CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/(MR) FIRST Alejandro	MI	OFFICE USE ONLY			
NAME	NICKNAME LAST "Alex" Perez	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C 2401 Garfield Lare do, Texas 7804	STATE; ZIP CODE	RECEIVED SOKEWAYS OFFICE SOKEWAYS OFFI			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (954) 234-9498	EXTENSION	Date Hand-Bellwered or Date Postmarked			
6 CAMPAIGN TREASURER	MS/MRS/MR) FIRST Alejandro	MI	Receipt # Amount \$			
NAME	NICKNAME LAST Perl2	SUFFIX	Date Processed Date Imaged			
			water and the second			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (no po box please); apt/su 1707 Garfield Lare do, Texas 1804		ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 122-86/3	EXTENSION				
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 01/01/2018	THROUGH OL/	Day Year / 30 / 2018			
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	City Councilman, Dis	7. 3 13 OFFICE SOUGHT (if known	1			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (E	thics 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			
Additional Pages					
9		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	0.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$	14,687.63	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	AY \$		
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		1,340.00	
18 AFFIDAVIT					
TIFFANY L. FRANKLIN Notory Public, State of Texas Comm. Expires 11-13-2019 Notary ID 130439701 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. Signature of Canadate or Officeholder					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Alejandro "Alex" Perez, Tr.,, this the					
day of JWy , 2018 , to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERNAME Alejandro "Alex " Perez Jr. 20 Filer ID (E	thics Commission Filers)
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14687.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ns \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Polling Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District 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) Alejaridro "Alex" Perez Jr. Alejandro "Alex" Parez Jr. for Webb County Commissioner, Pet. 2

City; State; Zip Code 4 Date 5 Payee name 1-2-18 6 Amount (\$) 7 Payee address; 2401 Garfield 14,687.63 Laredo, Texas 18043 (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check it Augun, TX. officeholder living expense
Officeholder Contribution for
Wildblaunty Commissioner, Pct. 2 campagn OF Other **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) City; State; Zip Code Pavee address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** 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 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH