

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088024	2 Total pages filed: 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Trent MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024	
	NICKNAME LAST Perez SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1 E Greenway Plaza Ste. 225 Houston, TX 77046		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Ryan MI	OFFICE USE ONLY Date Hand-delivered or Date Postmarked	
	NICKNAME LAST Johnson SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1 E Greenway Plaza Ste. 225 Houston, TX 77046		
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 526-3399	EXTENSION
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 10/02/2023	THROUGH	Month Day Year 12/31/2023
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 20

13 C / OH NAME Perez, Trent	14 Filer ID (Ethics Commission Filers) 00088024
------------------------------------	---

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,397.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	32,137.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	3,097.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Trent Perez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

3 of 20

18 FILER NAME Perez, Trent		19 Filer ID (Ethics Commission Filers) 00088024
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,397.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,250.58
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 24,887.01
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/20
2 FILER NAME Perez, Trent		3 Filer ID (Ethics Commission Filers) 00088024
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Scott 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$49.50
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Joiner Architects, Inc.
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Tracy Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$49.50
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Joiner Architects, Inc.
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copley, Joby Contributor address; City; State; Zip Code Crosby, TX 77532	Amount of Contribution (\$) \$49.50
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Joiner
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copley, Valerie Contributor address; City; State; Zip Code Crosby, TX 77532	Amount of Contribution (\$) \$49.50
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) Joiner
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Enrique Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Cruz N Carz

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/20
2 FILER NAME Perez, Trent		3 Filer ID (Ethics Commission Filers) 00088024
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DaSilva, Drue <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77396	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) DaSilva Property Group
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eastland, Charles <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CobbFendley
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Ross <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Dunaway
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Lawrence <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) BGE, Inc.
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harsch, Rick <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Cost Segregation Services LLC		Employer (See Instructions) Financial Consulting

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/20
2 FILER NAME Perez, Trent		3 Filer ID (Ethics Commission Filers) 00088024
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harsch, Rick <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Financial Consulting		9 Employer (See Instructions) Cost Segregation Services LLC
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haude, Douglas <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) North Harris County Regional Water Authority
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Thomas <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Angler Constructiom
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffler, Michael <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) ENGIE
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffler, Michael <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584-4574	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) ENGIE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/20
2 FILER NAME Perez, Trent		3 Filer ID (Ethics Commission Filers) 00088024
4 Date 12/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joiner, Emily <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$49.50
8 Principal occupation / Job title (See Instructions) Admin		9 Employer (See Instructions) Joiner Architects
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Alfred Lester <hr/> Contributor address; City; State; Zip Code magnolia, TX 77354	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ALJ - Lindsey, LLC
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Arturo <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) AGL Holdings
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Oscar <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Centric
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oldbury, PE, Corey <hr/> Contributor address; City; State; Zip Code Orange, TX 77632-7982	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) County Engineer		Employer (See Instructions) Orange County Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/20
2 FILER NAME Perez, Trent		3 Filer ID (Ethics Commission Filers) 00088024
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pugh, Dale <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Exec Sales		9 Employer (See Instructions) Elite3 Pro
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salsky, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77035	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Universal Engineering Sciences / Riner Engineering Inc
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sitta, Kevin <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Service Executive		Employer (See Instructions) Uprite
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voigt, Anthony <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Voigt Associates, Inc.
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Terry <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) Country Communités

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 9/20	2 FILER NAME Perez, Trent	3 Filer ID (Ethics Commission Filers) 00088024
4 Date 11/30/2023	5 Payee name Advantage Direct	
6 Amount (\$) \$900.00	7 Payee address; City; State; Zip Code 6609 Willow Park Drive Ste 100 Naples, FL 34109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign App Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2023	Payee name Anedot	
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orlanes, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2023	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orlanes, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 10/20	2 FILER NAME Perez, Trent	3 Filer ID (Ethics Commission Filers) 00088024
4 Date 12/06/2023	5 Payee name Anedot	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orlandes, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2023	Payee name Anedot	
Amount (\$) \$9.12	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orlandes, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2023	Payee name Anedot	
Amount (\$) \$2.28	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orlandes, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 11/20	2 FILER NAME Perez, Trent	3 Filer ID (Ethics Commission Filers) 00088024
4 Date 12/14/2023	5 Payee name Anedot	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orlandes, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2023	Payee name Anedot	
Amount (\$) \$110.70	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orlandes, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orlandes, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 12/20	2 FILER NAME Perez, Trent	3 Filer ID (Ethics Commission Filers) 00088024
--	-------------------------------------	--

4 Date 12/21/2023	5 Payee name Anedot
-----------------------------	-------------------------------

6 Amount (\$) \$70.90	7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orlandes, LA 70112
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/22/2023	Payee name Anedot
--------------------	----------------------

