CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl		1 Filer ID (Ethics Commi 00068026		2 Total pages fil	led: 29
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (JSE ONLY
OFFICEHOLDER NAME	The Honorable	Mary Ann G.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/09/2024	
		Perez				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	5223 Sleepy Creek Dr.				Receipt #	Amount
Change of Address	Houston, TX 77017					
	riodston, 17, 17017				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Daniel				
	NUCLANAE			OLIEELY		
	NICKNAME	LAST Perez		SUFFIX III		
		Perez		III		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY	; STA	ATE; ZIP CODE
TREASURER ADDRESS	5223 Sleepy Creek Dr.					
(Residence or Business)	Houston, TX 77017					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (713) 854-5489	IE NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before		Runoff [Exceeded modified reporting limit	15th day after car appointment (office Final Report (Atta	ceholder only)
9 PERIOD COVERED	Month Day Year 07/01/2023	ТН	ROUGH	Month Day 12/31/20	Year 23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
II OFFICE	OFFICE HELD (if any) State Representative Dist	rict 144 Harris			tative District 144	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Perez, Mary Ann G. (The Honorable)		14 Filer ID 00068026	(Ethics Cor	nmission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted These expenditures may hav officeholders are required to	e been made without t	he candidate's or offi	iceholder's kı	nowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
ш°	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN T	REASURER NAME				
		COMMITTEE CAMPAIGN T	REASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBU ES OF LOANS, OR CONTRII			S, \$	0.00	
	2. TOTAL POLITIC (OTHER THAN F	S)	\$	39,050.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					4,752.94	
	4. TOTAL POLITIC	TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINT RIOD	TAINED AS OF THE LA	AST DAY OF THE	\$	113,934.48	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTS [*] TING PERIOD	TANDING LOANS AS	OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT		true and	or affirm, under penalty correct and includes al le 15, Election Code.				
				able Mary Ann G. F			
			Signature of	Candidate or Officeh	nolder		
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subs	cribed before me, by the s	aid		, this the		day	
of	, 20, to ce	rtify which, witness my hand	and seal of office.				
Signature of office	cer administering	Printed name of officer	administering	Title of offic	cer administe	ring oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 29		
18 FILER NAM Perez, Ma	ME ary Ann G. (The Honorable)	19 Filer ID 00068026	(Ethics Commission Filers)		
	E SUBTOTALS SCHEDULE	SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 39,050.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	\$				
4.	4. SCHEDULE E: LOANS				
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/29	
2	FILER NAME Perez, Mary	Ann G. (The Honorable)			3	Filer ID (Ethics Commission 00068026	on Filers)
4	Date 12/13/2023	Full name of contributor Abbott Laboratories Empl Contributor address; City; St	•	00040279)	7	Amount of Contribution (\$)	\$500.00
		Abbott Park, IL 77207-243					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/14/2023	Full name of contributor American Pharmacy, Inc. Contributor address; City; St)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Corpus Christi, TX 78401 pation / Job title (See Instructions)	Employer (See Instructions	<u>;)</u>		
	i iliopai occa	pation / oob the (occ mandenone	,	Employer (See mondeners	,		
	Date 10/14/2023	Full name of contributor Beneke, Jim Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dain single and	Austin, TX 78746	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Frankrije (Ozakasti a			
	Public Adjus	pation / Job title (See Instructions ter)	Employer (See Instructions TAPIA	»)		
	Date 10/14/2023	Full name of contributor Bostick, Chas Contributor address; City; St Dallas, TX 75201-1094	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$500.00
	Principal occu Public Adjus	pation / Job title (See Instructions ter)	Employer (See Instructions Abba Claims Consultan			
	Date 11/20/2023	Full name of contributor Brenner, Adam Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Public Adjus	pation / Job title (See Instructions ter)	Employer (See Instructions Northpoint Claim Servic			
	-,,-			,			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/29	
2	FILER NAME Perez, Mary	Ann G. (The Honorable)			3	Filer ID (Ethics Commission 00068026	on Filers)
