# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (        | Guide explains how to compl                   | ete this form.  | 1 Filer ID<br>(Ethics Comm<br>00087322 |                   | 2 Total pages      | s filed:<br>5                            |
|-------------------------------|---|-----------------|--|-------------------|--------------------|--|
| 3 CANDIDATE /                 | MS / MRS / MR                                 | FIRST           |  | MI                | OFFICI             | E USE ONLY                               |
| OFFICEHOLDER<br>NAME          | The Honorable                                 | Ana Maria       |  |                   | Date Received      |  |
|                               |   |                 |  |                   | ELECTRON           | ICALLY FILED                             |
|                               | NICKNAME                                      | LAST            |  | SUFFIX            | 01/14/2024         |  |
|                               |   | Perez           |  | 301117            |                    |  |
| A CANDIDATE /                 | ADDDECC / DO DOV. ADT                         |                 | · · · · · · · · · · · · · · · · · · ·  | 710 0005          | Date Hand delivere | ed or Date Postmarked                    |
| 4 CANDIDATE /<br>OFFICEHOLDER | ADDRESS / PO BOX; APT 1100 Bella Vista Avenue | /SUITE#; CIT    | Υ;                                     | ZIP CODE          | Date Hand-delivere | ed of Date Fosiliarked                   |
| MAILING<br>ADDRESS            | 1100 Bella Vista Averiue                      |                 |  |                   | Receipt #          | Amount                                   |
| l                             | Dolmvious TV 70E72                            |                 |  |                   |                    |  |
| Change of Address             | Palmview, TX 78572                            |                 |  |                   | Date Processed     |  |
|                               |   |                 |  |                   |                    |  |
|                               |   |                 |  |                   | Date Imaged        |  |
| 5 CAMPAIGN                    | MS / MRS / MR                                 | FIRST           |  | MI                |                    |  |
| TREASURER                     | Mrs.  | Aida Salinas    |  | IVII              |                    |  |
| NAME                          | IVII 3.                                       | ruda Gairias    |  |                   |                    |  |
|                               | NICKNAME                                      | LAST            |  | SUFFIX            |                    |  |
|                               |   | Flores          |  |                   |                    |  |
|                               |   |                 |  |                   |                    |  |
| 6 CAMPAIGN                    | STREET ADDRESS (NO PO                         | BOX PLEASE);    | AP                                     | T / SUITE #; CIT  | Υ; \$              | STATE; ZIP CODE                          |
| TREASURER<br>ADDRESS          | 10201 North Ware Road                         |                 |  |                   |                    |  |
|                               |   |                 |  |                   |                    |  |
| (Residence or Business)       | McAllen, TX 78504                             |                 |  |                   |                    |  |
|                               |   |                 |  |                   |                    |  |
| 7 CAMPAIGN                    | AREA CODE PHON                                | IE NUMBER E     | EXTENSION                              |                   |                    |  |
| TREASURER                     | (956) 802-4488                                | IL NOMBER E     | LATENSION                              |                   |                    |  |
| PHONE                         | (930) 802-4488                                |                 |  |                   |                    |  |
| 8 REPORT                      |   |                 |  |                   |                    |  |
| TYPE                          | X January 15                                  | 30th day before | e election                             | Runoff            |                    | campaign treasurer<br>officeholder only) |
|                               | July 15                                       | 8th day before  | election $\square$                     | Exceeded modified |                    | Attach C/OH-FR)                          |
|                               |   |                 | ы.<br>П                                | reporting limit   |                    | , maon e, e, r , r , y                   |
| 9 PERIOD                      | Month Day Year                                |                 |  | Month Da          | y Year             |  |
| COVERED                       | 07/01/2023                                    | T⊢              | HROUGH                                 | 12/31/2           |                    |  |
|                               |   |                 |  |                   |                    |  |
| 10 ELECTION                   | ELECTION DATE                                 |                 |  | ELECTION TYPE     |                    |  |
|                               | Month Day Year                                | P               | rimary                                 | Runoff            | Other              |  |
|                               |   | □G              | Seneral                                | Special           |                    |  |
|                               |   |                 |  | <del></del>       |                    |  |
| 11 OFFICE                     | OFFICE HELD (if any)                          | •               |  | 12 OFFICE SOUGI   | HT (if known)      |  |
|                               | Place District 5 District Ag                  | gua SUD Hidalg  | 10                                     |                   |                    |  |
|                               |   |                 |  |                   |                    |  |
|                               | •   |                 |  | •                 |                    |  |
|                               |   |                 |  |                   |                    |  |
|                               |   | GO T            | O PAGE 2                               |                   |                    |  |
| 1                             |   |                 |  |                   |                    |  |

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

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| 13 C / OH NAME  | Perez, Ana Maria (The Honorable)  14 Filer ID 00087322  |  |                      | Ethics Commission Fi | lers) |  |  |
|---|---|--|----------------------|----------------------|-------|--|--|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S)                | This box is for notice of political contributions accepted or political expenditures made by political committees to suppor candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |  |                      |                      |       |  |  |
| Additional Pages  | COMMITTEE TYPE  | E COMMITTEE NAME   |                      |                      |       |  |  |
|   | GENERAL   |  |                      |                      |       |  |  |
|   |   | COMMITTEE ADDRESS  |                      |                      |       |  |  |
|   | SPECIFIC  |  |                      |                      |       |  |  |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME  |                      |                      |       |  |  |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRES  | SS                   |                      |       |  |  |
|   |   |  |                      |                      |       |  |  |
| 16 CONTRIBUTION<br>TOTALS                                     |   | I<br>IZED POLITICAL CONTRIBUTIONS (OTHER THAI<br>ES OF LOANS, OR CONTRIBUTIONS MADE ELE                |                      | \$                   | 0.00  |  |  |
|   | 2. <b>TOTAL POLITIC</b> (OTHER THAN I   | 5)   | \$                   | 0.00                 |       |  |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEM   |  | \$                   | 0.00                 |       |  |  |
|   | 4. TOTAL POLITIC  |  | \$                   | 0.00                 |       |  |  |
| CONTRIBUTION<br>BALANCE                                       | 5. TOTAL POLITIC REPORTING PE   | AST DAY OF THE   | \$                   | 0.00                 |       |  |  |
| OUTSTANDING<br>LOAN TOTALS                                    | 6. TOTAL PRINCIF<br>OF THE REPOR  | OF THE LAST DAY  | \$                   | 0.00                 |       |  |  |
| 17 AFFIDAVIT  |   |  |                      |                      |       |  |  |
|   |   | I swear, or affirm, under penalty<br>true and correct and includes a<br>under Title 15, Election Code. |                      |                      |       |  |  |
|   |   | The Hono   | rable Ana Maria Pere | <b>?</b> Z           |       |  |  |
| Signature of Candidate or Officeholder                        |   |  |                      |                      |       |  |  |
| AFFIX NOTARY STAMP / SEAL ABOVE                               |   |  |                      |                      |       |  |  |
| Sworn to and subscribed before me, by the said day            |   |  |                      |                      |       |  |  |
| of, 20, to certify which, witness my hand and seal of office. |   |  |                      |                      |       |  |  |
|   |   |  |                      |                      |       |  |  |
| Signature of office   | er administering  | Printed name of officer administering  | Title of officer     | administering oath   | -     |  |  |
|   |   |  |                      |                      |       |  |  |

#### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

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|  |   |              |    | 3 01 5 |  |
|--|---|--------------|----|--------|--|
| <b>18</b> FILER NAME<br>Perez, Ana M   | (Ethics Commis  | sion Filers) |    |        |  |
| 20 SCHEDULE SI<br>NAME OF SCH  | SUBTOTA   | L AMOUNT     |    |        |  |
| 1. X S0  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           |              |    |        |  |
| 2. X S0  | CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              |              | \$ | 0.00   |  |
| 3. X S0  | CHEDULE B: PLEDGED CONTRIBUTIONS  |              | \$ | 0.00   |  |
| 4. X S0  | 4. X SCHEDULE E: LOANS  |              |    |        |  |
| 5. X S0  | \$  | 0.00         |    |        |  |
| 6. X S0  | \$  | 0.00         |    |        |  |
| 7. X S0  | 7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS  |              |    |        |  |
| 8. X S0  | \$  | 0.00         |    |        |  |
| 9. X S0  | 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS             |              |    | 0.00   |  |
| 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             |   |              |    |        |  |
| 11. So   | 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS |              |    |        |  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |   |              |    |        |  |
|  |   |              | •  |        |  |

| PLE   | DGED CONTRIBU                      | TIONS                 |                      |         | SCH  | IEDULE B                              |  |
|---|------------------------------------|-----------------------|----------------------|---------|--|---------------------------------------|--|
| The Instruction Guide explains how to complete this form. |                                    |                       |                      |         | 1 Total pages Schedule B:<br>Sch: 1/1 Rpt: 4/5 |                                       |  |
| 2 FILER NAME Perez, Ana Maria (The Honorable) 4           |                                    |                       |                      | 3       | Filer ID (Ethics Commission Filers)            |                                       |  |
|   |                                    |                       |                      | +       | 00087322                                       |                                       |  |
| TOTAL   | OF UNITEMIZED PLEDGES              |                       |                      |         | \$   | 0.00                                  |  |
| 5 Date  | 6 Full name of pledgor             | out-of-state PAC (ID# | <i>‡</i> :           | _) 8    |  | 9 In-kind description (If applicable) |  |
|   | 7 Pledgor Address;                 | City; State; Zip Code | e                    |         |  |                                       |  |
|   |                                    |                       |                      |         | Check if travel outside of Texas. C            | omplete Schedule T.                   |  |
| 10 Principal  | occupation / Job title (See Instru | ctions)               | 11 Employer (See Ins | structi | ions)  |                                       |  |
|   |                                    |                       |                      |         |  |                                       |  |
|   |                                    |                       |                      |         |  |                                       |  |

|    | LOANS  |                                   |                 |   |                   | SCHEDULE E                      |  |  |
|----|--|-----------------------------------|-----------------|---|-------------------|---------------------------------|--|--|
|    | The Instruction Guide explains how to complete this form |                                   |                 |   |                   | ages Schedule E:<br>'1 Rpt: 5/5 |  |  |
| 2  | FILER NAME<br>Perez, Ana Mari                            | a (The Honorable)                 |                 |   | 3 Filer ID 000873 | (Ethics Commission Filers)      |  |  |
| 4  | TOTAL OF UN  | IITEMIZED LOANS                   |                 |   | <b>-</b>          | \$ 0.00                         |  |  |
| 5  | Date of loan   | 7 Name of lender                  | out-of-state PA | C (ID#:   | )                 | 9 Loan Amount (\$)              |  |  |
| 6  | Is lender a financial institution?                       | 8 Lender address; City;           | State;          | Zip Code  |                   | 10 Interest Rate                |  |  |
|    |  |                                   |                 |   |                   | 11 Maturity Date                |  |  |
| 12 | Principal occupation                                     | on / Job title (See Instructions) |                 | 13 Employer (See Inst   | tructions)        |                                 |  |  |
| 14 | Description of Coll                                      | ateral                            |                 | 15 Check if personal funds were deposited into political account (See Instructions) |                   |                                 |  |  |
| 16 | GUARANTOR<br>INFORMATION                                 | 17 Name of guarantor              |                 |   |                   | 19 Amount Guaranteed (\$)       |  |  |
|    | not applicable   | 18 Guarantor address; City;       | State;          | Zip Code  |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
| 20 | Principal occupation                                     | on                                |                 | 21 Employer (See Inst   | tructions)        |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |
|    |  |                                   |                 |   |                   |                                 |  |  |