CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to complet	e this form.	1 Filer ID (Ethics Commi 00066066		2 Total pages file 4	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Charles L.				
INAIVIE					Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/14/2023	
		Perry				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	۸٠	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	P.O. Box 94806	00112 11, 011	• ,	2.1 0052		
MAILING	F.O. Box 94800				Receipt #	Amount
ADDRESS						
Change of Address	Lubbock, TX 79493				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.</u>	
TREASURER	Mr.	Gary				
NAME		<i>5</i> 4. <i>y</i>				
	NICKNAME			CUEFIX		
		-AST		SUFFIX		
	·	Swann				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE);	AP'	Γ / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	PO Box 53730					
(Desidence of Dusiness)						
(Residence or Business)	Lubbock, TX 79453					
	,					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(806) 794-3344 x106					
THONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	
		0.1 1 1 1			appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	ROUGH	06/30/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
		l ∏ _G	eneral	Special		
11 055105	OFFICE HELD (if care)			13 OFFICE COLICUT	(if known)	
11 OFFICE	OFFICE HELD (if any) State Senator District 28			12 OFFICE SOUGHT State Senator Di		
	State Seriator District 26			State Seriator Di	Strict 20	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 48

13 C / OH NAME	Perry, Charles L. (Th	e Honorable)	14 Filer ID 00066066	(Ethics Cor	mmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have bee	olitical expenditures made by political on made without the candidate's or office this information only if they receive n	eholder's ki	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREAS	URER NAME		
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTIO	S (OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	\$	0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANT	EES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	57,581.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		O AS OF THE LAST DAY OF THE	\$	1,402,221.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			n, under penalty of perjury, that the ac and includes all information required Election Code.		
			The Honorable Charles L. Pe	rry	
			Signature of Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the s	uid	, this the		day
of	, 20, to ce	rtify which, witness my hand and s	eal of office.		
Signature of office	cer administering	Printed name of officer admir	istering Title of office	er administe	ering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 48 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Perry, Charles L. (The Honorable) 00066066 **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 50,220.77 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 7,360.34 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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)
	Sch: 1/24 Rpt: 4/48	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	03/01/2023	Abilene Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 2281
		Abilene, TX 79604
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chamber Dues
Ļ	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/06/2023	Akers, Wrye
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1806 79th Place
		Lubbock, TX 79423
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Bonus
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/07/2023	Anson Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	PO Box 351
		Anson, TX 79501
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chamber Dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The state of the s	

SCHEDULE F1

Advertising Expense | Accounting/Banking | Consulting Expense | Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed abov	e)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 2/24 Rpt: 5/48		Perry, Charl	es L. (The Hor	orable)					00066066		
4	Date	5	Payee name									
	03/14/2023			amber of Com	merce							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$150.00		700 Railroad			•						
			Ballinger, TX	< 76821								
8	PURPOSE	⊢					(h)	Description				
°	OF			e Categories listed at	the top of this sch	nedule)	(D)	Description Check if travel	nutsi	de of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Dues & Sub	SCHPUOLIS				브		officeholder livin	•	
								Chamber Due	es			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	01/02/2023		•	nunications, LL	С							
	Amount (\$)	H	Payee addres	ss; City;	State	; Zip Co	de					
	\$2,000.00		1014 W Milt	on Ave.		•						
			Austin, TX 7	8704								
	PURPOSE	⊢					(h)	Description				
	OF			e Categories listed at		nedule)	(D)	Description Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Salalles/ Wa	ges/Contract L	.abui			=		officeholder livin		
								Campaign Ma	ana	igement Se	rvices	
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/01/2023		Berry Comm	nunications, LL	С							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$2,000.00		1014 W Milt	on Ave.								
			Austin, TX 7	8704								
	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			ges/Contract L		ioddio)			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE									officeholder livin		
								Campaign Ma	ana	igement Se	rvices	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	(Office sou	ght			Office h	eld	
	experience to beliefit 6/01											

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit 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 3 Filer ID (Ethics Commission Filers)
	Sch: 3/24 Rpt: 6/48	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	03/01/2023	Berry Communications, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	1014 W Milton Ave.