4	Date 11/20/2023	5 Full name of contributorCVS Health PAC6 Contributor address; City; St	x out-of-state PAC (ID#: C	000384818	7	Amount of Contribution (\$)	\$1,000.00
0	Principal occu	Washington, DC 20004	<u> </u>	Employer (See Instructions			
8	Pilicipai occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/14/2023	Full name of contributor Constellation Energy PAC Contributor address; City; St		000793711)		Amount of Contribution (\$)	\$1,000.00
		Washington, DC 20001					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/14/2023	Full name of contributor Dwairy, Gus and Basma Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$5,000.00
	Deinsinal assu	Pasadena, TX 77505	, I	Franks or (Cook batwetis as	<u></u>		
		pation / Job title (See Instructions st Way Oil Field)	Employer (See Instructions Best Way Oil Field	•)		
	Date 10/14/2023	Full name of contributor Fried, Mike Contributor address; City; St Dallas, TX 75201)		Amount of Contribution (\$)	\$1,500.00
	Principal occu Public Adjus	pation / Job title (See Instructions ter		Employer (See Instructions Strategic Claim Consulta		s	
	Date 09/19/2023	Full name of contributor Gulf States Toyota, Inc. S Contributor address; City; St Houston, TX 77077				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete th	is forn	n.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/29	
2	FILER NAME Perez, Mary	Ann G. (The Honorable)			3	Filer ID (Ethics Commission 00068026	on Filers)
4	Date 10/14/2023	 Full name of contributor	5)	7	Amount of Contribution (\$)	\$250.00
g	Principal occu	Houston, TX 77064 pation / Job title (See Instructions)	la	Employer (See Instructions			
0	r inicipal occu	pation / 300 title (366 instructions)		Employer (See manuchons	,		
	Date 10/09/2023	Full name of contributor out-of-state PAC (I Hordge, Curtis Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
	Deinsinal assu	Mesquite, TX 75150		Franks var (Caa kastu atiana			
	Principal occu Public Adjus	pation / Job title (See Instructions) ster		Employer (See Instructions National Adjustement Se		ices	
	Date 11/20/2023	Full name of contributor out-of-state PAC (I IBAT PAC Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/14/2023	Full name of contributor out-of-state PAC (Independent Insurance Agents of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78768	С			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/14/2023	Full name of contributor out-of-state PAC (I Jackson Walker PAC Contributor address; City; State; Zip Code Dallas, TX 75201-2725	ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

Contributor address; City; Sta Houston, TX 77067 In / Job title (See Instructions) Full name of contributor Chan, Naaima Contributor address; City; Sta	out-of-state PAC (ID#:	9 Employer (See Instructio Adjusters Internationa	3 7	Total pages Schedule A1: Sch: 4/9 Rpt: 7/29 Filer ID (Ethics Commission 00068026 Amount of Contribution (\$)	\$1,000.00
iull name of contributor lansen, Art Contributor address; City; Sta Houston, TX 77067 In / Job title (See Instructions) full name of contributor Chan, Naaima Contributor address; City; Sta St. Paul, MN 55129	te; Zip Code out-of-state PAC (ID#:	9 Employer (See Instructio Adjusters Internationa	7	00068026 Amount of Contribution (\$)	\$1,000.00
lansen, Art Contributor address; City; Sta Houston, TX 77067 In / Job title (See Instructions) Full name of contributor Chan, Naaima Contributor address; City; Sta St. Paul, MN 55129	te; Zip Code out-of-state PAC (ID#:	9 Employer (See Instructio Adjusters Internationa	 ns)		
full name of contributor (Ahan, Naaima Contributor address; City; Sta		Adjusters Internationa		Amount of Contribution (\$)	\$20.00
Full name of contributor [Khan, Naaima Contributor address; City; Sta St. Paul, MN 55129		Adjusters Internationa		Amount of Contribution (\$)	\$20.00
Chan, Naaima Contributor address; City; Sta St. Paul, MN 55129				Amount of Contribution (\$)	\$20.00
		Employer (See Instructio			
17 Job title (See Instructions)		St. Paul, MN 55129 cupation / Job title (See Instructions) Employer (See Instructions			
		Create Good LLC	115)		
	Sampson, LLP			Amount of Contribution (\$)	\$500.00
Austin, TX 78760		Employer (See Instructio	ns)		
	II LLP			Amount of Contribution (\$)	\$500.00
Dallas, TX 75201-6776 n / Job title (See Instructions)		Employer (See Instructio	ns)		
				Amount of Contribution (\$)	\$30.00
Fridley, MN 55432					
n / Job title (See Instructions)				River	
	inebarger Goggan Blair & ontributor address; City; Staustin, TX 78760 // Job title (See Instructions) ull name of contributor ocke Lord Bissell & Lidde ontributor address; City; Stauslas, TX 75201-6776 // Job title (See Instructions) ull name of contributor [Instructions] ull name of contributor [Instructions] ull name of contributor [Instructions] ull name of contributor [Instructions]	inebarger Goggan Blair & Sampson, LLP ontributor address; City; State; Zip Code ustin, TX 78760 // Job title (See Instructions) ull name of contributor	ustin, TX 78760 // Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) It is inebarger Goggan Blair & Sampson, LLP ontributor address; City; State; Zip Code Ustin, TX 78760 // Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) It is inebarger Goggan Blair & Sampson, LLP ontributor (See Instructions) Employer (See Instructions) It is inebarger Goggan Blair & Sampson, LLP ontributor address; City; State; Zip Code It is inebarger Goggan Blair & Sampson, LLP ontributor address; City; State; Zip Code It is inebarger Goggan Blair & Sampson, LLP It is inebarger Goggan Blair & Sampson, LLP It is inebarger (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	ustin, TX 78760 Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) In ame of contributor out-of-state PAC (ID#:) ocke Lord Bissell & Liddell LLP ontributor address; City; State; Zip Code allas, TX 75201-6776 Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Imployer (See Instructions) Employer (See Instructions) Imployer (See Instructions) Employer (See Instructions) In ame of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) and in a mere of contributor

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/29	
2	FILER NAME Perez, Mary	Ann G. (The Honorable)			3	Filer ID (Ethics Commission 00068026	on Filers)
4	Date 10/14/2023	Full name of contributor McGuire Woods Contributor address; City; Sta	x out-of-state PAC (ID#:_C	00225342)	7	Amount of Contribution (\$)	\$250.00
_		Richmond, VA 21219			_		
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 11/28/2023	Full name of contributor Newman, Roger Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Katy, TX 77450 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Public Adjuster		Disaster Recovery Advo		tes		
	Date Full name of contributor out-of-state PAC (ID#:_ 10/14/2023 Posey, Jake Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$750.00	
		Austin, TX 78701					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions the Posey Law Firm	5)		
	Date 11/28/2023	Full name of contributor Raizner, Jeffrey Contributor address; City; Sta Houston, TX 77006				Amount of Contribution (\$)	\$1,500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Raizner Alania	5)		
	Date 11/28/2023	Full name of contributor Rogers, Kelli Contributor address; City; Sta)		Amount of Contribution (\$)	\$500.00
	Principal occu Public Adjus	pation / Job title (See Instructions) ter		Employer (See Instructions TAPIA	5)		
			1				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUI	_E A1
	The Instru	ction Guide explains how to complete	this forr	m.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/29	
2	FILER NAME Perez, Mary	Ann G. (The Honorable)			3	Filer ID (Ethics Commission 00068026	on Filers)
4	Date 11/05/2023	 Full name of contributor out-of-state PA Shannon, Fred Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$1,000.00
		Round Mountain, TX 78663					
8	Principal occu Self	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 10/09/2023	Full name of contributor	.C (ID#:)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Mansfield, TX 76063 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	Public Adjus			national Cliams Negotia		5	
	Date 10/14/2023	Full name of contributor out-of-state PATSAPAC Contributor address; City; State; Zip Code	.C (ID#:)	•	Amount of Contribution (\$)	\$1,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	S)		
	Date 11/05/2023	Full name of contributor out-of-state PA Texas Cornerstone PAC Contributor address; City; State; Zip Code Dallas, TX 75265)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/14/2023	Full name of contributor out-of-state PA Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	C (ID#:		•	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/29	
2	FILER NAME Perez, Mary	Ann G. (The Honorable)		3	Filer ID (Ethics Commission 00068026	Filers)
4	Date 07/05/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78705				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/14/2023	Full name of contributor out-of-state PAC (ID#:_ Texas State Association of Firefighters Action Co Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/14/2023	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701	5 1 (0 1 1 1			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/20/2023	Full name of contributor X out-of-state PAC (ID#: C Textron PAC Contributor address; City; State; Zip Code Providence, RI 02903-2525)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/14/2023	Full name of contributor out-of-state PAC (ID#:_ Tim, Woodard Contributor address; City; State; Zip Code Frisco, TX 75034			Amount of Contribution (\$)	\$750.00
