zertuche Construction & Management, LLC

Amount of contribution (\$)
1,000.00

Contributor address; City; State; Zip Code
**107 Calle del Norte, Suite #4
Laredo, Texas 78041**

Principal occupation / Job title (See Instructions)
Construction Company

Employer (See Instructions)
-

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Alejandro Perez Jr.**

3 Filer ID (Ethics Commission Filers)

4 Date
11-7-17

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

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**3103 1715 St.
Laredo, TX 78045**

8 Principal occupation / Job title (See Instructions)
Contractor

9 Employer (See Instructions)
Self-employed

Date
10-25-17

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

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
**4321 Jonathan St
Bellaire, TX 77401**

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Andurra Group

Date
10-25-17

Full name of contributor out-of-state PAC (ID#: _____)
Sylvia O. Praesel

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**P.O. Box 450418
Laredo, TX 78045**

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Self-employed

Date
11-13-17

Full name of contributor out-of-state PAC (ID#: _____)
Killam Development, Ltd.

Amount of contribution (\$)
2,500.00

Contributor address; City; State; Zip Code
**P.O. Box 499
Laredo, TX 78042**

Principal occupation / Job title (See Instructions)
Land development

Employer (See Instructions)
-

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Alejandro Pérez Jr.

3 Filer ID (Ethics Commission Filers)

4 Date

11-14-17

5 Full name of contributor

Mage Group Ltd.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

1304 Crosscountry Lane
Laredo, Texas 78045

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

Self-employed

Date

10-26-17

Full name of contributor

Christopher M. Haynes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

1217 N Seymour Ave.
Laredo, Texas 78040

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Real estate manager

Employer (See Instructions)

Self-employed

Date

11-14-17

Full name of contributor

Elite Employment Services, LLC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

6550 Springfield Ave., Unit #163
Laredo, Texas 78041

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employment Co.

Employer (See Instructions)

-

Date

11-14-17

Full name of contributor

Roberto Martinez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

P.O. Box 450583
Laredo, Texas 78045

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Howland Engineering

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 5

2 FILER NAME Alejandro Perez Jr. 3 Filer ID (Ethics Commission Filers)

4 Date <u>12-1-17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Edward & Annie Garza</u>	7 Amount of contribution (\$) <u>250.00</u>
6 Contributor address; City; State; Zip Code <u>1522 Demaret Court Laredo, Texas 78045</u>		

8 Principal occupation / Job title (See Instructions) Architect 9 Employer (See Instructions) Self-employed

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>N/A</u>	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>N/A</u>	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>N/A</u>	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Alejandro Perez Jr.</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>1,800.00</u>	
5 Date <u>10-25-17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sylora Soliz</u>	8 Amount of Contribution \$ <u>1,800.00</u>	9 In-kind contribution description <u>Fundraising event expense</u>
7 Contributor address; City; State; Zip Code <u>118 Toledo Laredo, TX 78043</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Self-employed</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Retired</u>	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>	2 FILER NAME <i>Alejandro Pérez Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8-4-17</i>	5 Payee name <i>Gisela Zapata</i>	
6 Amount (\$) <i>60.00</i>	7 Payee address; City; State; Zip Code <i>1610 Scott St. Laredo, TX 78040</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution to aid constituent in offsetting medical expenses.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>8-29-17</i>	Payee name <i>Voz de Niños</i>	
Amount (\$) <i>520.00</i>	Payee address; City; State; Zip Code <i>1403 N. SEYMOUR LAREDO, TX. 78043</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution made to help agency offset admin./operational expenses.</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>8-29-17</i>	Payee name <i>Pillar</i>	
Amount (\$) <i>280.00</i>	Payee address; City; State; Zip Code <i>1403 N. SEYMOUR LAREDO, TX. 78043</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution made to help agency offset admin./operational expenses.</i>
	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>		2 FILER NAME <i>Alejandro Pérez Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9-1-17</i>		5 Payee name <i>Damaris Gamas</i>			
6 Amount (\$) <i>49.00</i>		7 Payee address; City; State; Zip Code <i>2201 E. TRAVIS LAREDO, TEX. 78043 APT. 207</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution to purchase food plates to aid constituent in offsetting fundraiser expenditure.</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9-7-17</i>		Payee name <i>MARGARITA GOUZALEZ</i>			
Amount (\$) <i>40.00</i>		Payee address; City; State; Zip Code <i>122 PAMPLONA LAREDO, TEX. 78046</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder expenses incurred for community outreach services.</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8-29-17</i>		Payee name <i>PETS ALIVE</i>			
Amount (\$) <i>75.00</i>		Payee address; City; State; Zip Code <i>1403 SEYMOUR LAREDO, TX. 78043</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution made to help offset administrative/operational expenses.</i>	
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>	2 FILER NAME <i>Alejandro Pérez Jr.</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10-1-7</i>	5 Payee name <i>GARMEN GAGE</i>
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6 Amount (\$) <i>50.00</i>	7 Payee address; City; State; Zip Code <i>1401 FREMONT LAREDO, TEX. 78040</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other - Outreach Services</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Expenses incurred for community outreach services on behalf of officeholder.</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-12-17</i>	Payee name <i>MAYRA A. AMBROSIO</i>
-------------------------	--

Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>122 PAMPLONA LAREDO, TEX. 78046</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Expenses incurred for community outreach services on behalf of officeholder.</i>
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10-13-17</i>	Payee name <i>CLAUDIA ARVIZO</i>
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Amount (\$) <i>60.00</i>	Payee address; City; State; Zip Code <i>134 FAIRWAY LAREDO, TEXAS 78040</i>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution to purchase food plates to aid constituent in offsetting fundraiser expenditures.</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <i>11</i>	2 FILER NAME <i>Alejandro Pérez Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-13-17</i>	5 Payee name <i>ST. AUGUSTINE SCHOOL</i>	
6 Amount (\$) <i>375.00</i>	7 Payee address; City; State; Zip Code <i>300 GALVESTON LAREDO TX, 78043</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution made by officeholder</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution made to school during their annual fundraiser.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10-21-17</i>	Payee name <i>CLAUDIA ARVIZO</i>	
Amount (\$) <i>60.00</i>	Payee address; City; State; Zip Code <i>134 FAIRWAY LAREDO TEX, 78041</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution to purchase food plates to aid constituent in offsetting fundraiser expenditure.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10-27-17</i>	Payee name <i>DAMARIS GAMAS</i>	
Amount (\$) <i>49.00</i>	Payee address; City; State; Zip Code <i>2201 TRAVIS LAREDO TEX, 78043</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution to purchase food plates to aid constituent in offsetting fundraiser expenditure.</i>
	9 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>	2 FILER NAME <i>Alejandro Pérez Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-27-17</i>	5 Payee name <i>CLAUDIA ARVIZO</i>	
6 Amount (\$) <i>60.00</i>	7 Payee address; City; State; Zip Code <i>134 FAIRWAY LAREDO, TEX. 78041</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution made to purchase food plates to aid constituent in offsetting fundraiser expenditures.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

Date <i>11-2-17</i>	Payee name <i>MARCOS ESCAMILLA</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>4920 MARCELLA LAREDO, TEX. 78040 (BEAR)</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other-Community Outreach</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Expenses incurred for community outreach services on behalf of officeholder.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name	Office sought Office held

