

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 (Series Commission Filer)	2 Total pages filed	15
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MR Mrs. Vanessa J. Perez <small>NICKNAME FIRST LAST SUFFIX</small>	OFFICE USE ONLY Date Received REC'D CITY SEC OFF DEC 4 '20 AM 8:46 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 414 Crossbill St. Laredo, TX 78045 <input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 473-9129			
6 CAMPAIGN TREASURER NAME	MR / MRS / MR Mr. Flavio Lopez <small>NICKNAME FIRST LAST SUFFIX</small>			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 1312 Houston St. Suite 3 Laredo, TX 78040 (Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 235-8610			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 25 / 2020 THROUGH 12 / 4 / 2020			
11 ELECTION	ELECTION DATE Month Day Year 12 / 12 / 20		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" 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)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME Laredo Police Officers Association		
		COMMITTEE ADDRESS 6426 Polaris Laredo, TX 78041		
		COMMITTEE CAMPAIGN TREASURER NAME Ramiro Paredes		
		COMMITTEE CAMPAIGN TREASURER ADDRESS 6426 Polaris Laredo, TX 78041		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

16 C/OH NAME <i>Vanessa Perez</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,450
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 428,90
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,745.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,616.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,750

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

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

OR

(2) Unsworn Declaration

My name is Vanessa Perez and my date of birth is 02/10/1982
My address is 414 Crossbill St. Laredo TX 78045 Webb
(street) (city) (state) (zip code) (country)
Executed in Webb County, State of Texas on the 4th day of December, 2020
(month) (year)
Vanessa Perez
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1 <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 23,650
2 <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,800
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		\$ 12,316.40
6 <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7 <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8 <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9 <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10 <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11 <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12 <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME: Vanessa Perez		3 Filer ID (Ethics Commission Filer)
4 Date: 10/28/20	5 Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID# _____) Jacobo Flores Contributor address: City State Zip Code 8502 Spring Valley Laredo, TX 78045	7 Amount of contribution (\$): 100
6 Principal occupation / Job title (See instructions)		8 Employer (See instructions)
Date: 10/30/20	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID# _____) Fernando Rodriguez Contributor address: City State Zip Code 210 Green Jay Ln. Laredo, TX 78045	Amount of contribution (\$): 200
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date: 11/3/20	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID# _____) Monica Molano Contributor address: City State Zip Code 402 Manor Rd Laredo, TX 78041	Amount of contribution (\$): 350
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date: 11/9/20	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID# _____) Adolfo Martinez Contributor address: City State Zip Code 2609 Vineyard Laredo, TX 78045	Amount of contribution (\$): 200
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1	4
2 FILER NAME		3 Filer ID (Ethics Commission File#)	
Vanessa Perez			
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address: City: State: Zip Code	7 Amount of contribution (\$)	
11/9/20	Arturo Dominguez 102 Granada Laredo, TX 78041	500	
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	
11/9/20	Sergio Lozano 1010 Suarez Laredo, TX 78040	300	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	
11/6/20	Jesus Ruiz 8902 Cornell Laredo, TX 78045	1,000	
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)	
11/10/20	Killam Development P.O. Box 499 Laredo, TX 78042	5,000	
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME: Vanessa Perez		3 Filer ID (Ethics Commission Filers)
4 Date: 11/11/20	5 Full name of contributor: Francine Muller Woodul <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address: 149 Cardinal Laredo TX 78045 City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$): 1500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: 11/17/20	Full name of contributor: Jorge Montemayor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: 511 Merlin Laredo TX 78041 City: _____ State: _____ Zip Code: _____	Amount of contribution (\$): 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 11/19/20	Full name of contributor: John Castro <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: 8 Park Place Mansfield TX 76063 City: _____ State: _____ Zip Code: _____	Amount of contribution (\$): 1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 11/20/20	Full name of contributor: Sandra Garza <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: 126 Redwing Laredo TX 78045 City: _____ State: _____ Zip Code: _____	Amount of contribution (\$): 1,000