Amount (\$) \$6.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orlandes, LA 70112
-----------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Merchant Account Fees
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/27/2023	Payee name Blakemore & Associates
--------------------	--------------------------------------

Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Web Design
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/6 Rpt: 13/20	2	FILER NAME Perez, Trent	3	Filer ID (Ethics Commission Filers) 00088024
4	Date 11/03/2023	5	Payee name Blakemore & Associates		
6	Amount (\$) \$95.00	7	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement For Campaign Verify		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/17/2023		Payee name Independent Bank		
	Amount (\$) \$331.15		Payee address; City; State; Zip Code 4120 Bellaire Blvd Houston, TX 77025		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Checks		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/29/2023		Payee name Independent Bank		
	Amount (\$) \$34.63		Payee address; City; State; Zip Code 4120 Bellaire Blvd Houston, TX 77025		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Account Fees		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 14/20	2 FILER NAME Perez, Trent	3 Filer ID (Ethics Commission Filers) 00088024
--	-------------------------------------	--

4 Date 11/30/2023	5 Payee name Independent Bank
-----------------------------	---

6 Amount (\$) \$33.00	7 Payee address; City; State; Zip Code 4120 Bellaire Blvd Houston, TX 77025
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Account Fees
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/12/2023	Payee name Raconteur Media Company
--------------------	---------------------------------------

Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1717 West Sixth Street, Suite 215 Austin, TX 78703
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Social Media Consulting
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/02/2023	Payee name Weeks And Co
--------------------	----------------------------

Amount (\$) \$600.00	Payee address; City; State; Zip Code 10505 Walpole Ln Austin, TX 78739
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Video Production Fees
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/6 Rpt: 15/20	2 FILER NAME Perez, Trent	3 Filer ID (Ethics Commission Filers) 00088024
--	-------------------------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	-----------

5 Date 10/02/2023	6 Payee name Blakemore & Associates
-----------------------------	---

7 Amount (\$) \$3,500.00	8 Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046
------------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
----------------------------------	---	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/02/2023	Payee name Blakemore & Associates
--------------------	--------------------------------------

Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046
---------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 2/6 Rpt: 16/20	2 FILER NAME Perez, Trent	3 Filer ID (Ethics Commission Filers) 00088024
--	-------------------------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 11/01/2023	6 Payee name Blakemore & Associates
-----------------------------	---

7 Amount (\$) \$3,500.00	8 Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046
------------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
----------------------------------	---	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/03/2023	Payee name Blakemore & Associates
--------------------	--------------------------------------

Amount (\$) \$9.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046
-----------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement For Campaign Voicemail Trap
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 3/6 Rpt: 17/20	2 FILER NAME Perez, Trent	3 Filer ID (Ethics Commission Filers) 00088024
--	-------------------------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	-----------

5 Date 11/13/2023	6 Payee name Blakemore & Associates
-----------------------------	---

7 Amount (\$) \$750.00	8 Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046
----------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursements For Campaign Filing fees
----------------------------------	---	---

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 11/13/2023	Payee name Blakemore & Associates
--------------------	--------------------------------------

Amount (\$) \$128.01	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046
-------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement For District Map Printing
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 4/6 Rpt: 18/20	2 FILER NAME Perez, Trent	3 Filer ID (Ethics Commission Filers) 00088024
--	-------------------------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 12/01/2023	6 Payee name Blakemore & Associates
-----------------------------	---

7 Amount (\$) \$3,500.00	8 Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046
------------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting Fees
----------------------------------	---	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/03/2023	Payee name John Doner And Associates
--------------------	---

Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1005 Congress Ave Ste 580 Austin, TX 78701
---------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Research Fees
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 5/6 Rpt: 19/20	2 FILER NAME Perez, Trent	3 Filer ID (Ethics Commission Filers) 00088024
--	-------------------------------------	--

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
--	----

5 Date 11/17/2023	6 Payee name John Doner And Associates
-----------------------------	--

7 Amount (\$) \$2,500.00	8 Payee address; City; State; Zip Code 1005 Congress Ave Ste 580 Austin, TX 78701
------------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Research Fees
----------------------------------	---	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 12/18/2023	Payee name John Doner And Associates
--------------------	---

Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1005 Congress Ave Ste 580 Austin, TX 78701
---------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Research Fees
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 6/6 Rpt: 20/20	2 FILER NAME Perez, Trent	3 Filer ID (Ethics Commission Filers) 00088024
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/12/2023	6 Payee name Raconteur Media Company	
7 Amount (\$) \$2,500.00	8 Payee address; City; State; Zip Code 1717 West Sixth Street, Suite 215 Austin, TX 78703	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Social Media Consulting
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held