	Principal occu Public Adjus	pation / Job title (See Instructions) ter	Employer (See Instructions Ecllipse Claims Consult		I	
		·				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/29	
2	FILER NAME Perez, Mary	Ann G. (The Honorable)			3	Filer ID (Ethics Commission 00068026	on Filers)
4	Date 10/27/2023	Union Pacific Corporation		ernment	7	Amount of Contribution (\$)	\$1,500.00
		Washington, DC 20005					
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
	Date 10/10/2023	Full name of contributor Vickers, Loy Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	<u> </u>		Empire Public Adjusters				
	Date Full name of contributor out-of-state PAC (ID#:_ 10/14/2023 Vistra Employee PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
		Irving, TX 75039-2479					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/05/2023	Full name of contributor WALPAC Walmart PAC Contributor address; City; Sta	x out-of-state PAC (ID#: C	00093054		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/14/2023	Full name of contributor Wesselski, Jaime Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Public Adjus	pation / Job title (See Instructions)		Employer (See Instructions Wes Group Consulting	5)		
	. abiio nujus			The Croup Consulting			

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A	L
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/29	
2	FILER NAME Perez, Mary Ann G. (The Honorable)	3 Filer ID (Ethics Commission Filers 00068026)
4	Date 10/14/2023 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$500).00
	Dallas, TX 75206	tions)	
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Public Adjuster Victory Claims Cons		

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	/ - Il Committee	Gift/Awards/Memorials Ex Legal Services		Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel Out of District OTHER (enter a cate	t egory not listed above)
L	Cieul Caiu Payment		The Instruction Guid	le explains ho	w to com	plete this form.		
1	Total pages Schedule F1:	2 FILER NAM	IE				3 Filer ID (E	Ethics Commission Filers)
	Sch: 1/17 Rpt: 13/29	Perez, Ma	ry Ann G. (The Hor	norable)			00068026	
4	Date	5 Payee nam	е					
	07/05/2023	AMLI Apaı	rtments					
6	Amount (\$)	7 Payee addr	ess; City;	State; 2	Zip Cod	е		
	\$3,366.76	421 E. 3rd	Street					
		Austin, TX	78701					
8	PURPOSE	(a) Category (See Categories listed at the	top of this schedu	ule)	b) Description		
	OF EXPENDITURE		erhead/Rental Expe				outside of Texas. Complet	
							ı, TX, officeholder living ex	pense
						Austin Apartr	nent	
Ļ								
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Offi	ice sougl	nt	Office held	
	Date	Payee nam	е					
	08/03/2023	AMLI Apaı	rtments					
	Amount (\$)	Payee addr	ess; City;	State; 2	Zip Cod	е		
	\$3,405.75	421 E. 3rd	Street					
		Austin, TX	78701					
	PURPOSE	(a) Category (See Categories listed at the	top of this schedu	ule)	b) Description		
	OF EXPENDITURE	Office Ove	erhead/Rental Expe	ense		—	outside of Texas. Complet	
						X Check if Austin Austin Apartr	ı, TX, officeholder living exp	pense
						Αυδιίτι ΑμαΓίι	nont	
_	Complete ONLY if direct	Candidato/O	fficeholder name	O#f	ice sougl	nt .	Office held	
	expenditure to benefit C/OI		meendidei Hallie	OIII	ice sougi	ıı	Onice riela	
\vdash								
	Date	Payee nam						
	09/06/2023	AMLI Apai	tments					
	Amount (\$)	Payee addr	•	State; 2	Zip Cod	е		
	\$3,533.25	421 E. 3rd	Street					
		Austin, TX	78701					
	PURPOSE		See Categories listed at the		ule)	b) Description		
	OF EXPENDITURE	Office Ove	rhead/Rental Expe	ense		ш	outside of Texas. Complet	
	-					Austin Apartr	ı, TX, officeholder living exp	pense
						Austili Aparti	Hell	
	Complete ONLY if direct	Candidata/O	ffiooholdor nama	O#:	ioo coust	at .	Office held	
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Offi	ice sougl	IL	Office held	
_								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	
1	Total pages Schedule F1:	
L	Sch: 2/17 Rpt: 14/29	Perez, Mary Ann G. (The Honorable) 00068026
4	Date	5 Payee name
	10/03/2023	AMLI Apartments
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$3,550.66	421 E. 3rd Street
	Ψ3,330.00	-21 E. Old Olloot
L		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Austin Apartment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
⊨	Date	Dayso nama
		Payee name
	11/03/2023	AMLI Apartments
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,541.93	421 E. 3rd Street
		Austin, TX 78701
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Austin Apartment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	•	
	Date	Payee name
	12/05/2023	AMLI Apartments
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,536.32	421 E. 3rd Street
		Auctin TV 79701
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	- -	X Check if Austin, TX, officeholder living expense
		Austin Apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

Advertising Expense E Accounting/Banking E Consulting Expense E 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		mmittee	Legal Services	Salarie	s/Wage	es/Contract Labor		OTHER (enter a	category not listed above	e)
				The Instruction Gu	iide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/17 Rpt: 15/29		Perez, Mary	Ann G. (The H	onorable)				00068026		
4	Date	5	Payee name								
	07/17/2023		AT&T Mobil	ity							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$275.13		P O Box 650								
			Dallas, TX 7	75265							
Ļ	DURROSE	(-)				10.3	.				
8	PURPOSE OF	(a)		e Categories listed at th		(b)	Description	o. ito	de of Toyloo Com	plete Schedule T.	
	EXPENDITURE		Office Over	nead/Rental Exp	ense				officeholder living		
							Telephone/In			,	
							•				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ouaht 			Office he	eld	
ľ	expenditure to benefit C/O				000 0	o a g	•		000		
\vdash	Date	Г	Davies name								
			Payee name	i+. ,							
	08/14/2023		AT&T Mobil	<u> </u>							
	Amount (\$)		Payee addres		State; Zip	Code					
	\$254.80		P O Box 650	0574							
			Dallas, TX 7	'5265							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)) Description				
	OF EXPENDITURE			nead/Rental Exp			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXI ENDITORE						ш		officeholder living	g expense	
							Telephone/In	iter	net		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	ceholder name	Office s	ought	t		Office h	eld	
	experience to benefit of or										
	Date		Payee name								
	09/13/2023		AT&T Mobil	ity							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$257.35		P O Box 650	0574							
			Dallas, TX 7	'5265							
	PURPOSE	(a)		e Categories listed at th	ne ton of this schodulo)	(b)) Description				
	OF	()		nead/Rental Exp		` '		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin	, TX	officeholder living	g expense	
							Telephone/In	iter	net		
		L									
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought	i		Office h	eld	
	expenditure to benefit C/O	H									
ı											

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	I 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: 4/17 Rpt: 16/29	Perez, Mary Ann G. (The Honorable) 00068026
4	Date	5 Payee name
	10/16/2023	AT&T Mobility
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$257.35	P O Box 650574
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Telephone/Internet
		releptione/internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	11/13/2023	AT&T Mobility
H	Amount (\$)	Payee address; City; State; Zip Code
	\$257.63	P O Box 650574
		Dallas, TX 75265
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Telephone/Internet
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/14/2023	AT&T Mobility
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$317.62	P O Box 650574
		Dallas, TX 75265
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Telephone/Internet
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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

	Contributing/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/17 Rpt: 17/29	Perez, Mary Ann G. (The Honorable) 00068026
4	Date	5 Payee name
	12/05/2023	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	14 Arrow Street
		Suite 11
		Cambridge, MA 02138
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
		Made for Mario Castillo for Houston City Council
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/17/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.42	410 Terry Ave. North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/18/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.46	410 Terry Ave. North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ct Labor C	ravel Out of District ITHER (enter a category not listed above)
-	Total names Cab - dula E1			ilor ID (Ethica Commission Eller)
1	Total pages Schedule F1: Sch: 6/17 Rpt: 18/29	Perez, Mary Ann G. (The Honorable)		iller ID (Ethics Commission Filers) 0068026
╙	<u> </u>			
4	Date	5 Payee name		
	07/18/2023	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
l	\$974.23	410 Terry Ave. North		
l	Ţ0 <u>_</u> 0	120 1011) 11101110111		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription	
	OF			of Texas. Complete Schedule T.