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Management Services
		Campaign Management Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/01/2023	Berry Communications, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1014 W Milton Ave.
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	_,, _,,,,,,	Check if Austin, TX, officeholder living expense
		Campaign Management Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/02/2023	Berry Communications, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	1014 W Milton Ave.
	Ψ2,000.00	1014 W WIRCHTAVE.
		Austin, TX 78704
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Management Services
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Candidate/Officeholder/Politica Credit Card Payment	Al 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 3 Filer ID (Ethics Commission Filers)
Sch: 4/24 Rpt: 7/48	Perry, Charles L. (The Honorable) 00066066
4 Date	5 Payee name
06/02/2023	Berry Communications, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	1014 W Milton Ave.
	Austin, TX 78704
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Management Services
	Campaign wanagement Services
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	T _
Date	Payee name
03/25/2023	Brady/McCullock Chamber of Commerce
Amount (\$)	Payee address; City; State; Zip Code
\$75.00	101 E. 1st Street
	Brady, TX 76825
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.
	Chamber Dues
	Chamber Dues
Commission ONLL V if disease	Condidate/Office helder no rec
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2023	Brownfield Chamber of Commerce
Amount (\$)	Payee address; City; State; Zip Code
\$75.00	PO Box 152
	Brownfield, TX 79316
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Dues and Subscriptions
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	Chamber Dues
Complete ONE V. C.	Condidate/Officeholder norse
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/24 Rpt: 8/48	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	02/21/2023	Chase Card Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.37	PO Box 94014
		Palatine, IL 60094
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit Card Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/20/2023	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,290.27	PO Box 94014
		Palatine, IL 60094
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	y
	Date	Payee name
	04/18/2023	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,758.51	PO Box 94014
	Ψ2,100.01	1 0 20% 04014
		Palatine, IL 60094
	PURPOSE	La.
	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card Payment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit C/O	<u>'</u>

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

05/18/2023 Chase Card Services	ers)
4 Date 05/18/2023	
05/18/2023 Chase Card Services 6 Amount (\$) 7 Payee address; City; State; Zip Code \$2,206.98 PO Box 94014	
05/18/2023 Chase Card Services 6 Amount (\$) 7 Payee address; City; State; Zip Code \$2,206.98 PO Box 94014	
\$2,206.98 PO Box 94014	
Palatine, IL 60094	
Palatine, IL 60094	
· ·	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Credit Card Payment Credit Card Payment Credit Card Payment	
Check if Austin, 1X, officenoider living expense	
Credit Card Payment	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
· · · · · · · · · · · · · · · · · · ·	
Date Payee name	
06/16/2023 Chase Card Services	
Amount (\$) Payee address; City; State; Zip Code	
\$3,470.77 PO Box 94014	
Palatine, IL 60094	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Credit Card Payment Credit Card Payment Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
Credit Card Payment	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
expenditure to benefit C/OH	
Date Payee name	
Date Payee name 06/30/2023 Chase Card Services	
Date Payee name 06/30/2023 Chase Card Services Amount (\$) Payee address; City; State; Zip Code	
Date Payee name 06/30/2023 Chase Card Services	
Date Payee name 06/30/2023 Chase Card Services Amount (\$) Payee address; City; State; Zip Code \$3,927.75 PO Box 94014	
Date 06/30/2023 Payee name Chase Card Services Amount (\$) Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094	
Date Payee name 06/30/2023 Chase Card Services Amount (\$) Payee address; City; State; Zip Code \$3,927.75 PO Box 94014 Palatine, IL 60094 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
Expenditure to benefit C/OH Date 06/30/2023 Chase Card Services Amount (\$) Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
Date 06/30/2023 Payee name Chase Card Services Amount (\$) Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T.	
Date 06/30/2023 Payee name Chase Card Services Amount (\$) Payee address; City; State; Zip Code \$3,927.75 PO Box 94014 Palatine, IL 60094 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Date 06/30/2023 Chase Card Services Amount (\$) Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Date 06/30/2023 Chase Card Services Amount (\$) Palatine, IL 60094 PURPOSE OF EXPENDITURE Payee name Chase Card Services Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment	
Date 06/30/2023 Chase Card Services Amount (\$) Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 7/24 Rpt: 10/48	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	01/27/2023	Childress Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	237 Commerce St.