Date <i>11-3-17</i>	Payee name <i>VIDAL TRAVIÑO SCHOOL OF COMMUNICATION</i>	
Amount (\$) <i>68.00</i>	Payee address; City; State; Zip Code <i>820 GUADALUPE LAREDO TEX. 78040</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution made to aid school during a fundraising activity.</i>
	9 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>		2 FILER NAME <i>Alejandro Pérez Jr.</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11-11-17</i>		5 Payee name <i>MAYRA A. AMBROSIO</i>			
6 Amount (\$) <i>120.00</i>		7 Payee address; City; State; Zip Code <i>122 PAMPLONA LAREDO, TEX. 78046</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other - Outreach Services</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Expenses incurred for community outreach services on behalf of officeholder.</i>		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sought Office held		
Date <i>11-21-17</i>		Payee name <i>CLAUDIA ARVIZO</i>			
Amount (\$) <i>30.00</i>		Payee address; City; State; Zip Code <i>134 FAIRWAY LAREDO TEX. 78041</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution to purchase food plates to aid constituent in offsetting fundraiser expenditure.</i>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name		Office sought Office held		
Date <i>11-24-17</i>		Payee name <i>Walmart</i>			
Amount (\$) <i>1,000.00</i>		Payee address; City; State; Zip Code <i>2320 Bob Bullock Loop Laredo, TX 78043</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gifts</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Gifts purchased by officeholder for distribution to constituents.</i>		
	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>	2 FILER NAME <i>Alejandro Pérez Jr.</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-16-17</i>	5 Payee name <i>Las Semelas Toys</i>
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6 Amount (\$) <i>300.00</i>	7 Payee address; City; State; Zip Code <i>311 Salinas Laredo, Texas 78040</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Gifts</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <i>Purchase of toys by officeholder for distribution to District children.</i>
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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>11-14-17</i>	Payee name <i>Laredo Amateur Boxing Club</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>2214 San Eduardo Laredo, Texas 78040</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <i>officeholder contribution to aid Boxing Club in offsetting fundraiser expenditures.</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-15-17</i>	Payee name <i>Laredo Amateur Boxing Club</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>2214 San Eduardo Laredo, Texas 78040</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <i>officeholder contribution to aid Boxing Club in offsetting fundraiser expenditures.</i>
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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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>	2 FILER NAME <i>Alejandro Pérez Jr.</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11-30-17</i>	5 Payee name <i>Mayra A. Ambrosio</i>
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6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>122 Pamplona Laredo, Texas 78044</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other-Outreach Services</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Expenses incurred for community outreach services on behalf of officeholder.</i>
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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>12-15-17</i>	Payee name <i>Claudia Arvizo</i>
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Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>134 Fairway Laredo, TX 78041</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution to purchase food plates to aid constituent in offsetting fundraiser expenditures.</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-22-17</i>	Payee name <i>Cynthia Gonzalez</i>
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Amount (\$) <i>450.00</i>	Payee address; City; State; Zip Code <i>311 Salinas Laredo, Texas 78040</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>officeholder contribution for the purchase of toys for distribution to district children.</i>
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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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>	2 FILER NAME <i>Alejandro Pérez Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-23-17</i>	5 Payee name <i>Alma D. Amador</i>	
6 Amount (\$) <i>91.00</i>	7 Payee address; City; State; Zip Code <i>1004 Fremont Laredo, Texas 78046</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other - Outreach Services</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Expenses incurred for community outreach services on behalf of officeholder.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12-27-17</i>	Payee name <i>Oscar Huerta</i>	
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>3814 Sunflower Ave. Laredo, Texas 78046</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other - Outreach Services</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Expenses incurred for community outreach services on behalf of officeholder.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>12-29-17</i>	Payee name <i>Julio Gonzalez</i>	
Amount (\$) <i>125.00</i>	Payee address; City; State; Zip Code <i>122 Pamploana Laredo, Texas 78046</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other - Outreach Services</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Expenses incurred for community outreach services on behalf of officeholder.</i>
	9 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

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: 11	2 FILER NAME Alejandro Pérez Jr.	3 Filer ID (Ethics Commission Filers)
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4 Date 7-1-17	5 Payee name Daniel Pérez
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6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 8768 Augusta Loop Laredo, TX 78045
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation made by officeholder	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder contribution to purchase food plates to aid constituent in offsetting fundraiser expenditures.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-2-17	Payee name Church of the Crossroads
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Amount (\$) 280.00	Payee address; City; State; Zip Code 1301 Intl. Boulevard Laredo, TX 78045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder contribution made to help offset admin./operational expenses.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7-14-17	Payee name Claudia Sandoval
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Amount (\$) 42.00	Payee address; City; State; Zip Code 1104 Chacon Laredo, TX 78040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense officeholder contribution to purchase food plates to aid constituent in offsetting fundraiser expenditures.
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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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>11</i>	2 FILER NAME <i>Alejandro Pérez Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7-14-17</i>	5 Payee name <i>Pets Alive</i>	
6 Amount (\$) <i>100.00</i>	7 Payee address; City; State; Zip Code <i>1403 Seymour Laredo, TX 78043</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <i>Contribution made by officeholder to aid agency during a fundraising activity.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10-14-17</i>	Payee name <i>Walmart</i>	
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>2320 Bob Bullock Loop Laredo, Texas 78043</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gifts</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <i>Gifts purchased by officeholder for distribution to District constituents.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10-13-17</i>	Payee name <i>Mary Help of Christians School</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>106 Del Mar Blvd. Laredo, Texas 78041</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation made by officeholder</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <i>Contribution made by officeholder to aid school during a fundraising activity.</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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