l	EXPENDITURE		eck if Austin, TX, of	ficeholder living expense
		Leno	vo ThinkBoo	k Laptop
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office held
ľ	expenditure to benefit C/O			Office field
	<u> </u>			
	Date	Payee name		
	07/24/2023	Amazon		
H	Amount (\$)	Payee address; City; State; Zip Code		
	\$111.03	410 Terry Ave. North		
	Ψ111.05	410 Telly Ave. North		
		Seattle, WA 98109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription	
	OF	, , ,		of Texas. Complete Schedule T.
	EXPENDITURE		eck if Austin, TX, of	ficeholder living expense
		Comp	puter Screen	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office held
	expenditure to benefit C/O			
⊨				
	Date	Payee name		
	11/12/2023	Amazon		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$183.99	410 Terry Ave. North		
		Coattle WA 00100		
		Seattle, WA 98109		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription	
	OF EXPENDITURE	Onice Overnedd/Nental Expense		of Texas. Complete Schedule T.
	EXI ENDITORE			ficeholder living expense
l		Capit	tol/Apartment	Supplies
1				
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office held
	expenditure to benefit C/O			
\vdash				
l				

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed	above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 7/17 Rpt: 19/29	Perez, Mar	y Ann G. (The Hon	orable)				00068026		
4	Date	5 Payee name	•							
	08/23/2023	Another Le	vel							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$105.00	5455 Allen	dale							
		Houston, T	X 77017							
8	PURPOSE OF	(a) Category (S	See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Event Expe	ense			_		de of Texas. Com , officeholder living		
						Back to Scho				Children
							· .			·
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name)							
	11/28/2023	Capitol Gift								
	Amount (\$)	Payee addre	-	State; Zip C	ode					
	\$129.90	1100 Cong	. , , ,	- in						
	7220.00									
		Austin, TX	78701							
	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Gift/Awards	s/Memorials Expens	se				de of Texas. Com , officeholder living		
						Mayors Chris			j expense	
						wayors criris	um	as Onts		
	Complete ONLY if direct	Candidate/Off	ficeholder name	Office so	ught			Office he	ald.	
	expenditure to benefit C/O		icenoider name	Office so	iugrit			Office ne	eiu 	
	Date	Payee name)							
	07/03/2023	Carrizal, D	ebra							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$1,000.00	7903 Glen	Prairie St							
		Houston, T	X 77061							
	PURPOSE OF	· ·	See Categories listed at the to		(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labo	or				de of Texas. Com officeholder living		
						Contract Labo		, onicendider living	j expense	
						Contract Labo	O1			
	Complete ONLY if direct	Condidate	Sachalder rama	O#:				Office	- ld	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office so	ugnt			Office he	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 8/17 Rpt: 20/29	Perez, Mary Ann G. (The Honorable) 00068026
4	Date	5 Payee name
	09/14/2023	Centerpoint
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.00	1111 Louisiana
		Houston, TX 77002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Retreat
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/18/2023	Chili's
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.32	5548 Fairmont Parkway
		Pasadena, TX 77505
	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
		Staff Working Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/14/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.79	3111 Woodridge
		Houston, TX 77087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Thanksgiving Food Drive
	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:	
	Sch: 9/17 Rpt: 21/29	Perez, Mary Ann G. (The Honorable) 00068026
4	Date	5 Payee name
	12/01/2023	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	4619 Lyons Avenue
		Houston, TX 77020
8	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
		Re-election Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/15/2023	Holly Maria Flynn Villaseca Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	11823 Cedar Pass Drive
	Ψ000.00	11020 Octuar 1 das Brive
		Houston, TX 77077
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Tiodstoff / it Earge Oily Soution Sout
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/06/2023	Hulu
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.18	12312 West Olympic Blvd
		Los Angeles, CA 90064
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Apartment Streaming
		, parament decarming
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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/Political Committee Credit Card Payment			Legal Services Frinang Expense Frinang Expense Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)			
				The Instruction Gu	ıide explains hov	w to con	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 10/17 Rpt: 22/29		Perez, Mary	Ann G. (The H	onorable)					00068026		
4	Date	5	Payee name									
	08/07/2023		Hulu									
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$81.18		12312 West	Olympic Blvd								
			Los Angeles	s. CA 90064								
8	PURPOSE	⊢					(h)	Description				
ľ	OF	(۳)	Travel Out of	e Categories listed at th	ne top of this schedul	le)	(2)	_ `	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		riavei Out c	n District						officeholder livir		
								Apartment St	rea	ming		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce souç	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/06/2023		Hulu									
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$81.18		12312 West	Olympic Blvd								
			Los Angeles	s. CA 90064								
_	PURPOSE	⊢		e Categories listed at the		1->	(b)	Description				
	OF	(,	Travel Out of		ie top of this scriedu	ie)	(-,	_ `	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		riavoi Garo	n Blothot				X Check if Austin,	, TX,	officeholder livir	ng expense	
								Apartment St	rea	ming		
	Complete ONLY if direct		Candidate/Office	ceholder name	Offic	ce soug	ght			Office h	neld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	10/06/2023		Hulu									
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$81.18		12312 West	Olympic Blvd								
			Los Angeles	s, CA 90064								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedul	le)	(b)	Description				
	OF EXPENDITURE		Travel Out o		·			ш			mplete Schedule T.	
	EXPENDITORE							X Check if Austin,			ng expense	
								Apartment St	rea	ming		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Offic	ce soug	ght			Office h	neld	
	experience to belief C/OI											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

	Contributions' Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)		
					ide explains how to c	omple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 11/17 Rpt: 23/29		Perez, Mary	Ann G. (The Ho	onorable)				00068026		
4	Date	5	Payee name								
	11/06/2023		Hulu								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$88.75		12312 West	Olympic Blvd							
			Los Angeles	s, CA 90064							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e ton of this schedule)	(b)	Description				
	OF	<u> </u>	Travel Out of		e top of this scriedule)	`´		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE						X Check if Austin	, TX,	officeholder living	g expense	
							Apartment S	tre	aming		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
	experiulture to beliefit C/Oi										
	Date		Payee name								
	12/06/2023		Hulu								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$88.75		12312 West	Olympic Blvd							
			Los Angeles	s, CA 90064							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Travel Out o		,		Check if travel	outsi	de of Texas. Con	plete Schedule T.	
	LAFENDITORE						—		officeholder living	g expense	
							Apartment St	rea	ımıng		
	0 1 0 0 1 1 1 1	L	- " ' ' '		0"	<u> </u>			O.W. 1		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office so	ught			Office h	eld	
		_									
	Date		Payee name								
	08/16/2023		Intuit								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$546.66		2800 East C	Commerce Cente	er Place						
			Tucson, AZ	85706							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Exp	ense		ш			plete Schedule T.	
	ZA ZIIDII GILZ						ш		officeholder living	g expense	
							Subscriptions	5			
_	Complete ONLY if divert	Ц,	Condidate/Off	poholdor nama	Office	ught			Office h	old	
	Complete ONLY if direct expenditure to benefit C/OI		Januiuale/Uπi	ceholder name	Office so	ugnt			Office n	eiu	
	•										

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: 12/17 Rpt: 24/29	Perez, Mary Ann G. (The Honorable) 00068026
4	Date	5 Payee name
	09/08/2023	JW Marriott San Antonio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$151.55	23808 Resort Parkway
		San Antonio, TX 78261
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Food Expense
Ļ	Operation ONLY if allowed	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Oł	
_		
	Date	Payee name
	09/11/2023	JW Marriott San Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$866.48	23808 Resort Parkway
		San Antonio, TX 78261
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel Room
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/01/2023	Marcu, Stephanie
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	7905 Forest View Drive
	400.00	1000 Folds: Non Blive
		Austin, TX 78737
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Mileage Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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

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	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: 13/17 Rpt: 25/29	Perez, Mary Ann G. (The Honorable) 00068026							
4	Date	5 Payee name							
l	09/25/2023	Maria Rita's							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$76.04	8445 Gulf Freeway							
l									
l		Houston, TX 77017							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
l	OF EXPENDITURE	Food/Beverage Expense							
l	EXPENDITURE	Check if Austin, TX, officeholder living expense							
l		Intern Birthday and Staff Lunch							
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
┡	·								
l	Date	Payee name							
L	10/15/2023	Mariott Marquis Times Square							
l	Amount (\$)	Payee address; City; State; Zip Code							
l	\$1,142.81	1535 Broadway							
l									
		New York, TX 10036							
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description									
l	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
l		Hotel for NALEO Conference							
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
F	Date	Payee name							
l	10/10/2023	Micheal's							
┝	Amount (\$)	Payee address; City; State; Zip Code							
l	\$97.98	5730 Fairmont Pkwy							
l									
l		Pasadena, TX 77505							
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
l	OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.							
l	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Resolution Framing							
L									
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	The state of the s								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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 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: 14/17 Rpt: 26/29	Perez, Mary Ann G. (The Honorable) 00068026						
4	Date	5 Payee name						
	08/30/2023	Morales Memorial Foundation						
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 2901 Canal St #1624						
		Houston, TX 77003						
8	PURPOSE OF EXPENDITURE	(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 Death by Chocolate Sponsorship						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	12/04/2023	Progressive Insurance						
	Amount (\$) \$135.99	Payee address; City; State; Zip Code 6300 Wilson Mills Road						
	Mayfield Village, OH 44143							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Apartment Insurance						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name						
	12/04/2023	Public Storage						
Amount (\$) Payee address; City; State; Zip Code 8430 Gulf Freeway								
		Houston, TX 77017						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage Unit Fees						
	Complete ONLY if direct expenditure to benefit C/O	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 -

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	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 15/17 Rpt: 27/29	Perez, Mary Ann G. (The Honorable) 00068026						
4	Date	5 Payee name						
	07/03/2023	Southwest Airlines						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$462.96	7910 Airport						
		Houston, TX 77061						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Houston to Austin and Austin to Houston						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	07/12/2023	Southwest Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
\$315.48 7910 Airport								
	Houston, TX 77061							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Houston to New York for NALEO Conference						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	4						
	Date	Payee name						
	09/22/2023	Southwest Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$361.95	7910 Airport						
Houston, TX 77061								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Houston to Austin and Austin to Houston						
		Houston to Austin and Austin to Houston						
_	Complete ONLY if direct Candidate/Officeholder name Office sought 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 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 comple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 16/17 Rpt: 28/29	Perez, Mary Ann G. (The Honorable)	00068026			
4	Date	5 Payee name	-			
	10/10/2023	Southwest Airlines				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$557.97	7910 Airport				
		Houston, TX 77061				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Check if Austin, TX, officeholder living expense			
			Travel from Houston to Dallas for OU Fundraiser			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
9	Complete ONLY if direct expenditure to benefit C/Ol		Office field			
_	Date					
	Date	Payee name				
	10/10/2023	Target				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$93.42	5757 Fairmont Parkway				
		Pasadena, TX 77505				
	PURPOSE OF	,	Description			
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
			Red Hot Gala			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O	1				
	Date	Payee name				
	12/18/2023	Texas Stitchin				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$304.94	321 W Ben White				
		Austin, TX 78704				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE		Check if Austin, TX, officeholder living expense			
			Staff Working Shirts			
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		, - I Cor	mmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FII FR NAM	 F				3	Filer ID	(Ethics Commission Filers)
-	Sch: 17/17 Rpt: 29/29			ry Ann G. (The Ho	onorable)				00068026	(
4	Date	5	Payee name	<u> </u>						
	07/26/2023		Walmart							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code				
	\$135.31		1107 Shav	er Street						
			Pasadena,	TX 77506						
8	PURPOSE	(a)	Category (S	See Categories listed at th	e top of this sche	edule) (b) Description			
	OF EXPENDITURE		Event Expe				_		ide of Texas. Com	
	ZA ZIIDII GIAZ								, officeholder living	
							Pasadena F	-III tr	ne Bus Schoo	oi Supplies
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	С	Office sough	t		Office he	eld