		Chilress, TX 79201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
•	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chamber Banquet Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/07/2023	Childress Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	237 Commerce St.
		Chilress, TX 79201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chamber Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/15/2023	Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$511.00	235 Point Lick Drive
		Charleston, WV 25306
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Other Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Portrait
	Operation ONE VIII II	Out that Office helder was a contract of the country of the countr
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica 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)
	Sch: 8/24 Rpt: 11/48	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	06/29/2023	Downtown San Angelo Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	24 W. Concho Avenue
		San Angelo, TX 76903
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Sponsorship
		Эропзотэтір
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	03/14/2023	Eden Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	120 Paint Rock Road
	Ψ20.00	120 Full Nock Noud
		Eden, TX 76837
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Dues & Subscriptions (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chamber Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beliefit C/Oi	
	Date	Payee name
	01/31/2023	First Bank & Trust
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	9816 Slide Road
		Lubbock, TX 79424
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Service Charge
		Dain Cornes Charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica 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)
	Sch: 9/24 Rpt: 12/48	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	02/28/2023	First Bank & Trust
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	9816 Slide Road
		Lubbock, TX 79424
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Service Charge
		Bank Golvide Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/31/2023	First Bank & Trust
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	9816 Slide Road
		Lubbock, TX 79424
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Bank Service Charge
		Bank Service Charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/30/2023	First Bank & Trust
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	9816 Slide Road
		Lubbock, TX 79424
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Service Charge
		Dank Service Charge
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica 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)
	Sch: 10/24 Rpt: 13/48	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	05/31/2023	First Bank & Trust
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	9816 Slide Road
		Lubbock, TX 79424
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Service Charge
		Ballik Service Charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
_	Date	Payee name
	06/30/2023	First Bank & Trust
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 9816 Slide Road
	\$5.00	9810 Slide Road
		Lubbock, TX 79424
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Service Charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/20/2023	Foster, Jennifer
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.66	16940 FM 268
		Childress, TX 72901
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Austin Hotel Reimbursement
	0 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Ondition to bottom O/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	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)						
	Sch: 11/24 Rpt: 14/48	Perry, Charles L. (The Honorable) 00066066						
4	Date	5 Payee name						
	04/18/2023	Heritage House						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	3302 67th Street						
l		Lubbock, TX 79413						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Candidate/Officeholder/Political Committee						
l		Donation						
Ļ								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
┕	'							
l	Date	Payee name						
L	04/01/2023	High Point Village						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$600.00	6223 County Road 6300						
l								
l		Lubbock, TX 79416						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
l		Sponsorship						
		Gp3.160.0p						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
F	Date	Payee name						
	02/23/2023	Kelley, Clay						
⊢	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	1815 Sawmill Crossing						
	·							
l		Round Rock, TX 78665						
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Staff Bonus						
L								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	experience to beliefit 6/01	·						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula E1.	2 Files ID (Files Commission Files)
1	Total pages Schedule F1: Sch: 12/24 Rpt: 15/48	2 FILER NAME Perry, Charles L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00066066
4	Date	5 Payee name
	02/20/2023	Louise Hopkins Underwood Center for the Arts
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 511 Avenue K Lubbock, TX 79401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Membership Dues
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/15/2023	Lubbock Area Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 6315
		Lubbock, TX 79493
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2023	Lubbock Area Republican Women
_	Amount (\$)	
	()	
	\$760.00	P.O. Box 6315
		Lubbock, TX 79493
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Luncheon Tickets
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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)						
	Sch: 13/24 Rpt: 16/48	Perry, Charles L. (The Honorable) 00066066						
4	Date	5 Payee name						
	04/10/2023	Lubbock County Specialty Courts Support Foundation						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,000.00	2407 82nd Street						
		Lubbock, TX 79423						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
ľ	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Candidate/Officeholder/Political Committee						
		Donation						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	experience to benefit of or	•						
	Date	Payee name						
	03/06/2023	McCormick, Travis (Mr.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	2013 #2 Bluebonnet Lane						
		Austin, TX 78704						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
		Check if Austin, TX, officeholder living expense Campaign Management Services						
		Campaign Management Services						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Date	Payee name						
	02/20/2023	Menard Chamber of Commerce						
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 100 E San Saba Ave.						