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 4
2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Form)
4 Date 11/23/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sandra Moreno 6 Contributor address, City, State, Zip Code 10523 Winrock Dr. Laredo, TX 78045	7 Amount of contribution (\$) 2,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/25/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laredo Police Officers Association Contributor address, City, State, Zip Code 6426 Polaris Laredo TX 78041	Amount of contribution (\$) 10,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2 1	
2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filer)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
6 Date	8 Full name of contributor <input type="checkbox"/> out-of-state PAC (IDE _____) Killam Development Ltd. d/b/a Big River Media	9 Amount of Contribution \$ 1,800	10 In-kind contribution description Billboards
7 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 4320 University Blvd P.O. Box 499 Laredo, TX 79042		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (IDE _____) 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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Refund/Overpayment	Solicitors/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Political Expenses	Transportation Equipment & Related Expense
Consulting Expense	Travel/Recreation Expense	Printing Expense	Travel In District
Contributions/Contributions Made By	Gifts/Press/Advertising Expense	Writing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Stationery/Postage/Contract Labor	Other (enter a category not listed above)
Cash/Check/Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1 7		2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filers)	
4 Date 10/26/20		5 Payee name United States Postal Service			
6 Amount (\$) 602.42		7 Payee address, City, State, Zip Code 2395 E. Delmar Blvd. Laredo, TX 78045			
8 PURPOSE OF EXPENDITURE	8(a) Category (See Categories listed at the top of this schedule) Advertising Expense		8(b) Description Postage for mailer		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date 10/26/20		Payee name Facebook Ad			
Amount (\$) 84.43		Payee address, City, State, Zip Code 1 Facebook Way Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Ad boost		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date 11/16/20		Payee name Lowe's			
Amount (\$) 214.05		Payee address, City, State, Zip Code 6623 San Dario Laredo, TX 78041			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office overhead		Description Equip for office		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense.		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|------------------------------|-------------------------------------|--|
| Advertising Expense | Event Expenses | Loan Repayment/Refinancing | Substantive Consulting Expenses |
| Accounting/Bookkeeping | Fees | Office Construction/Rental Expenses | Transportation Expenses & Related Expenses |
| Consulting Expenses | Food/Beverage Expenses | Printing Expenses | Travel in District |
| Contributions/Donations Made By | Office/Professional Services | Printing Expenses | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Research/Market/Opinion Poll | 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		2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filer)	
4 Date 11/16/20		5 Payee name Target			
6 Amount (\$) 207.98		7 Payee address 7501 San Dario		City Laredo	State TX
				Zip Code 78045	
8 PURPOSE OF EXPENDITURE	8(a) Category (See Categories listed at the top of this schedule) office overhead		8(b) Description office supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX officeholder living expense		
9 Complete ONLY 2 direct expenditure to benefit C/OH					
Date 11/14/20		Payee name Pro mega Corp.			
Amount (\$) 1512.79		Payee address 1615 Jacaman		City Laredo	State TX
				Zip Code 78041	
10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description sign		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX officeholder living expense		
11 Complete ONLY 4 direct expenditure to benefit C/OH					
Date 11/19/20		Payee name Print X Press			
Amount (\$) 173.20		Payee address 4820 McPherson St. 1		City Laredo	State TX
				Zip Code 78041	
12 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Flyers, cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX officeholder living expense		
13 Complete ONLY if direct expenditure to benefit C/OH					
		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 2(a)

- | | | | |
|---------------------------------------|----------------------------------|-------------------------------------|---|
| Advertising Expense | Event Expenses | Local Newspaper Advertising Expense | Statewide Political Activity Expenses |
| Accounting/Banking | Food | Online Checkbook Payment Expense | Transportation Requirement & Related Expenses |
| Consulting/Support | Postage/Shipping Expenses | Printing Expenses | Travel to District |
| Contributions/Donations Made By | Printing/Informational Materials | Printing Expenses | Travel Out of District |
| Candidate/Officer/Political Committee | Legal Services | Telephone Expenses/Internet Service | Other (enter a category not listed above) |
| Cash Card Payment | | | |

The instruction below explains how to complete this form.

1 Total pages (Schedule F1) 7		2 FILER NAME Vanessa Perez		3 Filer ID (Ethics Commission Filer)	
4 Date 11/19/20		5 Payee name Target			
6 Amount (\$) 137.44		7 Payee address, City, State, Zip Code 7501 San Dario Laredo TX 78045			
8 PURPOSE OF EXPENDITURE	9 (a) Category (See Categories listed at the top of this schedule) Office Overhead		9 (b) Description Office supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F		<input type="checkbox"/> Check if Austin, TX officeholder living expense		
10 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date 11/24/20		Payee name Facebook Ad			
Amount (\$) 154.03		Payee address, City, State, Zip Code 1 Facebook Way Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Ad boost		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F		<input type="checkbox"/> Check if Austin, TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date 11/27/20		Payee name Sam's Club			
Amount (\$) 75.73		Payee address, City, State, Zip Code 4810 San Bernardo Laredo, TX 78040			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Overhead / office		Description Office supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F		<input type="checkbox"/> Check if Austin, TX officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Registration/Fundraising Expense
Accounting/Printing	Fees	Office Overhead/Travel Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Conventions/Outreach Made By	Gifts/Severance/Memorable Expense	Printing Expense	Travel Out Of District
Candidate/Officer/Holder/Political Committee	Legal Services	Insurance/Wages/Contract Labor	Other (enter a category not listed above)
Civil Campaign			

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1 7	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
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4 Date 11/30/20	5 Payee name United States Postal Service
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6 Amount (\$) 698.87	7 Payee address, City, State, Zip Code 2395 E. Del mar Blvd, Laredo TX 78045
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Postage for mailer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date 11/30/20	Payee name Petra Castro
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Amount (\$) 518.47	Payee address, City, State, Zip Code 602 Longspur Ct, Laredo TX 78045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement campaign supplies	Description Food and materials for campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought	Office held
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Date 11/25/20	Payee name Creative media Group
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Amount (\$) 1,500	Payee address, City, State, Zip Code 216 West Village Blvd Laredo, TX 78041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Radio Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 2(a)

- | | | | |
|--|------------------------------|--|---|
| Advertising Expense | Event Expenses | Lobby Registration/Political Subcommittees | Solicitation/Fundraising Expenses |
| Accounting/Printing | Fees | Offices/Travel/Out-of-State Expenses | Transportation/Equipment & Related Expenses |
| Consulting Expense | Food/Beverage Expenses | Printing Expenses | Travel In District |
| Contributions/Donations Made By | Gifts/Entertainment Expenses | Printing Expenses | 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 7	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
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4 Date 11/27/20	6 Payee name Print X Press
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5 Amount (\$) 2,097.34	7 Payee address: 4820 McPherson St. Laredo, TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Flyers, Flags, Etc.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/20	Payee name United States Postal Service
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Amount (\$) 1,378.07	Payee address: 2395 E. Del Mar Blvd. Laredo, TX 78045
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postage for mailer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/20	Payee name Laredo Morning Times
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Amount (\$) 1,010	Payee address: P.O. Box 80080 Prescott, AZ 86304
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin TX officeholder living expense

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 9(a)

Advertising Expenses Accounting/Banking Consulting Expenses Contributions/Donations Made By Candidates/Officerholder/Political Committee Credit Card Payment	Event Expenses Fees Franchise/Royalty Expenses Gift/Wardrobe/Personal Expenses Legal Services	Letter Postage/Postcard/Postage Office (Supplies/Personal Expenses) Printing Expenses Travel Expenses Travel Post Office Expenses Website/Website Content Editor	Subscription/Printing Expenses Transportation/Equipment & Related Expenses Travel for District Travel Post Office Expenses Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 7		2 FILER NAME Vanessa Perez		3 Prior IS (Ethics Commission Filers)	
4 Date 12/1/20		5 Payee name Lowe's			
6 Amount (\$) 55.88		7 Payee address 6623 San Dario Laredo, Tx 78041			
8 PURPOSE OF EXPENDITURE	9(a) Category (See Categories listed at the top of this schedule) Supplies		9(b) Description Signage supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin TX officerholder living expenses		
10 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name Print n more			
Date 12/2/20		Payee name Print n more			
Amount (\$) 1,015.85		Payee address 3911 Jaime Zapata Laredo TX 78043			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Campaign merchandise		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin TX officerholder living expenses		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name La Paletera			
Date 12/3/20		Payee name La Paletera			
Amount (\$) 69.92		Payee address 315 Calle del Norte Rd.#101 Laredo, Tx 78041			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description Campaign food		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin TX officerholder living expenses		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officerholder name La Paletera			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Rolling 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: 7	2 FILER NAME Vanessa Perez	3 Filer ID (Ethics Commission Filers)
4 Date 12/3/20	5 Payee name Laredo Morning Times	
6 Amount (\$) 810	7 Payee address, City, State, Zip Code P.O. Box 80080 Prescott, AZ 86304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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