	φ30.00	100 E Sali Saba Ave.						
		Marrard TV 70050						
		Menard, TX 76859						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Chamber Dues						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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)							
	Sch: 14/24 Rpt: 17/48	Perry, Charles L. (The Honorable) 00066066							
4	Date	5 Payee name							
	03/25/2023	NFIB							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$295.00	PO Box 305043							
		Nashville, TN 37230							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.							
	LAPENDITORE	Check if Austin, TX, officeholder living expense							
		Membership Dues							
_	0 1 0 0 1 1 1 1								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	04/19/2023	National Write Your Congressman							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$700.00	2435 N. Central Expressway							
		Suite 300							
		Richardson, TX 75080							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Membership Dues							
		Wettbership Dues							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Data	Daniel and a second							
	Date 01/20/2023	Payee name Olton Chamber of Commerce							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$60.00	PO Box 487							
		Olton, TX 79064							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Chamber Dues							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·							

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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 3 Filer ID (Ethics Commission Filers)
	Sch: 15/24 Rpt: 18/48	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	03/24/2023	Perry , Charles
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$932.46	11003 Quaker Ave.
		Lubbock, TX 79424
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Childress Day Meals
		Simulation and a sign of the s
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	06/06/2023	Plainview Chamber of Commerce
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1906 W. 5th
	Ψ100.00	1300 W. Juli
		Plainview, TX 79073
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Chamber Dues
		Chamber Dues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	01/11/2023	Post Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	PO Box 610
		Post, TX 79356
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Chamber Dues
		Chamber Dues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	•	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l 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 3 Filer ID (Ethics Commission Filers)
	Sch: 16/24 Rpt: 19/48	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	01/02/2023	Raiders Defending Life
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO Box 42031
		Lubbock, TX 79409
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		2 Silation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	02/23/2023	Roberts, Emily
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	110 South 41st Street
		Temple, TX 76504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff Bonus
		Stati Bolius
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	Data	
	Date 01/02/2023	Payee name
L		SPAW Senate Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	Room 2E.22 - Capitol Bldg
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Session Meals
		Jessiuli iviedis
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
			_						
1	Total pages Schedule F1:								
	Sch: 17/24 Rpt: 20/48	Perry, Charles L. (The Honorable) 00066066							
4	Date	5 Payee name							
	01/24/2023	SPAW Senate Account							
6	Amount (\$)	7 Payee address; City; State; Zip Code	_						
	\$125.00	Room 2E.22 - Capitol Bldg							
		Austin, TX 78701							
Ļ			_						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Session Meals							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-						
9	expenditure to benefit C/OI								
\vdash			_						
	Date	Payee name							
	02/07/2023	San Angelo Chamber of Commerce							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$275.00	418 W. Ave B							
		San Angelo, TX 76903							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.							
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense							
		Chamber Dues							
			_						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	06/06/2023	San Saba County Chamber of Commerce							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$75.00	113 S High Street	ļ						
		San Saba, TX 76877							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_						
	OF EXPENDITURE	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Chamber Dues							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 18/24 Rpt: 21/48	Perry, Charles L. (The Honorable) 00066066	
4	Date	5 Payee name	_
	01/02/2023	Sweetwater Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$50.00	810 East Broadway Street	
		Sweetwater, TX 79556	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Dues & Subscriptions Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Chamber Dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	H	
	Date	Payee name	_
	01/02/2023	Tepper, Robin (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	1715 Pontiac Ave	
		Lubbock, TX 79416	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Campaign Management Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	H	
	Date	Payee name	
	02/01/2023	Tepper, Robin (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1715 Pontiac Ave	
		Lubbock, TX 79416	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign Management Services	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	H	
			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	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)						
	Sch: 19/24 Rpt: 22/48	Perry, Charles L. (The Honorable) 00066066						
4	Date	5 Payee name						
	03/01/2023	Tepper, Robin (Mrs.)						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	1715 Pontiac Ave						
		Lubbock, TX 79416						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor						
	-	Check if Austin, TX, officeholder living expense Campaign Management Services						
		Campaign Management Cervices						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
_	Date	Payee name						
	04/01/2023	Tepper, Robin (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	1715 Pontiac Ave						
	4000.00	-1-25 / G.M. 435 / 115						
		Lubbock, TX 79416						
_	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Campaign Management Services						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	05/02/2023	Tepper, Robin (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$500.00	1715 Pontiac Ave						
		Lubbock, TX 79416						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Campaign Management Services						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
1								

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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)
	Sch: 20/24 Rpt: 23/48	Perry, Charles L. (The Honorable) 00066066
4	Date	5 Payee name
	06/02/2023	Tepper, Robin (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1715 Pontiac Ave
		Lubbock, TX 79416
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Management Services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitire to belieff C/Or	<u> </u>
	Date	Payee name
	02/20/2023	Texans Caring for Texans
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1400 Wallace Blvd.
		Amarillo, TX 79106
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
		Toyon Doyo Danah
-	04/10/2023	Texas Boys Ranch
	Amount (\$)	Payee address; City; State; Zip Code
		-
	Amount (\$)	Payee address; City; State; Zip Code 4810 N County Road 2800
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 4810 N County Road 2800 Lubbock, TX 79403
	Amount (\$) \$250.00 PURPOSE OF	Payee address; City; State; Zip Code 4810 N County Road 2800 Lubbock, TX 79403 (a) Category (See Categories listed at the top of this schedule) (b) Description
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 4810 N County Road 2800 Lubbock, TX 79403 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee
	Amount (\$) \$250.00 PURPOSE OF	Payee address; City; State; Zip Code 4810 N County Road 2800 Lubbock, TX 79403 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	Amount (\$) \$250.00 PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 4810 N County Road 2800 Lubbock, TX 79403 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Amount (\$) \$250.00 PURPOSE OF	Payee address; City; State; Zip Code 4810 N County Road 2800 Lubbock, TX 79403 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held
	Amount (\$) \$250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Code 4810 N County Road 2800 Lubbock, TX 79403 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held
	Amount (\$) \$250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Code 4810 N County Road 2800 Lubbock, TX 79403 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee 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/Political Comm

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		- I Committee	Legal S	ards/Memorials Exervices			ages/	Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
<u>_</u>	Tatal name C	a =::==		on action Guit	ac capianis		pic	to this form.	l _c	E11 15	(Falsian Committee File)
1	Total pages Schedule F1:			(1 · · ·					3		(Ethics Commission Filers)
	Sch: 21/24 Rpt: 24/48	Perry	, Charles L.	(The Honor	abie) 					00066066	
4	Date	5 Payee	name								
	01/11/2023	Texas	s Federation	of Republic	an Wome	en					
6	Amount (\$)	7 Payee	address;	City;	State;	Zip Co	de				
	\$500.00	13740	N. Hwy. 1			-					
		Suite	,								
<u> </u>	D. IDE		n, TX 78750				<i>a</i> :				
8	PURPOSE OF			ories listed at the	top of this sch	edule)	(b)	Description			
	EXPENDITURE	Adver	tising Expe	nse				브		de of Texas. Con officeholder livin	nplete Schedule T.
								Sponsorship	ι, ιΛ,	omeendidei iiVIII	g expense
								-po.ioo.oiiip			
-	Complete ONLY if direct	Condida	nto/Officeheld	lor name		Office soud	ah+			Office h	old
9	Complete ONLY if direct expenditure to benefit C/O		ate/Officeholo	iei name	C	וועe Sou(ynı			Office n	eiu
L	-										
	Date	Payee									
L	06/06/2023	Texas	Federation	of Republic	can Wome	en					
	Amount (\$)	Payee	address;	City;	State;	Zip Co	de				
	\$1,500.00	13740	13740 N. Hwy. 183								
		Suite	J4								
		Austir	n, TX 78750								
\vdash	PURPOSE					1	(h)	Docorintian			
OF				ories listed at the	top of this sch	edule)	(U)	Description Check if travel	outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITURE	Auver	tising Expe	115년				-		officeholder livin	
								Sponsorship			
								•			
	Complete ONLY if direct	Candida	ate/Officehold	ler name	C	Office sou	ght			Office h	eld
	expenditure to benefit C/OI	1									
H	Date	Payee	name								
	02/27/2023	,		Representati	ives						
						-					
	Amount (\$)		address;	City;	State;	Zip Co	ae				
	\$200.00	РО В	ox 2910								
		Austir	n, TX 78768	-2910							
	PURPOSE	(a) Catego	ory (See Cate	ories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			orials Exper							nplete Schedule T.
	LAFLINDITORE								ı, TX,	officeholder livin	g expense
								Texas Flags			
	Complete ONLY if direct		ate/Officeholo	ler name	C	Office sou	ght			Office h	eld
L	expenditure to benefit C/O	1									

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	1.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 22/24 Rpt: 25/48	Perry, Charles L. (The Honorable)	00066066
4	Date	5 Payee name	-
	06/01/2023	Texas House of Representatives	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$294.00	PO Box 2910	
		Austin, TX 78768-2910	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE	Gift/Awards/Memorials Expense	travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	☐ ☐ Check if A Flags	Austin, TX, officeholder living expense
		riays	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cilide Held
_	Date	Payee name	
	06/30/2023	Texas House of Representatives	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$294.00	PO Box 2910	
	Ψ <u>2</u> 0 1100	1 0 DOX 2010	
		Austin, TX 78768-2910	
_	PURPOSE		n
	OF	, , , , , , , , , , , , , , , , , , ,	travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if	Austin, TX, officeholder living expense
		Flags	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	oxperiantare to serious Gree		
	Date	Payee name	
	06/30/2023	Texas Senate	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$360.00	PO Box 12068	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	
	EXPENDITURE	Gilly Wards/ Wernorlais Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Gavels	Addit, 17, dilectiolder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
í			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

g Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment		The Instruction Guide explains how to c	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/24 Rpt: 26/48		Perry, Charles L. (The Honorable)		00066066
4	Date	5	Payee name		•
	06/07/2023		Tom Green County Republican Party		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$1,500.00		3371 Knickerbacher Ave.		
			San Angelo, TX 76904		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense Sponsorship
					Эропологир
9	Complete ONLY if direct		Candidate/Officeholder name Office so	uaht	Office held
Ĭ	expenditure to benefit C/O		Canadate/Cinicerolaer name	agrit	. Office field
_	Date	Т	Payee name		
	01/02/2023		Vernon Chamber of Commerce		
_	Amount (\$)	⊢	Payee address; City; State; Zip C	ode	
	\$55.00		1614 Main St.	ouc	
	φου.σσ		101 i Maiii Gi.		
			Vernon, TX 76384		
	PURPOSE	(2)		(h)	A Decembring
	OF	ارم	Category (See Categories listed at the top of this schedule) Dues & Subscriptions	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Dues & Subscriptions		Check if Austin, TX, officeholder living expense
					Chamber Dues
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ught	Office held
	experiantare to benefit Gree				
	Date		Payee name		
	01/20/2023		Vernon Chamber of Commerce		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$25.00		1614 Main St.		
			Vernon, TX 76384		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Banquet Ticket
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> ught	Office held
	expenditure to benefit C/O				

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e Legal S	/ards/Memorials Exp Services nstruction Guid		s/Wage	s/Contract Labor		Travel Out of Dis	strict category not listed above)
1	Total pages Schedule F1:							ı	Filer ID	(Ethics Commission Filers)
	Sch: 24/24 Rpt: 27/48	Per	ry, Charles L	. (The Honora	able)				00066066	
4	Date		ee name							
	02/20/2023	Volu	unteer Servic	es Council						
6	Amount (\$)		ee address;	City;	State; Zip (Code				
	\$500.00	PO	Box 5396							
		Lub	bock, TX 794	804						
8	PURPOSE OF				op of this schedule)	(b)	Description			
	EXPENDITURE	Adv	ertising Expe	ense					de of Texas. Com officeholder living	plete Schedule T. g expense
							Sponsorship			, . ,
9	Complete ONLY if direct		idate/Officehol	der name	Office so	ought			Office h	eld
	expenditure to benefit C/OI	H								
	Date	Pay	ee name							
	02/07/2023	We:	st Texas Chil	drens Advoca	acy Center					
	Amount (\$)	Pay	ee address;	City;	State; Zip (Code				
	\$250.00	317	Oak Street							
		Swe	eetwater, TX	79556						
	PURPOSE OF				op of this schedule)	(b)	Description			
	EXPENDITURE			nations Made	e By al Committee		ш		officeholder living	plete Schedule T. g expense
		Oai	ididate/Office	noidei/i ontic	ai committee		Donation			
	Complete ONLY if direct		idate/Officehol	der name	Office so	ought			Office he	eld
	expenditure to benefit C/OI	П								

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/21 Rpt: 28/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 05/19/2023 Amazon Marketplace Amount (\$) Payee address; State; Zip Code \$121.11 410 Terry Avenue North Seattle, WA 98109 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/19/2023 Amazon Marketplace Amount (\$) Payee address; City; State; Zip Code \$69.52 410 Terry Avenue North Seattle, WA 98109 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/21 Rpt: 29/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/17/2023 Austin City Hall Amount (\$) Payee address; City; State; Zip Code \$10.00 301 W 2nd Street Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/09/2023 Chick-fil-a Amount (\$) Payee address; City; State; Zip Code \$82.45 5217 82nd Street Lubbock, TX 79424 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/21 Rpt: 30/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/13/2023 Chick-fil-a Amount (\$) Payee address; State; Zip Code City; \$107.32 5217 82nd Street Lubbock, TX 79424 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/10/2023 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$239.85 1601 Trapelo Road Waltham, MA 02451 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/21 Rpt: 31/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/10/2023 **Constant Contact** Amount (\$) Payee address; State; Zip Code City; \$239.85 1601 Trapelo Road Waltham, MA 02451 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/10/2023 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$239.85 1601 Trapelo Road Waltham, MA 02451 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/21 Rpt: 32/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 04/10/2023 **Constant Contact** Amount (\$) Payee address; State; Zip Code City; \$239.85 1601 Trapelo Road Waltham, MA 02451 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/10/2023 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$239.85 1601 Trapelo Road Waltham, MA 02451 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/21 Rpt: 33/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 06/10/2023 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$239.85 1601 Trapelo Road Waltham, MA 02451 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Email 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/13/2023 Costco Amount (\$) Payee address; City; State; Zip Code \$211.54 10401 Research Blvd Austin, TX 78759 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/21 Rpt: 34/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 01/10/2023 Four Seasons Amount (\$) Payee address; City; State; Zip Code \$23.00 98 San Jacinto Blvd Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/05/2023 Friendly Flower Shop Amount (\$) Payee address; City; State; Zip Code \$92.00 2513 College Ave Snyder, TX 79549 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Flowers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/21 Rpt: 35/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 06/20/2023 Jimmy Johns Amount (\$) Payee address; State; Zip Code City; \$59.25 515 Congress Ave **Suite 1200** Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/15/2023 Lubbock Area Republican Women Amount (\$) Payee address; City; State; Zip Code \$40.00 P.O. Box 6315 Lubbock, TX 79493 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Event Meal** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/21 Rpt: 36/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/04/2023 Mardel's Amount (\$) Payee address; State; Zip Code City; \$350.44 7020 Quaker Ave. Lubbock, TX 79424 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Devotionals 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/17/2023 Maudie's Too Amount (\$) Payee address; City; State; Zip Code \$112.34 1212 S Lamar Blvd. Austin, TX 78704 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/21 Rpt: 37/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 03/19/2023 Maudie's Too Amount (\$) Payee address; State; Zip Code \$67.38 1212 S Lamar Blvd. Austin, TX 78704 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/22/2023 National Conference of State Legislatures Amount (\$) Payee address; City; State; Zip Code \$699.00 444 N Capitol St. NW Suite 515 Washington, DC 20001 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Dues & Subscriptions EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/21 Rpt: 38/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/13/2023 Nestle Amount (\$) Payee address; State; Zip Code City; \$67.98 1812 N Moore Street Rosslyn, VA 22209 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/15/2023 Nestle Payee address: Amount (\$) City; State; Zip Code \$67.98 1812 N Moore Street Rosslyn, VA 22209 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/21 Rpt: 39/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/15/2023 Nestle Amount (\$) Payee address; State; Zip Code City; \$74.60 1812 N Moore Street Rosslyn, VA 22209 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/13/2023 Nestle Payee address: Amount (\$) City; State; Zip Code \$74.60 1812 N Moore Street Rosslyn, VA 22209 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/21 Rpt: 40/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 05/13/2023 Nestle Amount (\$) Payee address; State; Zip Code City; \$114.57 1812 N Moore Street Rosslyn, VA 22209 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/15/2023 Nestle Payee address: Amount (\$) City; State; Zip Code \$212.65 1812 N Moore Street Rosslyn, VA 22209 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/21 Rpt: 41/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 05/13/2023 Office Max Amount (\$) Payee address; State; Zip Code City; \$19.42 6805 Slide Road Lubbock, TX 79424 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/13/2023 Office Max Payee address: Amount (\$) City; State; Zip Code \$13.79 6805 Slide Road Lubbock, TX 79424 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/21 Rpt: 42/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/10/2023 PF Changs Amount (\$) Payee address; City; State; Zip Code \$663.58 201 San Jacinto Blvd. Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/22/2023 Parkridge Pregnancy Center Amount (\$) Payee address; City; State; Zip Code \$1,000.00 5203 79th Street Suite A Lubbock, TX 79424 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/21 Rpt: 43/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 03/03/2023 Phoebe's Diner Amount (\$) Payee address; State; Zip Code City; \$88.27 408 W 11th Street Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/10/2023 Quattro Gatti Ristorane e Pizzeria Payee address: Amount (\$) City; State; Zip Code \$309.72 908 Congress Ave. Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/21 Rpt: 44/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 05/16/2023 RTIC Amount (\$) Payee address; City; State; Zip Code \$199.09 3900 Peek Rd Katy, TX 77449 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gift 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/16/2023 Short Trip Farm Amount (\$) Payee address; City; State; Zip Code \$90.70 PO Box 166 Idalou, TX 79329 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gift Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/21 Rpt: 45/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/30/2023 Squarespace, Inc. Amount (\$) Payee address; State; Zip Code \$272.79 225 Varick Street 12th Floor New York, NY 10014 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Website 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/21/2023 Texas Chili Parlour Amount (\$) Payee address; City; State; Zip Code \$73.32 1409 Lavaca Street Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/21 Rpt: 46/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 04/06/2023 Texas Chili Parlour Amount (\$) Payee address; State; Zip Code \$71.84 1409 Lavaca Street Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/19/2023 **Texas State Directory** Amount (\$) Payee address; City; State; Zip Code \$125.00 PO Box 12186 Austin, TX 78711 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Dues & Subscriptions EXPENDITURE** Check if Austin, TX, officeholder living expense **Directory Dues** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/21 Rpt: 47/48 Perry, Charles L. (The Honorable) 00066066 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 06/03/2023 The Texan Amount (\$) Payee address; State; Zip Code City; \$90.00 512 E. 11th Street Suite 110 Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Dues & Subscriptions EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/03/2023 Tiff's Treats Amount (\$) Payee address; City; State; Zip Code \$235.19 11011 Research Blvd Suite 310 Austin, TX 78759 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Cookies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) 00066066 Sch: 21/21 Rpt: 48/48 Perry, Charles L. (The Honorable) TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 01/03/2023 **USPS** Amount (\$) Payee address; City; State; Zip Code \$10.80 Singer Station 4901 S Loop 289 Lubbock, TX 79464 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Postage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH